

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

nai Revenue Service and ending For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization -MERCI CLINIC, INC Check if applicable Doing business as Address change Room/suite 56-2034052 Number and street (or PO box if mail is not delivered to street address) Name change Telephone number 1315 TATUM DR ZIP code State City or town Initial return (252) 633-1599 28560 NEW BERN NC Final returniterminated Foreign postal code Foreign province/state/county Foreign country name 2,904.136 G Gross receipts \$ Amended return Yes X No F Name and address of principal officer H(a) is this a group return for subordinates? Application pending BETH COOPER 1315 TATUM DR, NEW BERN, NC 28560 H(b) Are all subordinates included? If "No." attach a list (see instructions) 4947(a)(1) or X 501(c)(3)) **4** (insert no) 501(c) (Tax-exempt status: H(c) Group exemption number -Website: ▶ L Year of formation M State of legal domicile X Corporation Trust Association Other > 1997 K Form of organization NC Summarv Part I Briefly describe the organization's mission or most significant activities TO PROVIDE FREE MEDICAL CARE TO THE Activities & Governance UNINSURED IN CRAVEN, PAMLICO & JONES COUNTIES SERVICES INCLUDE DOCTORS VISITS, LAB WORK, DIAGNOSIS, TESTS, MEDICATIONS, LIMITED DENTISTRY, EDUCATION Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2017 (Part V line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 3,984,359 2.891,749 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 258 10 8 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 205,651 12,379 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,904,136 4,190,268 SCANNED AUG 1 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) C 0 14 Benefits paid to or for members (Part IX, column (A), line 4) С 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 314,339 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ TARMAN STATE 36,894 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,901,399 **2,858,6**55 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,215,738 2,858,655 19 Revenue less expenses Subtract line 18 from line 12 25,470 45,481 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 456,513 502.060 21 Total liabilities (Part X, line 26) 14,937 15,003 22 Net assets or fund balances Subtract line 21 from line 20 441,576 487,057 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completed Decision of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here **BETH COOPER** EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Paid JEFF HALE 5/14/2018 self-employed Preparer Firm's name > JEFF HALE CPA PA Firm's EIN > 56-1529965 **Use Only** Firm's address ► PO BOX 1298, KINSTON, NC 28503 Phone no (252) 523-9061 May the IRS discuss this return with the preparer shown above? (see instructions).

For Paperwork Reduction Act Notice, see the separate instructions.

X_Yes

Form-990 (2017

Form 9	90 (2017)	MRECI CLINIC, INC.	56-2034052	Page 2
Pai	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
1	PROVI	describe the organization's mission: DE FREE MEDICAL CARE FOR UNINSURED INDIVIDUALS IN THE GREATER NEW BERN AREA HAN 200% OF THE FEDERAL POVERTY LEVEL.		-
				
2	the pno	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ? describe these new services on Schedule O.	Yes	X No
3	Did the service:	organization cease conducting, or make significant changes in how it conducts, any program s?	. Yes	X No
4	Describ expens the tota	describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	locations to others,	
4a	(Code:) (Expenses \$ 2,728,730 including grants of \$) (Revenue	ıe \$)
		s Part III		
	•			- -
	••••			
			•	

4b	(Code) (Expenses \$ including grants of \$) (Revenue	.e \$)
				•

4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ıe\$)
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4d		rogram services (Describe in Schedule O.)		
	(Expens		0)	
<u> 4e </u>	iotal pr	ogram service expenses 2,728,730	_	

If "Yes," complete Schedule G, Part III

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
•	complete Schedule A	2	X	┢
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-	┼^-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	 ^
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C	1		ł
	Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		ł
	"Yes," complete Schedule D, Part I	6	<u>.</u>	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		}	l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			Ι.
	negotiation services? If "Yes," complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<i>₹</i> .		
	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
đ	Schedule D, Part VI.	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	7.72	 ^	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		<u> </u>	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ĺ
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	├	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	├	X
14a	Did the organization maintain an onice, employees, or agents outside or the ornice states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a	 	X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12	\vdash	<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		<u> </u>	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16]	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	. 17	L_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

