** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning ਹਾ	JL 1, 2022 and	ending J	UN 30, 2023								
В	Check if applicable	C Name of organization			D Employer	identific	cation number						
Г	Addres	MERRICK, INC.											
	Name change	5			41-09	991279							
Γ	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone	number	•						
Γ	Final return/	3210 LABORE ROAD	,		•	9-6200							
	termin ated		ZIP or foreign postal code		G Gross receipt	s\$	74,534,848.						
	Ameno return	VADNAIS HEIGHTS, MN 55110			H(a) Is this a	group re	eturn						
	Applic tion	F Name and address of principal officer:	WAYNE BARKER		for subc	ordinates	? Yes X No						
	pendir	SAME AS C ABOVE			H(b) Are all sub	ordinates in	cluded? Yes No						
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a	list. See instructions						
	Websit				H(c) Group e	xemptio	n number						
			sociation Other	L Year	of formation: 19	972 N	State of legal domicile: MN						
P	art I	Summary											
a)	1	Briefly describe the organization's mission or most			EMOTE,								
Ž		PREVOCATIONAL, EMPLOYMENT & TRANSPORTATION SERVICES TO ADULTS WITH											
Governance	2	<u>—</u>	ntinued its operations or dispos	sed of more	than 25% of it	1 1							
Š	3	Number of voting members of the governing body					12						
ø	4	Number of independent voting members of the gov					12 450						
Activities &	5	Total number of individuals employed in calendar y					54						
Ĭ	6	Total number of volunteers (estimate if necessary)					1,031,909.						
Ac	/a	Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form					1,031,303.						
	b	Net differated business taxable income from Form	990-1, Part 1, line 11		Prior Year		Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)				2,136.	531,851.						
	9	. /5 /				9,965.	10,555,759.						
	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			6,019.	37,951.						
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				4,410.	1,163,435.						
	1	Total revenue - add lines 8 through 11 (must equal				2,530.	12,288,996.						
		Grants and similar amounts paid (Part IX, column (•	0.	0.						
	1	Benefits paid to or for members (Part IX, column (A		0.		0.							
G	45	Salaries, other compensation, employee benefits (F			5,63	2,403.	6,293,861.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	0.						
i De	b	Total fundraising expenses (Part IX, column (D), line											
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		4,33	7,357.	5,269,044.						
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)			9,760.	11,562,905.						
		Revenue less expenses. Subtract line 18 from line	12			2,770.	726,091.						
Assets or	9			Ве	ginning of Curre		End of Year						
Sset	20					3,587.	11,062,985.						
et A	⊣					1,606.	2,518,914.						
Ž:	art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		7,94	1,981.	8,544,071.						
			including accompanying achadular	and stateme	anto and to the h	ant of mu	Innoulades and halief it is						
	•	lties of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office			•		Knowledge and belief, it is						
uu	,	t, and complete. Declaration of preparer (other than office	1) is based on an information of wi	iicii pi epai ei	nas any knowiet	iye.							
Sig	n	Signature of officer			Date								
Jiy Hei		PHILIP SANFILIPPO, TREASURER											
He	E	Type or print name and title											
		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN						
Pai	d		ASHLEY REHN, CPA	0	4/01/24	if self-employe							
	parer	Firm's name REDPATH AND COMPANY, LLC	,	<u> </u>	Firm's		92-0370318						
	Only	Firm's address 4810 WHITE BEAR PARKWAY											
_	,	WHITE BEAR LAKE, MN 55110			Phon	e no.(65	1)426-7000						
Ma	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions		,		X Yes No						

) (Revenue \$

Other program services (Describe on Schedule O.)

including grants of \$ 9,840,984.

Total program service expenses

Form 990 (2022) MERRICK, INC. 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," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	-
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		.,,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	-
d	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		v	
	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		
f	3	446	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
_	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<u> </u>
5	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		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	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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		х
			200	

Form 990 (2022) MERRICK, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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		Х
23	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	Х	
24a	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	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-	Х	
	"Yes," complete Schedule L, Part IV	28a	Λ	х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V 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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022)

MERRICK, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2 a	450			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
3а	, , , , , , , , , , , , , , , , , , , ,			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	ired			
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	ا ۱۵۰ ا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	140				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	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 the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Ves " complete Form 6069					

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Form 990 (2022) MERRICK, INC. 41-0991279 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 6. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
па	Enter the number of voting members of the governing body at the order that tax year			
	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 on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent.			
_	Enter the harmon of voting members moraded of time ra, above, who are made stated in			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Х	
_	officer, director, trustee, or key employee?	2	^	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x
	more members of the governing body?	7a_		
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
100	Did the examination have local chapters, branches, or effiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
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		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	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	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on 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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	JOHN WAYNE BARKER - 651-789-6209			

3210 LABORE ROAD, VADNAIS HEIGHTS, MN 55110

Form 990 (2022) MERRICK, INC. 41-0991279 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	itior	າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	T	Tritus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)		and related
	below	/idual	tution	je je	Key employee	loyee	ner	·		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JOHN WAYNE BARKER	50.00]								
EXECUTIVE DIRECTOR				Х		<u> </u>		169,925.	0.	16,356.
(2) DEB DEGREEFF	1.00]								
TRUSTEE		Х				<u> </u>		0.	0.	0.
(3) KAREN DEYOUNG	1.00									
TRUSTEE		Х						0.	0.	0.
(4) ERIK LEVY	2.00									
PAST PRESIDENT		Х		Х		<u> </u>		0.	0.	0.
(5) KRISTIN MAHRE	1.00									
TRUSTEE		Х						0.	0.	0.
(6) MAUREEN MCGARRY	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) PAUL MCHALE	1.00									
TRUSTEE		Х						0.	0.	0.
(8) HEATHER MONNENS	2.00	1								
SECRETARY		Х		Х				0.	0.	0.
(9) JOE MURPHY	1.00	1								
TRUSTEE		Х				_		0.	0.	0.
(10) JEROME SAGE	1.00	1								
TRUSTEE		Х				_		0.	0.	0.
(11) PHILIP SANFILIPPO	1.00	1								
TREASURER		Х				_		0.	0.	0.
(12) DAN SCHNEEMAN	1.00	1								
TRUSTEE		Х				_		0.	0.	0.
(13) CRYSTAL SARIC-FASHANT	2.00	1								
PRESIDENT		Х		Х		_		0.	0.	0.
		1								
						<u> </u>				
		4								
						<u> </u>				
		4								
	-	<u> </u>				\vdash				
		4								

