50m 990

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Open to Public

A		2016 ca	Index year or tay year hadinaing			mspection	<u> </u>
A B		applicable	lendar year, or tax year beginning , and ending , and ending C Name of organization Merck Medical Dental Life Insurance and Long Term Disability T		er identif	ication number	
å				rust b cilipioy	er lueriui	icanon namba	
닏	Address	cnange	Doing business as Merck & Co., Inc. Number and street (or P O box if mail is not delivered to street address) Room/suite	22-23617	40		
X	Name ch	ange	2000 Galloping Hill Road, K5 3155M	E Telepho			
$\overline{\Box}$	lastral cots			E Telepho	iie iiumbe	51	
닏	Initial retu	1M	City or town State ZIP code Kenilworth NJ 07033-1310	908-740-1	188		
	Final return	/terminated	Foreign country name Foreign province/state/county Foreign postal cod	10			
\Box	Amended	l rotum	Poleigh Country hame Poleigh province/state/country Poleigh postal country	G Gross re	econte \$	1,262,4	81 652
=	Amended	i retuin		G 0103316	ceipta v		
Ш	Application	on pending	l ·	a) is this a group retur			X No
_			Mark E McDonough 2000 Galloping Hill Road, K5 3155M, Kenilworth, N. Hill	(b) Are all subordina	ates includ	ded? Yes	No
1	Tax-exem	not status	501(c)(3) X 501(c) (9) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list (see	instructions)	
		a: ► N/A				_	
				(c) Group exemption			
K	Form of o	rganization	Corporation X Trust Association Other ▶ L Year of	formation 198	0 MS	State of legal domicie	<u>NJ</u>
F	art!	Su	mmary	·		·	
_	1	Briefly o	lescribe the organization's mission or most significant activities The Merck & Co	Inc Employee Benefi	t Trust (as	of Jan 1 2017 known as	the Merck
ဋ	Medic	al Dental Li	e Insurance and Long Term Disability Trust) funds certain medical dental life insurance and long-term disability be	enefits in accordance	with the ter	ms of the Merck Medical	Dental
Ē			Long Term Disability Plan for certain eligible union and non-union employees and certain eligible retirees of Mei	erck & Co Inc and p	articipating	subsidiaries and each of	their
ě	eligible 2	e depéndents Check t	his box I if the organization discontinued its operations or disposed of i	more than 25%	of its r	net assets	
Ó	3				1 3 1		1
ಷ	4		r of independent voting members of the governing body (Part VI, line 1b)		4		<u>_</u>
es	5		imber of individuals employed in calendar year 2016 (Part V, line 2a)		5		
₹	6		umber of volunteers (estimate if necessary)		6		 ö
Activities & Governance	7a		related business revenue from Part VIII, column (C), line 12		7a		
•) 'a		elated business taxable income from Form 990-T, line 34		7b		
	 _ b	Net uni	stated business taxable income from Form 990-1, line 34	Prior Year	1/6	Current Yea	<u>_</u>
	8	Contrib	utions and grants (Part VIII, line 1h) .	FIIOI I BAI	0	Current sea	
Revenue	1			221.6	30,618	105.7	61.069
ě	9		- · · · · · · · · · · · · · · · · · · ·				61,068
Ş.	10		ent income (Part VIII, column (A), lines 3, 4, and 7d).		13,912		20,925
	11	Other re	2401140 (1 att 4111, 00141111 (1 1), 11100 0, 00200, 00(1100, and) 1 10164 1	004.0	0	1,059,5	
	12		venue—add lines 8 through 11 (must equal Part VIII), column (A), line 12).	221,0	44,530	1,262,4	81,652
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1–3)	245.0	0 000	0400	44.000
	14	Benefits	s paid to or for members (Part IX, column (A), means N	245,0	00,839	318,3	14,903
Š	15		, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,240		2,851
Ë	16a		ional fundraising fees (Part IX, column (A), line 11e) .				0
Expenses	b		ndraising expenses (Part IX, column (D), line 25) ▶ 0			\$2	
ш	1''		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		99,100		55,097
,	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		03,179		72,851
<u>:</u>	19	Revenu	e less expenses. Subtract line 18 from line 12		58,649		08,801
ž or	2		l	Beginning of Curre		End of Year	
			ssets (Part X, line 16)	7	09,043		29,272
Net Asse	21		ibilities (Part X, line 26)	· · · · · · · · · · · · · · · · · · ·	0		<u>57,856</u>
ž	22	Net ass	ets or fund balances. Subtract line 21 from line 20		09,043	927,8	<u>71,416</u>
	art II		anature Block				
	•		ry, I declare that I have examined this return, including accompanying schedules and statements, an	•	-	je	
and	belief, it	is true, corr	ect, and complete Declaration of preparer (other than officer) is based on all information of which pre	reparer has any kno	wledge	1-1	
Si	gn				<u> </u>		
	re	!	Signature of officer	Date			
• • •		1 1		e President & T	reasure	er	
			Type or print name and title				
_		Pni	nt/Type preparer's name Preparer's signature	Date	Check	X if PTIN	
Pa	-	Ma	rco V Bertolozzi	1//8//7	self-emp	— 1	6
	epare	'		Firm's EIN			
Us	se Onl	, —					
	_		n's address ► 30 Rockefeller Plaza, New York, NY 10112-0015	Phone no	212-	436-2264	
Ma	w the H	RS discu	ss this return with the preparer shown above? (see instructions)			X Yes	l No.