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Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b: Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		X X X
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	Γ	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a		×
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ł	
990-EZ? If "Yes," complete Schedule L, Part I		LX_
26 Did the organization report any amount on Part X, line 5 6, or 22 for receivables from or payables to any		
current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ	
disqualified persons? If "Yes," complete Schedule L, Part II	<u> </u>	L×
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1	1
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	İ	1
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	ļ	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L		**
Part IV instructions for applicable filing thresholds, conditions, and exceptions)		6.1
a A current or former officer, director, trustee, or key employee? If "Yes " complete Schedule L, Part IV 28a	L	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ļ	١
Schedule L, Part IV	 	<u> </u>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-	١
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		×
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	
conservation contributions? If "Yes," complete Schedule M	 	×
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N,	1	
Part I	 	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		
If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I		
	 	X
<u>la constante de la constante d</u>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	 	X
entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2	1	ļ
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	├──	
A STERNAL OF THE PROPERTY OF T		,
organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 	X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1	1
VI	ł	X
· <u>• • • • • • • • • • • • • • • • • • •</u>		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•	,

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	6 🚉	7307	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	의 🤔		£ ` .
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	4 5 c	,,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	·	
		3	ž	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	A T TAX	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	l'· -	x.
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		 	<u> </u>
	over, a financial account in a foreign country (such as a bank account securities account, or other financial		[ſ
	account)?	4a]	x
b	If "Yes," enter the name of the foreign country	2/	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(4)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1.3	Tild I	200
	(FBAR)	1	7	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	100	 	
Od	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		 ^-
b		6ъ		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		. 34	1 × 3
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		56.78°	
а		72		X
L	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	 -	 ^-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	 	
C		7c	İ	v
_	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		C. Care	X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-	₩ ,' (\$7.
6		7f	ļ	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?			\vdash
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of gaza hosts, property, and the organization file 3 Form 1098 C3	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u>₹</u> 44,4%	g, 1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		Wil)
_	sponsoring organization have excess business holdings at any time during the year?	8	A/E/S	Mal.
9	Sponsoring organizations maintaining donor advised funds.	.32	2 7.5	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Winds.
10	Section 501(c)(7) organizations. Enter	3.4		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. (
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	75		
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 44		
	against amounts due or received from them)	3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	2		- 1-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	سقار مرجع	-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	97	7	
	the organization is licensed to issue qualified health plans			, St
C	Enter the amount of reserves on hand	7		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2017) MRECI CLINIC, INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? d8 Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Νo 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ► NONE REQUIRED
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	BETH COOPER (252) 633-1599
	1315 TATUM DR. NEW BERN NC 28560

Form 990 (2017)	MRECI CLINIC, INC.	otomo Tructo	- L	· • •			21/22	<u> </u>	lighost Comp	56-20340	52 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C		es, r	ley	EII	ıpı	byee	5, г	ngnest comp	ensateu	
	Check if Schedule O contains a r		te to	an	y lır	ne i	n this	Pa	art VII		· ·
Section A.	Officers, Directors, Trustees, Key E				_						
•	his table for all persons required to be	listed Report co	mper	nsat	ion 1	for t	he ca	lend	dar year ending v	with or within the	•
organization's	tax year of the organization's current officers, di	irectors, trustees	(who	ethe	er ind	divid	duals	or o	rganizations), re	gardless of a mo	unt
of compensati	on. Enter -0- in columns (D), (E), and (F) if no compens	atior	ı wa	s pa	aid.					
	of the organization's current key emplo organization's five current highest con										ivee)
who received	reportable compensation (Box 5 of For and any related organizations.										,,,,,,,
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's former directors										the
•	more than \$10,000 of reportable compe the following order individual trustees		_						=		
•	employees; and former such persons.	, or an octoro, ma		,,,,,,,			o, o		,, op.o, oo.	,g.,.oo.	
Check thi	s box if neither the organization nor any	y related organiz	ation	cor	mpe	nsa	ted a	пу с	urrent officer, dir	ector, or trustee	
			Ì		-	C) sitton					
	(A) Name and Title	(B) Average			heck	mon	e than o		(D) Reportable	(E) Reportable	(F) Estimated
	Indiana and Tibe	hours per week (list any	offic	er an	dad	lirect	or/trust	ee)	compensation	compensation from related	amount of other
		hours for related	Individual to	nstitu	Officer	9,0	amplo	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	BCTOT 1	tiona	٦	mplo	8 8 8	=	(W-2/1099-MISC)	(11-2/1000-11110-0)	organization and related
		(lne)	Individual trustee or director	Institutional trustee		8	Highest compensated employee				organizations
				8	ļ	l	ated				
(1) BETH (COOPER	40.00		T							
EXECUTIVE I		0.00	X	-	X	X	X	\vdash	57,000	0	0
SCHEDULE A	OF DIRECTORS	2.00 0.00	x	1							•
(3)											
(4)											
(5)											
(6)			_	Γ		Γ					
. (7)						<u> </u>			=		
(8)				-	-			_			
(9)							-				
(10)				-		-					
(11)				-		-					
(12)				\vdash							
(13)				\vdash							
(14)				┢				\dashv			