Form **990** (2022)

Form 990 (2022) MERRICK, INC. 41-0991279 Page 8

Part VII Section A. Officers, Directors, Trus	toos Kov Emr	alov"	200	and	LHi	nhor	+ C	omnensated Employee	AS (continued)	. age
Coolidii 7 li Cilicolo, Biroctolo, 11 de	(B)	l	- 			91168			,	(E)
(A) Name and title	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal								169,925.	0.	16,356.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								169,925.	0.	16,356.
Total number of individuals (including but n								ceived more than \$100.	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NEWTRAX, INC.	TRANSPORTATION, ACCOUNTING,	
3700 HIGHWAY 61 NORTH, ST. PAUL, MN 55110	VEHICLE MAIN	1,247,039.
LINDENMEYR		
41 NORTHER STACKS DR, FRIDLEY, MN 55421	PAPER DISTRIBUTOR	697,427.
METRO TRANSIT		
560 6TH AVE N, MINNEAPOLIS , MN 55412	TRANSPORTATION SERVICES	568,822.
LYFT INC		
PO BOX 734714, CHICAGO, IL 60673	TRANSPORTATION SERVICES	260,890.
PALEN CONTRACTING		
4700 LEXINGTON AVE, SHOREVIEW, MN 55126	CONSTRUCTION/RE-MODEL	244,825.
2 Total number of independent contractors (including but not limited to t \$100,000 of compensation from the organization		
	-	- 000 ()

Form 990 (2022) MERRICK, II
Part VIII Statement of Revenue

		Check if Schedule O	contains a	response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ဗ် ဗို		Fundraising events		1c	191,341.				
ffs,				1d					
ية إق		Government grants (contri	ibutions)	1e					
Sir		- ·	-						
utio	т	All other contributions, gifts,			340 510				
들 된		similar amounts not included		1f	340,510.				
on	g		lines 1a-1f	1g \$		E21 0E1			
Og	h	Total. Add lines 1a-1f				531,851.			
					Business Code	0.050.000	0.050.000		
Se	2 a				624310	8,859,039.	8,859,039.		
Program Service Revenue	b	WORK ACTIVITY CHARG	ES		624310	1,618,454.	1,618,454.		
S	С								
ar eve	d								
og B	е								
ቯ	f	All other program service	revenue		900099	78,266.	78,266.		
	g	Total. Add lines 2a-2f				10,555,759.			
	3	Investment income (includ	ling divide	ends, intere	st, and				
					37,951.			37,951.	
	4	Income from investment o							
	5	Royalties							
	•			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	(7	.,				
	b		6b						
	0		6c						
	ن	Rental income or (loss)							
		Net rental income or (loss)		Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of		Jecuriles -	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
an		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
æ		Net gain or (loss)							
ther	8 a	Gross income from fundraising							
ŏ		including \$1	L91,341	<u>·</u> of					
		contributions reported on	line 1c). S	See					
		Part IV, line 18		8a	6,268.				
	b	Less: direct expenses		8b	77,442.				
	С	Net income or (loss) from	fundraisin	ng event <u>s</u>		-71,174.			-71,174.
	9 a	Gross income from gamin	g activitie	s. See					
		Part IV, line 19		9a	62,545,635.				
	b	Less: direct expenses			61,460,558.				
		Net income or (loss) from				1,085,077.		1,031,909.	53,168.
		Gross sales of inventory, le							
		and allowances		I	857,384.				
	b	Less: cost of goods sold		I					
		Net income or (loss) from			, ,	149,532.	149,532.		
\dashv		1431 IIIOOIIIO OI (1033) IIOIII I	caico oi II		Business Code		, , , , , ,		
Sn	11 a								
e Te									
Miscellaneous Revenue	b								
Sce	c								
Ξ		All other revenue							
		Total. Add lines 11a-11d				12,288,996.	10,705,291.	1,031,909.	19,945.
	12	Total revenue. See instruction	IIIS		I	14,400,330.	1 10,103,431.	1 +,03+,303.	1 12,243.