Form 990 (2016)

	90 (2016)	Merck Medical, Dental, Li			Trust	22	2-2361740	Page 2
Par	t III	Statement of Program S						
		Check if Schedule O con			e in this Part III			
1	Briefly d	escribe the organization's miss						
	-	k & Co Inc Employee Benefit Trus		own as the Merck Medi	cal, Dental, Life Insi	urance and Lone	Term Disabil	ity
		unds certain medical, dental,						
		I, Dental, Life Insurance and L						
		eligible retirees of Merck & Co						
2		organization undertake any sigi					nts	
2							☐ v	X No
	•	Form 990 or 990-EZ?					Yes	V NO
		describe these new services o						
3		organization cease conducting,	or make significant	changes in how it o	conducts, any pro	gram		_
	services						Yes	X No
	If "Yes,"	describe these changes on Sc	hedule O					
4	Describe	the organization's program se	rvice accomplishme	ents for each of its th	hree largest prog	ram services, as	measured by	
	expense	s. Section 501(c)(3) and 501(c)(4) organizations a	re required to repor	t the amount of g	rants and allocat	tions to others,	1
	the total	expenses, and revenue, if any	for each program	service reported.				
		•		·				
4a	(Code) (Expenses \$	0 (ncluding grants of \$	() (Revenue \$		0)
	•	ck & Co , Inc. Employee Benef						/- /
		ife Insurance and Long Term I						
		e and long-term disability bene						
	Dental,	ife Insurance and Long Term I	Jisability Plan for Co	ertain eligible union	and non-union	·	· · · · · · · · · · · · · · · · · · ·	
		es and certain eligible retirees	of Merck & Co., Inc	and participating s	ubsidiaries and			
	each of	heir eligible dependents.						
4b	(Code) (Expenses \$	· · · · · · · · · · · · · · · · · · ·	ncluding grants of \$) (Revenue \$)
						· · · · · · · · · · · · · · · · · · ·		
				·				
					·			
4c	(Code) (Expenses \$		ncluding grants of \$	·) (Revenue \$)
								.
				•				·
								·
4d	Other p	ogram services. (Describe in S						
	(Expens	es \$0 inc	cluding grants of \$. <u> </u>	0)(Revenue \$		0)	
- 4-						-		

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			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			^
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ -		
0	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		_X_
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
p	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		^
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u>.</u>		
-	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		Х
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	<u> </u>	Χ_
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		X

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Form 990 (2016)

Pari	Checklist of Required Schedules (continued)		,	
20-	Did the emperation exercise and or more beautyl facilities? If MV II accepted Sale-dute 11	20-	Yes	X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<u>^</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ľ	Х
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	1	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	ļ	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		X
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ll	l	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ı
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	ا ۔۔. ا		i
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	li	i	ı
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26	- 1	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity 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 Schedule L,		430	
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		14.7- 14.7-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 1		ĺ
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا ۔ ا		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
J J	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		<u> </u>
••	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			l
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Par	22 200	11740	Р.	age 3
, rai	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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┧ `		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>		لسندا
•	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			3
	Statements, filed for the calendar year ending with or within the year covered by this return	 		لتقحا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	l		}
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		,
_	account)?	4a	, - ·	X
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 Accounts		Ser ; Ser ;	
		200		
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,5.7.W	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
C	16 10 C 10	5c		-
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50	-	├─
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		 ^
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	10D	a Trait	a46-4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1.55	
-	and services provided to the payor?	7a	ــــــــــــــــــــــــــــــــــــــ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 '''	-	┞─
	required to file Form 8282?	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year	**	345.5	.S
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		a	-
	sponsoring organization have excess business holdings at any time during the year?	8	·	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			i .
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter]		
а	Gross income from members or shareholders	_		·
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	L
	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	1	1	}
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	ऻ	<u> </u>	ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	Į	