	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,			ghes	t Co	mpensated Em	ployees (co	ntınu	ed)	
	(A) Name and title	(B) Average hours per	box office	unle: er an	Pos heck ss pe d a d	rson	than o	ee)	(D) Reportable compensation	(E) Reportable compensatio	n	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	other compensate from the organizatio and relate organization	n d
(15)											1		
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													***************************************
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A						* * *	57,000 0 57,000		0		0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization		sted a	abov	/e) v 0	vho	recei	ved		0,000 of			
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Scheol				loye	e, c	or high	nest	compensated		[7	Yes 3 X	No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual										*	4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									/idual	ľ	5	ν. Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report coyear										n's ta	эх 	
	(A) Name and business add	ress							(B) Description of ser	vices	C	(C) ompensation	
								<u> </u>					0
								-					0
													0
2	Total number of independent contractors (inclu	ding but not limit	ed to	tho	se I	iste	d abo	ve)	who received	ti de			0
	more than \$100,000 of compensation from the		•				0						蒙认

Part VIII	Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII

Pari	VIII	Check if Schedule O contains a	response o	r no	ote to any line in	this Part VIII			
cron s	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CHECK II SCHEUDE O CONTAINS E	Tesponse of		See to dry line in	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. 3,37		— т.	- 1			revenue		512-514
ត ស	1a	Federated campaigns	 	a L	0				,
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	 	b	100 151				
A F	¢	Fundraising events	-	С	108 151		-		
Gift	d	Related organizations	-	d	0				,
Sin.	е	Government grants (contributions)	} 	e					
utto	f	All other contributions, gifts, grants			0.700.500			€.€	1 3
5 5		similar amounts not included abov		1f	2,783,598	;		3	
Con	g	Noncash contributions included in line	es 1a-1f	\$	2,370,580	0.004.740	,	:	
	h	Total. Add lines 1a-1f		_	Business Code	2,891,749			133
en					Busiless Code				*
Program Service Revenue	2a			ŀ		0		,	
8.	ь					0			
Š	C					0			<u> </u>
Sei	d					0			
臣	е					0			
rog	f	All other program service revenue	•	i	>	0	*,		
	g	Total. Add lines 2a-2f	11	- 1		0			128.
	3	Investment income (including divid	ienas, intere	St,	ano	o			
		other similar amounts)				8			
	4	Income from investment of tax-exe	empt bona pr	oc	eeas	0	w		
	5	Royalties	(ı) Real	_	(II) Personal	U.		* ,,	***
		-	(i) real	-	(ii) : Croonar	, , , ,	,		
	6a	Gross rents				٠٠		\$357.5	
	b	Less rental expenses		_		* /	\$7 \$		
	C	Rental income or (loss)		0	0	Ô		^	J. 42
	d	Net rental income or (loss)	(i) Securities		(II) Other			1	18.48 · .
	7a	Gross amount from sales of	(i) Securites	0	(#) 04161	,	, ,	, ,	T. A. A.
	١.	assets other than inventory		<u></u>	0	* •		, , , , ,	
	b	Less cost or other basis		_	0	1,7,53		* * * * * * * * * * * * * * * * * * * *	
		and sales expenses		0	0				
	C .	Gain or (loss)	**	U		*		la dens d	
	0	Net gain or (loss)		ı			, ,	· · ·	\$4.56. 147-480 · 3
ø		Caraca and and from front property				£	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Ž	8a	Gross income from fundraising	0						
š		events (not including \$	<u>-</u>						***
Other Reven		of contributions reported on line 10 See Part IV, line 18		,	ام	ž			74
her	_	Less direct expenses		a b		~.* <u>*</u> ,			
ğ	ŀ	Net income or (loss) from fundrais				Õ	, , , , , , ,		
	C	Gross income from gaming activiti	_	1		· · · · · · · · · · · · · · · · · · ·	94 3 1 1 1 1 X	2 2	Edin Colonia C
	Ja	See Part IV, line 19		а	o	~ 1	L .	(*) (*)	
	ь	Less direct expenses		b	0		•		32 P
	c	Net income or (loss) from gaming	•	ן כ	▶	o			
	1	Gross sales of inventory, less	activities .		,				T. d
	''	returns and allowances		а	o		, ,		
	ь	Less: cost of goods sold .		b	0	* 3			ETAKUTA .
	C	Net income or (loss) from sales of					* '	- /* 	25 1-4 PM
	۲	Miscellaneous Revenue	inventory		Business Code	,		•	
	11a	MISC		_	621300	12,379			2
1	b	MILOU	• • • • • • • • • • • • • • • • • • • •		02 1000	12,3/9			
	D	***************************************	•••••			0	 -		
	d	All other revenue		İ		0			
	e	Total. Add lines 11a-11d	•	1		12,379	. v	4 4 (5)	· · · · · · · · · · · · · · · · · · ·
;	12	Total revenue. See instructions.	•			2,904,136		0	
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	2,007,100			