Form 990 (2022) MERRICK, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported or lines 60, 80, 80, 80 and 100 of Part VIII.	Secti	on 501(c)(3) and 501(c)(4) organizations must compl			пріете соіитп (А).	Х
Total expenses		·	(A)	(B)		(D)
1 Grants and other assistance to demestic organizations and domestic operations. See Part IV, line 21			Total expenses			
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 12 for an advantage of the components				одрогосо	general expenses	одренесс
2 Grants and other assistance to domestic inclividuous, See Part IV, line of 15 person (sa Section 4) (1) and (a) person (sa Section 4) (1) an	-	- I				
Individuals Soe Part IV, line 22	2	- · · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees control and section 4858(f(1)) and persons (as official director 4858(f(1)) and persons (as off	_	I				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of united above to disqualified persons (as defined under section 486(f(f)) and persons described in section 498(f(f)) and persons described in section 498(f(f)) and approximate and wages 9 Points in plan accrualis and contributions (include section 41)(f) and 40(f) employer contributions (section 41)(f) and 40(f)	3					
Individuals See Part M, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 186,280. 74,512. 74,512. 37,25 Compensation not included above to disqualified persons (as defined under section 4980(f(1)) and persons described in section 4980(f(3))8 7 Other salaries and wages 4,668,848. 4,123,311. 444,210. 101,32 445,250. 10,32	·	Ğ				
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 186,280. 74,512. 74,512. 37,25						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 498(ft/1)) and persons decribed in section 498(ft/1)) and persons described in section 498(ft/1)) and 493(ft/1)	4					
tustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958((s)(t)) and persons described in section 4958((s)(t)) and 403(t) employer contributions) and contributions (include section 401(k) and 403(t) employer contributions) 55,744. 44,382. 14,362. 9 Other employee benefits 913,958. 828,151. 66,701. 19,10 Payroll taxes 466,031. 392,184. 64,969. 8,87 Payroll taxes						
6 Compensation not included above to disqualified persons (as defined under section 4980(f)(1) and persons described in section 4988(c)(3)(8) and persons described in section 4988(c)(3)(8) and persons described in section 4988(c)(3)(8) and 403(b) employer contributions (include section 401(k) and 44, 282. 14, 362. 14, 362. 19, 292, 184. 64, 699. 8, 87 and 466, 031. 392, 184. 64, 64, 699. 8, 87 and 466, 031. 392, 184. 64, 649. 9, 699. 8, 87 and 47 an	_	•	186,280.	74,512.	74,512.	37,256.
persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 13,958, 828,151, 66,701, 19,10 10 Payroll taxes 466,031, 392,184, 64,969, 8,87 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (Iffile 11g anomat exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 4,718, 292, 704, 3,72 20 Office sepenses 42,554, 7,875, 28,482, 6,19 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conference, conventions, and meetings 10 Conference, conventions, and meetings 11,254,652, 1,211,204, 43,438, 49,455, 41,465, 41	6		,	,	,	•
Other salaries and wages	-	· · · · · · · · · · · · · · · · · · ·				
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 402(h) employer contributions) 9 Other employee benefits 913,958 828,151, 66,701, 19,10 10 Payroll taxes 466,031, 392,184, 64,969, 8,87 11 Fees for services (nonemployees):	7		4,668,848.	4,123,311.	444,210.	101,327.
Section 401(k) and 403(b) employer contributions S8, 744.			, ,	, , ,	, ,	, ,
9 Other employee benefits 913,958. 828,151. 66,701. 19,10 10 Payroll taxes 466,031. 392,184. 64,969. 8,87 11 Fees for services (nonemployees): a Management b Legal 73,880. 73,880. 73,880. d Lobbying 8,298. 8,298. 8,298. e Professional fundraising services. See Part IV, line 17 Investment management fees 6,300. 6,300. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0). 1,924,759. 1,884,349. 40,410. 21 Advertising and promotion 4,718. 292. 704. 3,72 13 Office expenses 422,554. 7,875. 28,482. 6,19 14 Information technology 174,160. 52,042. 116,483. 5,63 17 Travel 81 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,107. 1,575. 1,480. 55 Interest 21,751. 8,477. 13,274. 19 20 Depreciation, depletion, and amortization Insurance 49,455. 49,455. 19 21 Payments to affiliates 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedu (J), amount, list line 2	•		58,744.	44,382.	14.362.	
10 Payroll taxes	9	· · · · · · · · · · · · · · · · · · ·				19,106.
11 Fees for services (nonemployees): a Management b Legal c Accounting 73,880. 73,880. 73,880. d Lobbying 8,298. 8,298. e Professional fundraising services. See Part IV, line 17 f Investment management fees 6,300. 6,300. 12 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 1,924,759. 1,884,349. 40,410. 12 Advertising and promotion 4,718. 292. 704. 3,72 13 Office expenses 42,554. 7,875. 28,482. 6,19 14 Information technology 174,160. 52,042. 116,483. 5,63 15 Royalties 16 Occupancy 811,099. 600,546. 210,553. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,107. 1,575. 1,480. 5 10 Interest 21,751. 8,477. 13,274. 11 Payments to affiliates 22 Depreciation, depletion, and amortization 334,078. 82,010. 252,068. 10 Insurance 49,455. 49,455. 11 Insurance 10 Deptember of the 25,00 Junn (A), amount, Is line 24e expenses on Covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, Is line 24e expenses on Schoelle 0.) 1 PROGRAM ACTIVITY AND SU 1,254,642. 1,211,204. 43,438. b MORK ACTIVITY COSTS 3,669,791. 369,791. 569,791. 569			,			8,878.
a Management b Legal c Accounting 73,880. 73,880. d Lobbying 8,298. 8,298. e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 1,924,759. 1,884,349. 40,410. 2 Advertising and promotion 4,718. 292. 704. 3,72 13 Office expenses 42,554. 7,875. 28,482. 6,19 14 Information technology 174,160. 52,042. 116,483. 5,63 15 Royalties 6 Cocupancy 811,099. 600,546. 210,553. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,107. 1,575. 1,480. 55 10 Interest 21,751. 8,477. 13,274. 19 Payments to affiliates 20 Depreciation, depletion, and amortization 334,078. 82,010. 252,068. 21 Insurance 49,455. 49,455. 24 Other expenses. Itemize expenses on located above. (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e expenses on converd above. (List miscellaneous expenses on line 24e, lf line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e expenses on line 24e, lf line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e, amount exceeds 10% of line 25e, column (A), amount, list line 24e, amount exceeds 10% of line 25e, column (A), amount exceeds 10% of line 25e, column (A), amount, list line 24e, amount excee			,	, -	,	, -
b Legal		` ' ' '				
Company Comp	_					
d Lobbying			73,880.		73,880.	
Professional fundraising services. See Part IV, line 17 Investment management fees 6,300. 6,300. 3 3 3 3 3 3 3 3 3			8,298.		8,298.	
For the investment management fees 6,300. 6,300. Gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 1,924,759. 1,884,349. 40,410. 12			·		·	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion		· · · · · · · · · · · · · · · · · · ·	6,300.		6,300.	
Column (A), amount, list line 11g expenses on Sch 0.) 1,924,759. 1,884,349. 40,410. 3,72						
12 Advertising and promotion 4 ,718. 292. 704. 3 ,72 13 Office expenses 42 ,554. 7 ,875. 28 ,482. 6 ,19 14 Information technology 174 ,160. 52 ,042. 116 ,483. 5 ,63 15 Royalties 5 600 ,546. 210 ,553. 5 ,63 16 Occupancy 811 ,099. 600 ,546. 210 ,553. 5 ,63 17 Travel 7	J		1,924,759.	1,884,349.	40,410.	
13 Office expenses	12	· · · · · · · · · · · · · · · · · · ·	4,718.	292.	704.	3,722.
14		-	42,554.	7,875.	28,482.	6,197.
15 Royalties			174,160.	52,042.	116,483.	5,635.
16 Occupancy	15					
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 PROGRAM ACTIVITY AND SU 3 PROGRAM ACTIVITY COSTS 4 Other expenses 5 OTAL VEHICLE EXPENSE 4 All other expenses 4 49,615. 2 5 Total functional expenses. Add lines 1 through 24e 2 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	16		811,099.	600,546.	210,553.	
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,107. 1,575. 1,480. 55 20 Interest 21,751. 8,477. 13,274. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 334,078. 82,010. 252,068. 23 Insurance 49,455. 49,455. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PRORAM ACTIVITY AND SU 1,254,642. 1,211,204. 43,438. b WORK ACTIVITY COSTS 369,791. 369,791. c DT&H VEHICLE EXPENSE 140,837. 134,802. 6,035. d All other expenses Add lines 1 through 24e 11,562,905. 9,840,984. 1,538,279. 183,64 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		- ,		·		
for any federal, state, or local public officials 19	18					
19 Conferences, conventions, and meetings 3 , 107	-					
20 Interest 21,751. 8,477. 13,274.	19		3,107.	1,575.	1,480.	52.
Payments to affiliates Depreciation, depletion, and amortization 334,078. 82,010. 252,068.		· · · · · · · · · · · · · · · · · ·	21,751.	8,477.	13,274.	
Depreciation, depletion, and amortization 334,078. 82,010. 252,068.						
Insurance 49,455. 49,455. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAM ACTIVITY AND SU 1,254,642. 1,211,204. 43,438. WORK ACTIVITY COSTS 369,791. 369,791. DT&H VEHICLE EXPENSE 140,837. 134,802. 6,035. d e All other expenses 49,615. 25,481. 22,665. 1,46 25 Total functional expenses. Add lines 1 through 24e 11,562,905. 9,840,984. 1,538,279. 183,64 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			334,078.	82,010.	252,068.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROGRAM ACTIVITY AND SU b WORK ACTIVITY COSTS C DT&H VEHICLE EXPENSE 140,837. 134,802. 6,035. d e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23	`	49,455.		49,455.	
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PROGRAM ACTIVITY AND SU b WORK ACTIVITY COSTS C DT&H VEHICLE EXPENSE d All other expenses 49,615. 25,481. 22,665. 1,46 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.) a PROGRAM ACTIVITY AND SU b WORK ACTIVITY COSTS C DT&H VEHICLE EXPENSE d All other expenses 49,615. 25,481. 22,665. 1,46 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		above. (List miscellaneous expenses on line 24e. If				
## PROGRAM ACTIVITY AND SU						
C DT&H VEHICLE EXPENSE d	а		1,254,642.	1,211,204.	43,438.	
d e All other expenses 49,615. 25,481. 22,665. 1,46 25 Total functional expenses. Add lines 1 through 24e 11,562,905. 9,840,984. 1,538,279. 183,64 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b	WORK ACTIVITY COSTS	369,791.	369,791.		
e All other expenses 49,615. 25,481. 22,665. 1,46 25 Total functional expenses. Add lines 1 through 24e 11,562,905. 9,840,984. 1,538,279. 183,64 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С	DT&H VEHICLE EXPENSE	140,837.	134,802.	6,035.	
25 Total functional expenses. Add lines 1 through 24e 11,562,905. 9,840,984. 1,538,279. 183,64 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses	49,615.	25,481.	22,665.	1,469.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	11,562,905.	9,840,984.	1,538,279.	183,642.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here if following SOP 98-2 (ASC 958-720)						
		Check here if following SOP 98-2 (ASC 958-720)				5 990 (2222)