Par											
Гаі	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
	Chack if Schodula O contains a recommon or note to any line in this Bort VI	50 11181									
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · · · · · · · · · · · · · · · · </u>	• •	X							
Sect	ion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	. . !									
	If there are material differences in voting rights among members of the governing body, or	٠, ,									
	if the governing body delegated broad authority to an executive committee or similar	-									
	committee, explain in Schedule O.	٤.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	\$ &									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 33									
	any other officer, director, trustee, or key employee?	2		_X_							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3_		Х							
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		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	96,986°, ~ .	F. 1								
•	the year by the following										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	"-									
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	х								
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue			Ь							
<u> </u>	terral to the east of the costion is requeste information about policies not required by the internal revenue t	2000.	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b		12b		 ^-							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.20									
_	describe in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14	_	$\frac{\hat{x}}{x}$							
15	Did the process for determining compensation of the following persons include a review and approval by	,	-	 ^							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official.	15a		X							
b	Other officers or key employees of the organization		┢	x							
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		 ^- -							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1 !									
104	with a taxable entity during the year?	100		├┯┤							
		16a		<u> </u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1	 	 -							
<u> </u>	the organization's exempt status with respect to such arrangements?	16b	L	Ц							
	lion C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an expansion to make its Forms 1023 (or 1024 if applicable), 990, and 990 T. (Section 5014 or 1024 if applicable).	\a									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	js only	()								
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)										
10											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest politically statements available to the public during the tox years.	icy, an	iū								
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records:	_									
20											
	Merck & Co., Inc., (908) 740-1188 2000 Galloping Hill Road, K5 3155M, Kenilworth, NJ 07033-1310	·									

Form 990 (2016)	Merck Medical, Dental, Life Insurai									22-23617	40 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C	•	es, K	ley	Em	plo	yee	s, F	lighest Comp	ensated	
	Check if Schedule O contains a re		te to	any	/ lir	ne ir	n this	Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E				_	_					
organızatıon's	•								_		
of compensati List all o List the who received organization a	of the organization's current officers, di on. Enter -0- in columns (D), (E), and (i of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of For- ind any related organizations.	F) if no compens yees, if any. See npensated emplo m W-2 and/or Bo	ation instr oyees ox 7 o	wa: ructi (ot of Fo	s pa ons her orm	for than	defin an c 9-MIS	itior offici SC)	n of "key employe er, director, trust of more than \$10	ee." ee, or key emplo 00,000 from the	yee)
\$100,000 of re	of the organization's former officers, ke eportable compensation from the organ	y empioyees, an ization and any i	id nig relate	nes d or	t co car	mpe uzat	ensate ions.	ed e	employees who r	eceived more th	an
• List all d	of the organization's former directors of	or trustees that	recei	ved,	in 1	he d	apac				the
	more than \$10,000 of reportable compent the following order individual trustees		_						-		
	employees, and former such persons	or directors, ins	utuuo	mai	แบร	iee	s, om	cers	s, key employees	s, nignest	
Check thi	s box if neither the organization nor any	related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation							(E) Reportable compensation	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Bank of	New York Mellon	5.00		\vdash							
Trustee				X	_	_			2,851	0	0
(2)											
(3)											
(4)											
(5)											- "
(6)										-	
(7)											
(8)											-
(10)											
(12)											
(13)											
44.45				1	1	1 -		. ~			

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unies er an	Pos ieck is pe	more rson	habit Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensative from relate organization (W-2/1099-MI	on d is	com fr org and	(F) stimated nount of other pensatio om the anizatio d related	f on on d
(15)			Г										
(16)													
(17)													
(18)		 			_								
(19)			 		\mid		 - -						
(20)			_		\vdash	_	-	, _					
(21)													
(22)					-		-						
(23)													
(24)			<u> </u>										
(25)						-							
1b Sub-total c Total from continuation sheets to Part VII, 3 d Total (add lines 1b and 1c). 2 Total number of individuals (including but not	Section A	 	 	•		 	>	2,851 0 2,851 I more than \$100		0			0
 reportable compensation from the organization Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sum the organization and related organizations green 	rector, or trustee, dule J for such in of reportable cor	dividi npen	emp ual .	on a	 ınd (other	сог	npensation from			3	Yes	
 Individual Did any person listed on line 1a receive or action for services rendered to the organization? If " 		n fro	m aı	ıy u	nre	lated	org		· · · vidual ·		5		X X
Complete this table for your five highest components of compensation from the organization. Report of the compensation from the organization.	ensated indepen	dent	con	rac	tors	that	rece	eived more than			tax		
year (A) Name and business ac	dress							(B) Description of ser	vices		(C Compen		
				_			L						(
2. Total number of independent contents of the	uding hut not to-	- 4 المروق	. 41-		lic4:	عد ام						N 20 E 1	C
Total number of independent contractors (inc more than \$100,000 of compensation from the		.ea (0 ▶	, unc	/SB	115(0	0 ab		wno received		***	Form		