Part IX	of Functional	

Par	X Statement of Functional Expenses	All other or	rannadiana must s	omoloto column (A)	· · · · · · · · · · · · · · · · · · ·
Section	on 501(c)(3) and 501(c)(4) organizations must complete all (ompiete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	ert IX		
Do 1	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ļ	٠,	
	domestic governments See Part IV line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			1. 461.001624.
3	Grants and other assistance to foreign			*	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0		· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members	0		,,,,,	
5	Compensation of current officers, directors			_	
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	,		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0		1	
10	Payroll taxes	<u> </u>			
11	Fees for services (non-employees)	o			
a	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying Professional fundraising services See Part IV, line 17	0		7,387	
e	Investment management fees	0		<u> </u>	
1	Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)	0		o	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest .	C			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	¥, ^*.		(1987) A. P. S. S. S. S. S. S. S. S. S. S. S. S. S.	
а	SCHEDULE ATTACHED	2,858,655	2,728,730	93,031	36,894
b		0			ļ
C		0			
d	All -th - the same of the same	0	<u> </u>		
e	All other expenses OTHER	0 050 055	0.700.700	00.004	00.00
25	Total functional expenses. Add lines 1 through 24e	2,858,655	2,728,730	93,031	36,894
26	Joint costs. Complete this line only if the	1			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here]			
	following SOP 98-2 (ASC 958-720)]
		L	1	L	L

56-2034052

Form 990 (2017) Part X Balance Sheet

2 Savings and temporary cash investments. 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other designabiling persons (as defined under section 4588(f)(1)), persons described in section 4598(c)(3)(8), and contributing employees and sponsong organizations of section 50(c)(5)(d), and contributing employees and sponsong organizations of section 50(c)(4)(d), and contributing employees and sponsong organizations of section 50(c)(4)(d), and contributing employees and sponsong organizations of section 50(c)(d), woultanty employees thereficary organizations for sale or use 9 Propaid expenses and deferred charges 10 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 Less accumulated depenciation 10 Jinestments—buths excurtines See Part IV, line 11 10 investments—buths excurtines See Part IV, line 11 11 investments—buths excurtines See Part IV, line 11 12 investments—buths excurtines See Part IV, line 11 13 investments—buths excurtines See Part IV, line 11 14 Intangolie assets 10 Control spayable and accrued expenses 10 Land spayable and accrued expenses 10 Land spayable and accrued expenses 10 Land spayable and accrued expenses 11 Secured mortgages and notes payable to unrelated third parties 12 Secured mortgages and notes payable to unrelated third parties 13 Control tabilities. Add lines 17 through 25 14 Control tabilities and their bishibities not included on lines 17-24) Complete Part V of Schedule D 25 Other habilities (including federal income lax, payables to related third parties 10 Control tabilities. Add lines 17 through 25 10 Conganizations that follow SFAS 117 (ASC 958), check here 1 and complete lines 27 through 29, and lines 33 and 34. 11 Lines and the reparticular expension of the section of the			Check if Schedule O contains a response or	note to	any line in this Part X	<u> </u>		X
2 Savings and temporary cash investments. 3 Pledges and grains receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4588(f)(1)), persons described in section 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(1), persons described in 4588(f)(,
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 498(ft)), person sectioned in section 498(ft)), person sectioned of section 50ft(p(ft)) withintary employeers and spossoning organizations (see instituctions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D 10b 316,908 356,138 10c 333,800 11 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intengible assets 15 Other assetts See Part IV, line 11 15 Total assetts. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 456,513 16 502,080 17 Accounts payable and accrued expenses 18 Grants payable 19 Deleried revenue 20 Tax-exempt bond liabilities 21 Escrot or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees. and disqualified persons. Complete Part IV of Schedule D 21 Loans and other payable to unrelated third parties 22 Other habilities (including federal income tax, payables to related third parties 23 Organizations that follow SFAS 117 (ASC 958), check here Art X of Schedule D 24 Loans and other payable to unrelated third parties 25 Organizations that follow SFAS 117 (ASC 958), check here Art X of Schedule D 30 Capatistions that follow SFAS 117 (ASC 958), check here Art X of Schedule D 31 Capatistics of trust principal or current funds 32 Capatistics of trust principal or current funds 33 Capatistics of trust principal or current funds 34 Capatistics of trust principal or current funds 35 Capatistics of trust princ		1	Cash—non-interest-bearing		· · · ·	75,544	1	131,812
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	ž	l .				441,576	33	487,057
		34	Total liabilities and net assets/fund balances		·	456,513	34	502,060