rai	τ X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			359,836.	1	0.
	2	Savings and temporary cash investments			2,805,039.	2	979,992.
	3	Pledges and grants receivable, net			, , .	3	22,500.
	4	Accounts receivable, net		1,518,036.	4	1,661,948.	
	5	Loans and other receivables from any current				_	
	٠	trustee, key employee, creator or founder, su	· ·				
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu		j			
		under section 4958(f)(1)), and persons descril		6			
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			101,869.	8	42,967.
Ass	9				114,762.	9	120,279.
-		Land, buildings, and equipment: cost or othe			,	_	
	iva	basis. Complete Part VI of Schedule D		9,199,433.			
	b			4,684,675.	4,116,043.	10c	4,514,758.
	11	Investments - publicly traded securities	758,849.	11	1,195,591.		
	12	Investments - other securities. See Part IV, lir		,	12	_,,	
	13	Investments - program-related. See Part IV, lii	1,099,153.	13	933,322.		
	14		1,000,100.	14	, , , , , , , , , , , , , , , , , , , ,		
	15	Other assets. See Part IV, line 11		0.	15	1,591,628.	
	16	Total assets. Add lines 1 through 15 (must e	ı	10,873,587.	16	11,062,985.	
	17	Accounts payable and accrued expenses			957,365.	17	851,836.
	18	Grants payable		,	18	,	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		1,939,195.	20		
	21	Escrow or custodial account liability. Comple		- (O - I I - I - D		21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
i≣		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to uni			35,046.	23	
	24	Unsecured notes and loans payable to unrela			,	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,	·	0.	25	1,667,078,
	26	Total liabilities. Add lines 17 through 25			2,931,606.	26	2,518,914.
		Organizations that follow FASB ASC 958, o	heck here	X	, ,		
es		and complete lines 27, 28, 32, and 33.					
JU.	27				7,929,172.	27	8,471,919.
Bala	28	Net assets with donor restrictions	12,809.	28	72,152.		
P P		Organizations that do not follow FASB ASG			·		·
Ē		and complete lines 29 through 33.	,	_			
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,941,981.	32	8,544,071.
2	33	Total liabilities and net assets/fund balances		10,873,587.	33	11,062,985.	