ίαι	L VIII	Check if Schedule O contains a respo	nse or n	ote to any line in	this Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. S. S.	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0				
s, G Amc	C	Fundraising events		0				
Contributions, Gifts, and Other Similar Ar	d	Related organizations		0				
Sim.	е	Government grants (contributions).	. <u>1e</u>	0				
utlo Jer (f	All other contributions, gifts, grants, and		_				
퉏		similar amounts not included above	, <u>l</u> f	0	~			^
Cor	g	Noncash contributions included in lines 1a-1	•	0	}			
	h	Total. Add lines 1a-1f	<u> </u>	Business Code	0			
nue	2-	E-paleura Cantributian			05 000 000	05 000 000		
Program Service Revenue	2a	Employer Contribution		900099	95,990,863	95,990,863		
	b	Employee Contribution		900099	99,770,205	99,770,205		
Ž	4	•			0			
ı, Si	u				0			
gra	f	All other program service revenue						
G.	q	Total. Add lines 2a–2f			195,761,068	~_ *	201 % 1 583	
	3	Investment income (including dividends,			10011011000	<u> </u>		- 10. Brancher 10. Vi 12.1 N. W.
					9,410,929			9,410,929
	4	Income from investment of tax-exempt be	ond proc	eeds ►	0			
	5	Royalties			0			
		(1)	Real	(II) Personal	9 11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		4	
	6a	Gross rents						MARKE.
	b	Less rental expenses				7.4. 1 .4.		
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)		<u> </u>	0			
	7a	Cross difficult from Sales Cr	cunties	(II) Other	à '	* 137		
	ŀ	assets other than inventory	290,004	0	.		٠	
	ь	Less cost or other basis					:	
		and sales expenses	0	<u>-</u>		-		,
	C	•	290,004					
	d	Net gain or (loss)		<u> ▶</u>	-2,290,004		 	-2,290,004
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<u>0</u> a	0				
Ę	b	Less direct expenses		0				
0	С	Net income or (loss) from fundraising even	ents	. •	0			
	9a	Gross income from gaming activities.				ŀ		
		See Part IV, line 19		0]			
	l	Less direct expenses		0				
	l	Net income or (loss) from gaming activities	es	▶	0		<u> </u>	
	10a	Gross sales of inventory, less						
	<u> </u>	returns and allowances		0	4			
	1	Less cost of goods sold		0	d			<u> </u>
	<u> </u>	Net income or (loss) from sales of invent	ory	,	0			
	ļ	Miscellaneous Revenue		Business Code	<u> </u>			
	11a	TRANSFER OF NET ASSETS FROM MERCK & CO INC.	UNION	900099	993,172,261			993,172,261
	b	TRANSFER OF NET ASSELS EBOM MERCK & Co. INC C		900099	16,902,918		ļ	16,902,918
	C	TRANSFER OF MET ASSETS FROM SCHERING-PLOUG		900099	51,385,320		 	51,385,320
	d	All other revenue			-1,860,840		 	-1,860,840
	е	Total. Add lines 11a-11d			1,059,599,659		_	1 000 555 55
	112	Total revenue. See instructions			1,262,481,652	195,761,068	ı 0	1,066,720,584

Form 990 (2016) Merck Medical, Dental, Life Insurance and Long Term Disability Trust Part IX Statement of Functional Expenses

Šectio	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other or	ganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		🔲
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		_		4 ~ ,
	domestic governments. See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to domestic			•	
_	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_[-	** ****
	individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	318,314,903	318,314,903		· <u> </u>
5	Compensation of current officers, directors,	0.54			
•	trustees, and key employees	2,851		2,851	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	ol			
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	· · · · · · · · · · · · · · · · · · ·	o			
a	Management	0			
b c	Legal	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	520,605		520,605	
g	Other. (If line 11g amount exceeds 10% of line 25, column	520,003		520,003	
9	(A) amount, list line 11g expenses on Schedule O.)	ol			
12	Advertising and promotion	0			
13	Office expenses	Ö	" 		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses		"		
	for any federal, state, or local public officials	اه			
19	Conferences, conventions, and meetings	Ö			
20	Interest	o			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Administrative Service Fees	10,534,492	10,534,492		
b		0			
С		0			
d		0			
е	All other expenses	0			L
25	Total functional expenses. Add lines 1 through 24e	329,372,851	328,849,395	523,456	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	1		I	