Form 9	990 (2017) MRECI CLINIC, INC	56	3-2034052	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,904,136
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,858,655
3	Revenue less expenses Subtract line 2 from line 1	3		45,481
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		441,576
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33			
	column (B))	10		487,057
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			L_
1 2a	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes No
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	í xí l
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		2c	X
	Schedule O.		-	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	
			Form	990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Implication number

Name of the organization 56-2034052 MERCI CLINIC, INC Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization

f	Enter the number of supporte	ed organizations													
g	Provide the following informa	ition about the support	ed organization(s)												
	(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No										
(A)															
(B)							— <u>— — — — — — — — — — — — — — — — — — </u>								
(C)															
(D)				<u> </u>											
(E)			, , <u></u>												
Total		LANGE OF THE PARTY			-	0									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support			/-\ 2045	(4) 2016	(e) 2017	/(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ 17 10(8)
1	Gifts, grants, contributions, and		i		Ì	/	
	membership fees received (Do not						0
	include any "unusual grants")						0
2	Tax revenues levied for the organization's					/	
	benefit and either paid to or expended on				,	´	•
	its behalf			<u> </u>			0
3	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge				/		0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by	*	<i>२</i> ६, ू		- 5		
	each person (other than a				t,		
	governmental unit or publicly			/ / /	` ,		
	supported organization) included on		* <u>*</u>	<i> </i>	,		
	line 1 that exceeds 2% of the amount		· .	/	*	*	
	shown on line 11, column (f)			, 41		•	
6	Public support. Subtract line 5 from line 4		<u> </u>		, , , , , , , , , , , , , , , , , , , ,	٠.,	0
Sec	tion B. Total Support				····		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b)-2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0	/ 0	C	0	С	0
8	Gross income from interest, dividends,						
	payments received on securities loans,	/	1				
	rents, royalties, and income from]			1	
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	/					0
10	Other income Do not include gain or	,					
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10	, n			18.	, , ,	0
	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sur	port Percent	age				
	Public support percentage for 2017 (line 6, co			(f)) .		14	0 00%
	Public support percentage from 2016 Schedu					15	0.00%
	33 1/3% support test-2017 If the organiza			3, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	a publicly suppor	ted organization				. >
b	33 1/3% support test-2016. If the organiza	ation did not check	k a box on line 13 d	or 16a, and line 15	is 33 1/3% or more	, check this	
	box and stop here. The organization qualifie	s as a publicly su	pported organization	on .			▶□
17a	10%-facts-and-circumstances test-2017	. If the organization	on did not check a l	box on line 13, 16a	, or 16b, and line 1	4	
	is 10%,or more, and if the organization meets						
	Part VI how the organization meets the "facts	s-and-circumstand	es" test. The organ	nization qualifies as	a publicly support	ed	
	organization.						· •
b	10%-facts-and-circumstances test—2016	. If the organization	on did not check a l	box on line 13, 16a	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization me				•		
	Explain in Part VI how the organization meet	s the "facts-and-c	ircumstances" test	The organization	qualifies as a public	ly	
,	supported organization	•		• •	•		· ▶ 🔝
18	Private foundation. If the organization did n	ot check a box or	ı line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions		•				. ▶_