Form **990** (2022)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	288,	996.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	562,	905.
3	Revenue less expenses. Subtract line 2 from line 1	3		726,	091.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	941,	981.
5	Net unrealized gains (losses) on investments	5		41,	830.
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 on Schedule O)	9	_	-165,	831.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	8	544,	071.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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	Х	
	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?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-0991279 MERRICK INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 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.) 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 Х 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 12 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 on 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

MERRICK, INC. Schedule A (Form 990) 2022 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

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.)

Se	quality under the tests listed below, please complete Part II.) Section A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2010	(0) 2020	(4) 2021	(O) LOLL	(i) rotar
·	membership fees received. (Do not						
	include any "unusual grants.")	171,916.	1,195,925.	2,825,609.	412,135.	531,851.	5,137,436.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the				0.040.005		
	organization's tax-exempt purpose	9,317,512.	7,970,832.	8,656,922.	9,842,996.	11,413,143.	47,201,405.
3	Gross receipts from activities that are not an unrelated trade or bus-	F02 112	388,715.	225 027	514 _. 570 .	1 001 002	2 012 120
	iness under section 513	592,113.	300,713.	325,937.	514,570.	1,091,803.	2,913,138.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	10,081,541.	0 555 472	11 000 460	10 760 701	13,036,797.	55,251,979.
	Total. Add lines 1 through 5	10,081,541.	9,555,472.	11,808,468.	10,769,701.	13,036,797.	55,251,979.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ĸ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						55,251,979.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	10,081,541.	9,555,472.	11,808,468.	10,769,701.	13,036,797.	55,251,979.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,811.	14,026.	9,707.	15,869.	37,951.	86,364.
k	Unrelated business taxable income (less section 511 taxes) from businesses						· · · · · · · · · · · · · · · · · · ·
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	8,811.	14,026.	9,707.	15,869.	37,951.	86,364.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	10,090,352.	9,569,498.	11,818,175.	10,785,570.	13,074,748.	55,338,343.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.84 %
	ction D. Computation of Inves					Г	
	Investment income percentage for 20			ne 13, column (f))		17	.16 %
	Investment income percentage from 2					18	.12 %
19a	a 33 1/3% support tests - 2022. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•			nd X
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a h	oox on line 14, 19a	i, or 19b, check thi	is box and see ins	tructions	

Schedule A (Form 990) 2022 MERRICK, INC. 41-0991279 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization expects for the bonefit of any supported expenization other than the supported.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	subtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	MERRICK,	INC.	41-0991279	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4l lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P/, Section E, lines 2, 5, and 6. Also complete this part for any additional section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section in the section is part for any additional section is part for additional section is part for a section is part for a section in the section in the section is part for a section in the section in the section is part for a section in the section is part for a section in the section is part for a section in the section in the section is part for a section in the sect	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

м	ERRICK, INC.	41-0991279
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	ientific,
year, contribution is checked, ente purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF	• •
that it doesn't meet the fil	ing requirements of Schedule B (Form 990).	
I HA For Paperwork Reduc	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Name of organization Employer identification number

MERRICK, INC. 41-0991279

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

41-0991279

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** MERRICK, INC. 41-0991279 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 Х Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Х Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

Name of organization

Employer identification number

41-0991279

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	rganization		Employer identification number				
MERRICK,	INC.		41-0991279				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) it dipose of girl	(6) 656 61 gill	(a) Decemption of non-girt to note				
	Transferee's name, address, al	(e) Transfer of gif	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 41-0991279 MERRICK, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$_______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990) 2022	MERRICK, INC.			41-09	991279 Page 2				
Part II-A Complete if the org		npt under section	501(c)(3) and file						
section 501(h)).									
A Check if the filing organiza	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
expenses, and shar	expenses, and share of excess lobbying expenditures).								
B Check if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.						
	ts on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals				
				totals					
1a Total lobbying expenditures to influ		, , , , , , , , , , , , , , , , , , , ,		0.000					
b Total lobbying expenditures to influ	•			8,298.					
c Total lobbying expenditures (add li				8,298.					
d Other exempt purpose expenditure		11,554,607.							
e Total exempt purpose expenditure	11,562,905.								
f Lobbying nontaxable amount. Ente		*		728,145.					
If the amount on line 1e, column (a) o		bying nontaxable am	ount is:						
Not over \$500,000		he amount on line 1e.							
Over \$500,000 but not over \$1,000	<u> </u>	0 plus 15% of the exce							
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,000,0	000.							
				100.00					
g Grassroots nontaxable amount (en				182,036.					
h Subtract line 1g from line 1a. If zero	o or less, enter -0			0.					
i Subtract line 1f from line 1c. If zero			•	0.					
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	_					
reporting section 4911 tax for this	year?				Yes No				
(Some organizations th	nat made a section 50	raging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.				
	Lobbying Exper	ditures During 4-Yea	r Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount	574,352.	599,835.	648,488.	728,145.	2,550,820.				
b Lobbying ceiling amount (150% of line 2a, column(e))					3,826,230.				
c Total lobbying expenditures	50.	50.	34,102.	8,298.	42,500.				

