

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2018 and ending 12/31/2018

Organization's legal name

**MERLIN MEDIATION COUNSELING & CONSULT  
INC.**

Employer ID number

**47-1479303**

Other names used by organization (DBA)

Number and street (or P.O. box, if applicable)

**PO BOX 2034**

Room/Suite

Telephone number

**406-204-0064**

City or town, state or country and ZIP + 4

**HELENA, MT 59624-2034**

Web address, if applicable **WWW.MERLINCCC.ORG**

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year ..... ☒

Check if organization is terminating (going out of business) ..... ☐

**Information regarding principal officer:**

Name

**MARISA DIAZ-WAIAN**

Street address

**PO BOX 2034**

City, state or country and ZIP + 4

**HELENA, MT 59624-2034**