Schedule A (Form 990 or 990-EZ) 2017 MERCI CLINIC, INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						05.000.000
_	received (Do not include any "unusual grants ")	6,909,204	6,598,888	5,528,667	3,981,359	2,891,749	25.909,867
2	Gross receipts from admissions merchandise sold or services performed, or facilities			1			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an			İ			_
	unrelated trade or business under section 513		·				0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities			}	•		
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	6,909,204	6,598,888	5,528,667	3,981,359	2,891,749	25,909,867
7a	Amounts included on lines 1, 2, and 3		}	į			
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000			i			
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	<u> </u>	0	0	0	C	0
8	Public support (Subtract line 7c from	*					
	line 6.) .				<u> </u>	<u>` </u>	25,909,867
	tion B. Total Support	·					~
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 .	6,909,204	6,598,888	5.528.667	3,981,359	2,891,749	25,909,867
10a	Gross income from interest dividends,						
	payments received on securities loans rents						
	royalties, and income from similar sources	1,822	2,862	409	258	8	5,359
Ь	Unrelated business taxable income (less		ļ	j		j	
	section 511 taxes) from businesses]					
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	1,822	2,862	409	258	8	5,359
11	Net income from unrelated business				,		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets			ł		}	
	(Explain in Part VI)	179,249	157,449	129,236	205,651		671,585
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12) [7,090,275	6,759,199	5,658,312	4,187,268	2,891,757	26,586,811
14	First five years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here			<u> </u>			▶ [
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8, co))		15	97 45%
16	Public support percentage from 2016 Schedu			<u> </u>		16	97.10%
Sec	tion D. Computation of Investmen	t Income Perce	entage				
17	Investment income percentage for 2017 (line	10c, column (f) div	ided by line 13, co	lumn (f))		17	0.02%
18	Investment income percentage from 2016 Sc				. [18	0.03%
19a	33 1/3% support tests—2017. If the organiz					ind line 17 is	· · · · · · · · · · · · · · · · · · ·
	not more than 33 1/3%, check this box and si	top here. The orga	nization qualifies a	as a publicly suppor	rted organization.		. ▶ 🗓
Ь	33 1/3% support tests—2016. If the organiz	ation did not check	a box on line 14 o	or line 19a, and line	16 is more than 3	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this b					nization	. ▶ 🛄
20	Private foundation. If the organization did no	ot check a box on I	ne 14, 19a, or 19b	, check this box an	d see instructions		▶□

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public

► Attach to Form 990. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization 56-2034052 MERCI CLINIC, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements . . . 2b Total acreage restricted by conservation easements b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenue included on Form 990, Part VIII, line 1 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pari	III Organizations Maintaining Collection	tions of Ar	t. His	toric	al Trea	sures, or	Other	Similar Asset	ts (continu	ıed)
3	Using the organization's acquisition, accessing	on, and other	record	ls. che	eck any	of the follows	ng that	are a significan	t use of its	
3	collection items (check all that apply)	,		-,			•			
а	Public exhibition		ď		Loan o	or exchange (orogran	ns		
			e	Ħ	Other	· .	J			
b	Scholarly research		-	ш	Other					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and	explai	n how	they tu	rther the orga	anizatio	on's exempt purp	oose in Par	•
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								Yes	No
Par	Complete if the organization answe 990, Part X, line 21.	ents. ered "Yes" o	n Fori	m 99	0, Part	IV, line 9, o	r repo	rted an amour	nt on Form	1
	Is the organization an agent, trustee, custodi	an or other in	terme	diary 1	for contr	ibutions or of	ther as	sets not		
	included on Form 990, Part X?								Yes	i 💹 No
b	If "Yes," explain the arrangement in Part XIII	and complete	e the fo	ollowir	ng table		,			
							<u> </u>		Amount	
С	Beginning balance						1			
d	Additions during the year .			•			10			
е	Distributions during the year						10			
f	Ending balance						1	<u> </u>		
2a	Did the organization include an amount on F	orm 990, Par	t X, lin	e 21,	for escr	ow or custodi	al acco	ount liability?	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	Check here	ıf the e	xplan	ation ha	as been provi	ded on	Part XIII		
Par										
I CIA	Complete if the organization answer	ered "Yes" o	n For	m 99	0. Part	IV. line 10.				
		Current year	1) Prior		(c) Two years	back	(d) Three years bar	k (e) Fou	r years back
1a	Beginning of year balance		<u> </u>	<u>, </u>						-
b	Contributions .									
c	Net investment earnings, gains,		ļ							
·	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance .	0			0		0		0	(
2	Provide the estimated percentage of the curr	rent year end	baland	ce (lin	e 1g, co	lumn (a)) hel	d as			
a	Board designated or quasi-endowment	•	%		•					
ь	Permanent endowment	%		•						
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	0%							
3a	Are there endowment funds not in the posse			ation	that are	held and adi	ministe	red for the		
	organization by									Yes No
	(i) unrelated organizations .							•	3a(i)	
	(ii) related organizations .	•	,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed a	is requ	iired c	n Sche	dule R?			3b	
4	Describe in Part XIII the intended uses of the									
Par	VI Land, Buildings, and Equipment									
	Complete if the organization answer		n For	m 99	0, Part	IV, line 11a	See	Form 990, Pai	rt X, line 1	0
	Description of property	(a) Cost or of	her bası		(b) Co	st or other s (other)	(c	Accumulated depreciation		k value
1a	Land			0		54,000	Į.	AND THE PERSON		54,00
b	Buildings			0		336,510	13W***** *	134,971	 	201,53
c	Leasehold improvements					0		134,371		201,00
ď	Equipment			0		244,521		166,260		78,26
-	Other	<u> </u>		ᆔ		9 307		0.307		10,20