149,959.

162,122.

143,588.

Schedule C (Form 990) 2022

637,705.

956,558.

182,036.

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

To each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	s N	0	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
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i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d lifthe filing appropriation in a small a continue 4010 to a did it file Forms 4700 for this consu				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5), oı	secti	on	
	_		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?	[1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Bid the organization agree to carry over lobbying and political campaign activity expenditures from the prior	vear?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	- 1			
expenses for which the section 527(f) tax was paid).				
a Current year	[2a		
		2b		
b Carryover from last year		2c		
b Carryover from last year c Total	L			
c Total		3		
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
c Total		3		
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		4		
 c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization MERRICK, INC.

Employer identification number 41-0991279

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Sche	dule D (Form 990) 2022 MERRICK, IN						41-099		Pa	ge 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or O	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke signit	ficant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's	exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o						_	-		
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes	" on Fo	rm 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	·								
1a	Is the organization an agent, trustee, custodi							7		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A		
								Amount		
C	Beginning balance					1c				
	Additions during the year					1d				—
e	Distributions during the year					1e				
t 20	Ending balance Did the organization include an amount on Fe					1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			_ res	H	NO
Par										
	- Complete	(a) Current year	(b) Prior year	(c) Two years ba		Three v	ears back	(e) Four	vears b	ack
1a	Beginning of year balance	,	, , , , , , , , , , , , , , , , , , , ,		1,			,		
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	<u>.</u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered f	or the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)	\rightarrow	
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		N David IV line dda 1	O F 000 D-	V 1:	10				
	Complete if the organization answere						 	/ N 5 ·		
	Description of property	(a) Cost or o	` ' '		(c) Accu		d	(d) Book	value	
	Land	basis (investr	nent) Dasis	(other)	depred	JIALION			565 0	
	Land			565,000.	2	110	291		565,0	
b	Buildings			495,780.	3	,449,8 189,4			369,7 306,3	
	Leasehold improvements			524,871.		387,8			136,9	
	Equipment			794,158.		657,4			136,6	
	Other		V 20/1/27 (D) // 2						514,7	
ı old	. Add iiiles Ta iiillougit Te. (Column (g) must e	<u>:quai rorm 990, Part .</u>	∧, coiumn (B), line `	IUC.)				<u> </u>	,'	

Schedule D (Form 990) 2022 MERRICK, INC.		4	1-0991279 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) INVESTMENT IN JOINT VENTURE	933,322.	COST	•
(2)	,		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	933,322.		
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1) RIGHT OF USE ASSET			1,591,628
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		1,591,628
Part X Other Liabilities.	5 000 D 1 1 1 1 1	4 446 5 000 5 177 5 05	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 ((7 070
(2) LEASE LAIBILITY			1,667,078
(3)			
(4)			
(5)			

1,667,078. Total. (Column (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 that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Stat		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	12,866,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		41,830.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d	-165,831.		
е	Add lines 2a through 2d			2e	-124,001.
3	Subtract line 2e from line 1			3	12,990,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,300.	-	
	Other (Describe in Part XIII.)	4b	-707,852.		
С	Add lines 4a and 4b			4c	-701,552.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	12,288,996.
Pai	T XII Reconciliation of Expenses per Audited Financial Sta		xpenses per H	κeturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				10.064.455
1	Total expenses and losses per audited financial statements			1	12,264,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses		707.050		
d	Other (Describe in Part XIII.)		707,852.		
е	Add lines 2a through 2d			2e	707,852.
3	Subtract line 2e from line 1			3	11,556,605.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	6 200		
а	Investment expenses not included on Form 990, Part VIII, line 7b		6,300.		
	Other (Describe in Part XIII.)	4b			6 200
	Add lines 4a and 4b			4c	6,300.
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	8.)		5	11,562,905.
		4 5 1 1 1 1 1	101 5 11/1: 4		0.5.17
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, I	ne 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informa	tion.		
ם אם ת	X, LINE 2:				
FARI	A, DINE 2:				
тах	EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION	(TNCLIDING			
	DATEMBE OF BENEFIT THOM IN CHEMINITY THEOME THE TOUTTON	(INCLUDING			
ΨAX-	EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIK	ELV THAN NOT			
	DADMIT SIMISS, MIT DE RECOGNIZED ONET WHEN IT IS MORE BIN	CDD1 111111 NO1			
тнат	THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXIN	īĢ			
111111	THE TOUTION WITH DE COUNTRED COM EMMINITION DE TIMES				
אַזיינע	ORITIES. MANAGEMENT BELIEVES MERRICK HAS NO UNCERTAIN IN	ICOME TAX			
HOII	OKTITED. MANAGEMENT DESIEVED MEKKICK HAD NO ONCEKTATN IN	ICOME TAX			
POST	TIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT	TINDER THE			
1001	TIONS THAT WOODS RESULT IN AN ACCROME, ENTERED ON BENEFIT	ONDER THE			
MORE	LIKELY THAN NOT STANDARD.				
HORE	THE THE ROLL STREET,				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
INCR	EASE/(DECREASE) OF INVESTMENT IN JOINT VENTURE -				
NEWI	'RAX	-165,831.			
		,			

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MERRICK, II	NC.					41-099127	9
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-gassing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration

