

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410  
Portland, OR 97201-5451  
E-Mail: charitable.activities@doj.state.or.us  
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880  
TTY (800) 735-2900  
FAX (971) 673-1882

For Accounting Periods Beginning in:

# 2010

### Section I. General Information

1. **Registration #:** 41227 Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

**Mercy - The Medical Cannabis Resource Center** Registration #:

1469 Capital St NE #100 Organization Name:

Salem OR 97062 Address:

**Phone:** (503) 363-4588 **FAX:** (503) 581-1937 City, State, Zip:

**Period Beginning:** 1/1/2010 **Period Ending:** 12/31/2010 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Amended Report?

Email: \_\_\_\_\_  
Period Beginning: 1/1/10 Period Ending: 12/31/10

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, or secretary of state, or local district attorney, or been a party to legal action in any court regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
PERRY STRIPLING	PRES.	503-523-8399	9177 S.W. RARITAN CT TUALATIN, OR, 97062

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: PERRY STRIPLING Address: 9177 S.W. RARITAN CT, TUA, OR, 97062 Phone: (503) 523-8399 Email: info@mercycenters.org	PRES. 20	Ø
Name: JULIE SHINN Address: 2519 PHIPPS CIRCLE NE, SAL, OR, 97305 Phone: (503) 569-0776 Email: mercy-salem@hotmail.com	TREAS. 10	Ø
Name: XAVIER SMALL-LENART Address: 1052 N. RIVER, SWEET HOME, OR, 97384 Phone: (503) 871-8457 Email: dorothy@mercycenters.org	SECTY. 5	Ø

**Section II. Fee Calculation**

<p>9. Total Revenue .....                  (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</p>	9.	34,715																				
<p>10. Revenue Fee .....                  (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</p> <table style="font-size: small; width: 100%;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200	10.	25-		
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<p>11. Net Assets or Fund Balances at End of the Reporting Period .....                  (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)</p>	11.	0																				
<p>12. Net Fixed Assets Used to Conduct Charitable Activities .....                  (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)</p>	12.	0																				
<p>13. Amount Subject to Net Assets or Fund Balances Fee .....                  (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</p>	13.	0																				
<p>14. Net Assets or Fund Balances Fee .....                  (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</p>	14.	0																				
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .....                  (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</p>	15.																					
<p>16. Total Amount Due .....                  (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</p>	16.	25-																				
<p>17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 &amp; 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.</p>																						

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.												
⇒	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 40%; text-align: center;">                  _____                  Signature of officer             </td> <td style="border: none; width: 20%; text-align: center;">                 4/16/11                  _____                  Date             </td> <td style="border: none; width: 40%; text-align: center;">                 Pres.                  _____                  Title             </td> </tr> </table>	_____ Signature of officer	4/16/11 _____ Date	Pres. _____ Title									
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Paid Preparer's Use Only	⇒												
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