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

333,800

Part VII	Investments—Other Securities.			
	Complete if the organization answe	red "Yes" on Form 99	0, Part IV, line 11b See Forn	n 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial	derivatives .		0	
, ,	neld equity interests	(0	
			<u> </u>	
				
(<u>5</u>)				
(H)		<u></u>		· · · · · · · · · · · · · · · · · · ·
	n (b) must equal Form 990, Part X, col. (B) line 12.)		0	3
Part VIII	Investments—Program Related.			
	Complete if the organization answe	red "Yes" on Form 99	00, Part IV, line 11c See Forn	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)				
(2)				
(3)		<u> </u>		
(4)		<u></u>		
_(5)				
(6)	<u> </u>		<u> </u>	
_(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		0 * * * * * * * * * * * * * * * * * * *	La Cera San Wali Bay
Part IX	Other Assets.		21	20 1 1 20 1 2 230
Faitin	Complete if the organization answe	red "Yes" on Form 99	O Part IV line 11d See Form	n 990. Part X line 15
		scription	70, 1 dit 17, mio 110 000 1 011	(b) Book value
(1)				
(2)				<u> </u>
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)	an (b) must equal Form 000. Bod V. col. (B) Inc.	o 15)		
Part X	on (b) must equal Form 990, Part X, col (B) line Other Liabilities.	9 15.) ,		0
Pail A	Complete if the organization answe	red "Yes" on Form 99	90, Part IV, line 11e or 11f Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	I income taxes	(b) Book value	┥	*
(2)	Throme taxes		┪	*
(3)			┪	
(4)			7	
(5)			1	
(6)			-	
(7)			1	
(8)			1	
(9)]	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(
2. Liability for	uncertain tax positions. In Part XIII, provide the	text of the footnote to the	organization's financial statements t	hat reports the
organization's	liability for uncertain tax positions under FIN 48	(ASC 740) Check here if	the text of the footnote has been pro-	ovided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	2,904,136
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
đ	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,904,136
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII) .		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	2,904,136
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
1	Total expenses and losses per audited financial statements	1	2,858,655
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	3 8	
a	Donated services and use of facilities 2a	100	
b	Prior year adjustments 2b		
c	Other losses		
ď	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,858,655
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u> </u>	2,000,000
a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,858,655
	t XIII Supplemental Information.		2,000,000
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		
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		••••••	~

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047 (0)

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 56-2034052 MERCI CLINIC, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply eГ Solicitation of non-government grants Mail solicitations Solicitation of government grants b Internet and email solicitations Special fundraising events Phone solicitations C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of (or retained by) fundraiser listed in from activity or entity (fundralser) organization contributions? col. (f) Yes No 1 0 O 10 0 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	art II	more than \$15,000 of	. Complete if the organi fundraising event cont eipts greater than \$5,00	ributions and gross inc	on Form 990, Part IV come on Form 990-E2	', line 18, or reported ', lines 1 and 6b List
		events with gross res	(a) Event #1 MERCI on Middle (event type)	(b) Event #2 Neuse River Bridge Rur (avent type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1	Gross receipts .	101,925	6,226	0	108,15
œ	2	Less Contributions Gross income (line 1			0	
	3	minus line 2)	101,925	6,226	0	108,15
	4	Cash prizes			0	
s	5	Noncash prizes			0	(
bense	6	Rent/facility costs			0	(
Direct Expenses	7	Food and beverages			0	
ة	8	Entertainment			0	
	9	Other direct expenses	Id lines 4 through 0 in colum	mp (d)	0	
Đ	10 11 rt I	Net income summary. Subtra		mn (d)	0 Part IV line 19 or i	0 108,15
		than \$15,000 on Forn				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
A.	1	Gross revenue	A STATE OF THE STA			
ses	2	Cash prizes .				(
Exper	3	Noncash prizes				(
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Ad-	d lines 2 through 5 in colur	тп (d) .	•	0
	8	Net gaming income summary	/. Subtract line 7 from line	1, column (d)	b	
9	a I		onduct gaming activities in	each of these states?		Yes No
		Nere any of the organization's g f "Yes," explain	aming licenses revoked, s	uspended, or terminated	during the tax year?	Yes No