MERRICK, INC. Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF SCRAMBLE EMPOWER LUNCHEON col. (c)) (event type) (event type) (total number) 75,998 52,884. 68,727. 197,609. 1 Gross receipts 2 Less: Contributions 75,998 52,884. 62,459 191,341. **3** Gross income (line 1 minus line 2) 6,268 6,268. 4 Cash prizes 2,000. 2,000. 9,934. 5 Noncash prizes 1,407. 11,341. Direct Expenses 13,662. 3,245. 2,959. 19,866. 6 Rent/facility costs 8.747. 22,235. 5,972. 7,516. 7 Food and beverages 8,456. 3,410. 5,046 8 Entertainment 2,852. 253. 10,439. 13,544. 9 Other direct expenses 77,442. **10** Direct expense summary. Add lines 4 through 9 in column (d) -71,174. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1,085,535. 27,852,146. Gross revenue 33,607,954. 62,545,635. 982,209 24,098,328. 27,758,626. 52,839,163. 2 Cash prizes Direct Expenses Noncash prizes 0. 1,221,787. 1,221,787. Rent/facility costs 50,158. 7,399,608. 7,349,450. Other direct expenses % Yes Yes % Yes % X No 6 Volunteer labor X No 7 Direct expense summary. Add lines 2 through 5 in column (d) 61,460,558. 1,085,077. 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

X Yes

b If "No," explain:

b If "Yes," explain:

9 Enter the state(s) in which the organization conducts gaming activities: MN

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Scr	nedule G (Form 990) 2022 MERRICK, INC. 41-	099127	9	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X	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	X No
13	Indicate the percentage of gaming activity conducted in:		ı	
á	a The organization's facility	13a		%
	b An outside facility	13b	10	00.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name WENDY BUSCH			
	2010 112022 2010 112022 2010 1120			
	Address 3210 LABORE ROAD - VADNAIS HEIGHTS, MN 55110			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
١	of gaming revenue retained by the third party \$			
,	c If "Yes," enter name and address of the third party:			
•	5 in 100, onto hand address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name WENDY BUSCH			
	Gaming manager compensation \$ 111,571.			
	Description of services provided RECORD KEEPING, HIRING, FIRING, OVERSEEING ALL			
	GAMBLING SITES.			
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Х	Yes	☐ No
k	b 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 \$ 1,310,020.			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	G (Form 990) Supplemental Infor	MERRICK, INC	•		41-0991279	Page 4
Part IV	Supplemental Infor	mation _{(continue}	ed)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MERRICK, INC.

Part I Questions Regarding Compensation

Employer identification number
41-0991279

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 MERRICK, INC. 41-0991279 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN WAYNE BARKER	(i)	169,925.	0.	0.	480.	15,876.	186,281.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 MERRICK, INC.	41-0991279	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information.	

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

MERRICK, INC.					4	41-0991279							
					on 501(c)(4), and sec art IV, line 25a or 25b								
1		Relationship bet				, or Form 990-E	.z, Pa	π ν, ι	ine 40	D.	(4)	Corre	otod2
(a) Name of disqualified	person	person and o			illed (d	c) Description o	f trans	sactio	n			es	No
													110
2 Enter the amount of tax section 4958 3 Enter the amount of tax											<u> </u>		
Part II Loans to an	d/or From Int	erested Pers	sons.										
					Part V, line 38a or F	orm 990. Part I	V. line	26: 0	or if th	e orga	nizatio	n	
·	ount on Form 990					5 555, r a.r.	.,			ga			
(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Lo	oan to or n the ization?	(e) Original principal amount	(f) Balance d	lue) In ault?	(h) Ap by bo comm	ard or	(') ''	/ritten ment?
			То	From				Yes	No	Yes	No	Yes	No
			-										
			-				-						
Total				<u></u>	\$								
	ssistance Ber	_											
	organization ansv												
(a) Name of interested	person	(b) Relationship interested pers the organiz	son an		(c) Amount of assistance		Type o) Purp assista		f
									_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

<u>Schedule L (Form 990) 2022</u> MERRICK, INC. 41-0991279 Page **2**

Part IV	Busine	ss Transactions	Involving	Interested	Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
DAN SCHNEEMAN	BOARD MEMBER AND IN	· · · · · · · · · · · · · · · · · · ·	THE TRUSTEE		Х
NEWTRAX, INC.	MERRICK IS CO-FOUND	, ,	MERRICK CON		Х
JOE MURPHY	BOARD MEMBER AND IN	251,662.	JOE MURPHY		Х
Part V Supplemental Information.					
• • • • • • • • • • • • • • • • • • • •	onses to questions on Schedule L (see in	actructions)			
Frovide additional information for response	orises to questions on schedule E (see ii	istructions).			
SCH L. PART IV. BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS.				
Ben B, I'Mi IV, BobinBob IMMoherionb .	INVOLVING INTERNETED TERRORIS.				
(A) NAME OF PERSON: DAN SCHNEEMAN					
(II) MADE OF FERENCE SIN SOMEDIAM					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
<u> </u>					
BOARD MEMBER AND INSURANCE BENEFITS MAI	NAGEMENT COMPANY				
(C) AMOUNT OF TRANSACTION \$ 974,268.					
(D) DESCRIPTION OF TRANSACTION: THE TRU	JSTEE IS ALSO A PRINCIPAL WITH	THE			
COMPANY USED BY THE ORGANIZATION TO MAI	NAGE AND BROKER ITS HEALTH CAF	RE			
INSURANCE BENEFITS PROGRAMS INCLUDING I	HEALTH, DENTAL, AND LIFE INSUF	RANCE.			
PREMIUMS OF APPROXIMATELY \$750,000 WERI	E PAID DIRECTLY TO THE INSURAN	ICE			
PROVIDERS. THIS TOTAL INCLUDES EMPLOYED	R AND EMPLOYEE CONTRIBUTIONS F	FOR			
INSURANCE PREMIUMS. THE AMOUNT OF COMPI	ENSATION EARNED BY THE BENEFIT	TS			
MANAGEMENT COMPANY IS NOT KNOWN SINCE !	THEY ARE PAID DIRECTLY BY THE				
THE PROPERTY OF THE PROPERTY O					
INSURANCE PROVIDERS.					
(E) GUADING OF ODGANIGATION DEVENTINGS	No				
(E) SHARING OF ORGANIZATION REVENUES? =	= NO				
(A) NAME OF PERSON: NEWTRAX, INC.					
(A) NAME OF TERBON. NEWTRAX, THE.					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION.				
	THE CHOINTERTION.				
MERRICK IS CO-FOUNDER OF NEWTRAX, INC.					
THE TO SO TOURDER OF REMINER, INC.					
(C) AMOUNT OF TRANSACTION \$ 1,247,038.					

(D) DESCRIPTION OF TRANSACTION: MERRICK CONTRACTS WITH NEWTRAX TO

MERRICK, INC. 41-0991279 Schedule L (Form 990) Page 2 Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). PROVIDE TRANSPORTATION SERVICES TO EMPLOYEES AND IT SERVICES TO THE ORGANIZATION. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: JOE MURPHY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER AND INSURANCE BENEFITS MANAGEMENT COMPANY (C) AMOUNT OF TRANSACTION \$ 251,662. (D) DESCRIPTION OF TRANSACTION: JOE MURPHY IS A TRUSTEE AND THE COMPANY'S REPRESENTATIVE TO THE 403B FUND HELD BY THE STANDARD THAT IS OFFERED TO ALL QUALIFYING MERRICK EMPLOYEES. JOE MURPHY DOES NOT RECEIVE ANY COMPENSATION FROM THE COMPANY FOR THIS SERVICE. EMPLOYEES CAN CONTRIBUTE A PORTION OF THEIR SALARY AND MERRICK WILL MATCH UP TO 3% PER PAYCHECK. THESE FUNDS ARE THEN HELD AND SERVICED BY THE STANDARD. THE COMPANY HAS NO KNOWLEDGE AS TO HOW JOE MURPHY IS COMPENSATED BY THE STANDARD. (E) SHARING OF ORGANIZATION REVENUES? = NO

232461 04-01-22 Schedule L (Form 990)

SCHEDULE O (Form 990)

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 Form 990-EZ

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

MERRICK, INC. 41-0991279 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTELLECTUAL OR DEVELOPMENTAL DISABILITIES FORM 990, PART VI, SECTION A, LINE 1A: THE BOARD HAS DELEGATED SPECIFIC AUTHORITY TO A GOVERNANCE COMMITTEE AND FINANCE COMMITTEE AND EACH HAS AT LEAST ONE TRUSTEES FROM THE BOARD AS A MEMBER, HAS A CHARTER APPROVED BY THE BOARD DEFINING THEIR AUTHORITY, AND RECORDS MINUTES THAT ARE DISTRIBUTED TO THE BOARD FORM 990, PART VI, SECTION A, LINE 2: DAN SCHNEEMAN IS A TRUSTEE AND IS ALSO A PRINCIPAL WITH SEVENHILLS CLEVELAND BENEFIT PARTNERS WHO IS THE COMPANY'S HEALTH BENEFIT ADVISOR. KAREN DEYOUNG IS A TRUSTEE AND 100% OWNER OF HER CONSULTING COMPANY THAT OCCASIONALLY PROVIDES SERVICES TO THE COMPANY. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR AND DIRECTOR OF ADMINISTRATIVE OPERATIONS REVIEW A DRAFT OF FORM 990 AND FORM 990-T AND PROVIDE FEEDBACK TO OUR TAX PREPARER WHO PROVIDES US WITH A FINAL FILING COPY. WE CHECK THAT COPY TO MAKE SURE ANY CHANGES DISCUSSED WERE MADE. THEN A COPY IS PROVIDED TO THE BOARD OF TRUSTEES FOR COMMENT AND/OR QUESTIONS BEFORE IT IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE WHO AUTHORIZES THE PRESIDENT/TREASURER TO SIGN AND MANAGEMENT TO FILE IT ALONG WITH RELATED REPORTS WITH THE MN ATTORNEY GENERAL'S OFFICE. ALL TRUSTEES ARE ADVISED THAT FORM 990 AND FORM 990-T HAVE BEEN FILED AND THE FINAL COPY IS POSTED ON THE COMPANY'S WEBSITE.

Schedule O (Form 990) 2022 Page **2**

Name of the organization MERRICK, INC.	Employer identification number
FORM 990, PART VI, SECTION B, LINE 12C:	•
EACH TRUSTEE AND KEY EMPLOYEE COMPLETES A CONFLICT DISCLOSURE FORM ANNUAL	LLY
AND IS REQUIRED TO RECUSE THEMSELVES FROM MATTERS WHERE A CONFLICT EXISTS	S.
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPANY PARTICIPATES IN AN INDUSTRY MARKET WAGE SURVEY EVERY TWO YEAF	RS
AND USES THIS DATA TO BENCHMARK ITS OWN COMPENSATION PLAN. THE PRESIDENT	IS
AUTHORIZED TO APPROVE THE BUDGETED MERIT INCREASE FOR THE EXECUTIVE	
DIRECTOR AND CAN APPROVE A WAGE ADJUSTMENT BASED ON A COMPENSATION SURVEY	Y
AND RECOMMENDATION FROM HR.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT	rs
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TRANSPORTATION:	
PROGRAM SERVICE EXPENSES 1,096,04	49.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 1,096,04	49.
OTHER FEES:	
PROGRAM SERVICE EXPENSES 788,30	00.
MANAGEMENT AND GENERAL EXPENSES 40,41	10.
PUNDRAISING EXPENSES	0.
FOTAL EXPENSES 828,71	10.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,924,75	59 . Schedule O (Form 990) 202

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