Schedi	ule G (Form 990 or 990-EZ) 2017 MERCI CLINIC, INC	56- <u>2</u>	034052	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	. [Yes [☐ No
13 a b 14	Indicate the percentage of gaming activity conducted in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13a 13b		<u>%</u> %
	Name ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	_		٦
	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party	L	_] Yes [] No
	Name ▶	 -		
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation > \$0			
	Description of services provided •			
	Director/officer Employee Independent contractor			
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	. [Yes [No 0
Pari				nd
			· • • • • • • • • • • • • • • • • • • •	
			· • • • • • • • • • • • • • • • • •	••••••
	······································			•••••

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

MERCI CLINIC, INC

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number 56-2034052

Pari	Types of Property	,		(-)	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art .				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property .				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC				
	or trust interests				
12	Secunties—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation				
	contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	<u> </u>		2 202 704	
20	Drugs and medical supplies	X	1	2,362,701	AVERAGE WHOLESALE PRICE
21	Taxidermy				
22	Historical artifacts	<u> </u>			
23	Scientific specimens	<u></u>			
24	Archeological artifacts				
25	Other ► (
26 27	Other ► ()				
28	Other ► () Other ► ()			<u> </u>	
29	Number of Forms 8283 received b	u the ergan	ezation during the tay year fo	or contributions for	
23	which the organization completed				29
	milet the erganization completed	1 01111 0200,	, I dit IV, Dollee Acknowledg	jement .	
30a	During the year, did the organization	on receive h	ov contribution any property	reported in Part I lines 1 the	Yes No
•••	28, that it must hold for at least thr				
	to be used for exempt purposes for			wilderi, and willer is rece	[
ь	If "Yes," describe the arrangement		moraling portog		30a X
31	Does the organization have a gift in		policy that requires the review	ew of any nonstandard	
	contributions?	20000101100	poney that requires the text	CW Or arry Horistandard	المنبيث المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحدد ال
32a	Does the organization hire or use	third parties	or related organizations to	solicit process or sell	31 X
	noncash contributions?	,			32a X
b	If "Yes," describe in Part II	•	•	• •	32a X
33	If the organization didn't report an	amount in c	column (c) for a type of prope	erty for which column (a) is	
	checked, describe in Part II		, ,	, =	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MERCI CLINIC, INC.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number 56-2034052

FORM 990, PART VI, SECT B, LINE 11: EXEC COMMITTEE REVIEWS 990 BEFORE FILING, THEN SENDS TO BOARD FOR VOTE
FORM 990, PART VI, SECT B, LINE 12c: ANNUAL DISCLOSURES BY DIRECTORS & EMPLOYEES ARE REVIEWED BY THE
EXEC COMITTEE & THE EXEC DIRECTOR ANY CONFLICTS OR POTENTIAL CONFLICTS WOULD BE NOTED SO THAT
APPROPRIATE ACTION COULD BE TAKEN. I.E. DIRECTORS WOULD BEEXCLUDED FROM VOTES IF PROCESS WOULD
INVOLVE A TRANSACTION RELATED TO A CONFLICT OF INTEREST.
FORM 990, PART VI, SECT B, LINE 15: EXEC COMMITTEE HAS ANNUAL REVIEWS OF STAFF SALARIES AND MAKES
RECOMMENDATIONS TO FULL BOARD FOR APPROVAL ON ANY CHANGES.
FORM 990, PART VI, SECT C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C: NO CHANGES FROM PRIOR YEAR
FORM 990, PAGE 11, COLUMN A, LINE 8 & 27 - PRIOR PERIOD ADJUSTMENT. DONATED INVENTORY ON HAND AT 12/31/2016
VALUED AT \$ 2,049,704 HAS BEED REMOVED FROM BALANCE SHEET
FORM 990, PAGE 1, LINE 17 - PRIOR YEAR EXPENSES HAS BEEN REDUCED BY \$ 1,500,142 DUE INVENTORY REMOVAL AS STATED ABOVE
THIS IS THE AMOUNT AFFECTING 2016 AMOUNTS.