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or	r note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	7 242 005
	4	Accounts receivable, net		_0	4	7,313,085
	5	Loans and other receivables from current and f				o
		trustees, key employees, and highest compens	· -			
	_	Complete Part II of Schedule L			5	<u> </u>
i	6	Loans and other receivables from other disqualified pers				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	=	•		
		sponsoring organizations of section 501(c)(9) voluntary		- 		
Assets	_	organizations (see instructions). Complete Part II of Sch			6	
	7	Notes and loans receivable, net		0	7	<u> </u>
•	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		<u> </u>	9	2
	10a	Land, buildings, and equipment cost or		* **,		
	_	other basis Complete Part VI of Schedule D	10a 0		40	
	b	Less accumulated depreciation	10b 0	0	10c	0
	11			0	11	0 005 040 407
	12	Investments—other securities. See Part IV, line		709,043	12	935,916,187
	13	Investments—program-related See Part IV, lin	0		0	
	14	Intangible assets	0	-	_0	
	15	Other assets. See Part IV, line 11	0		0	
	16	Total assets. Add lines 1 through 15 (must equ		709,043	_	943,229,272
	17	Accounts payable and accrued expenses		0		15,357,856
	18	Grants payable	 	18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete		<i>#.</i>	21	
Liabilities	22	Loans and other payables to current and forme			1	
Ē		trustees, key employees, highest compensated			22	
<u>ia</u>	١,,	disqualified persons. Complete Part II of Sched		0		0
	23	Secured mortgages and notes payable to unre	•	0		0
	24	Unsecured notes and loans payable to unrelate		0	24	<u> </u>
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line				
		Part X of Schedule D	s 17-24). Complete	0	25	0
	26			0		15,357,856
_	20_		· · · · · · · · · · · · · · · · · · ·			10,007,000
co.	1	Organizations that follow SFAS 117 (ASC 95			Ì	
8		complete lines 27 through 29, and lines 33 a				
Jan	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
핕	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC958), check here 🕨 🔲 and			
5	1	complete lines 30 through 34.	_			
粒	30	Capital stock or trust principal, or current funds	S	709,043	30	927,871,416
386	31	Paid-in or capital surplus, or land, building, or			31	
Ž	32	Retained earnings, endowment, accumulated			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		709,043	33	927,871,416
	34	Total liabilities and net assets/fund balances		709,043	34	943,229,272

Form 8	90 (2016) Merck Medical, Dental, Life Insurance and Long Term Disability Trust	22-23617	40	Page 1.	<u> </u>
Part	XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	,262,4	81,65	2
2	Total expenses (must equal Part IX, column (A), line 25)	2	329,3	72,85	1
3	Revenue less expenses, Subtract line 2 from line 1	3		08,80	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	09,04	3
5	Net unrealized gains (losses) on investments	5	-5,9	46,42	8
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	927,8	371,41	6
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
		_	Y	s No	,
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				2 2 2
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	94			3
	Schedule O.	É			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	- 30
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	[75] -1.			M.
	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?	[3	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				į.
	separate basis, consolidated basis, or both	(§			
	Separate basis Consolidated basis Both consolidated and separate basis	ية ا			ñ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	¥			Ñ
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		411.
	If the organization changed either its oversight process or selection process during the tax year, explain in	i i		63 × 5	Ź
	Schedule O	,			Ø.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]**			æ
Vu	the Single Audit Act and OMB Circular A-133?	! :	3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	· · · · · · · · · · · · · · · · · · ·		<u> </u>	_
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	-	
				20 (201	$\overline{}$

• • •

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990. Name of the organization Employer Identification number Merck Medical, Dental, Life Insurance and Long Term Disability Trust 22-2361740 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during year). Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Ciran Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenue included on Form 990, Part VIII, line 1.

Assets included in Form 990, Part X

Sched	ule D (Form 990) 2016 Merck Medical, Dental,	Life Insurance	and Long	Term Dis	ability Trust		22-2361	740		Page 2
Pari	III Organizations Maintaining Col	lections of	Art, Histo	orical Tr	easures, o	r Othe	er Similar Asse	ts (con	tinue])
3	Using the organization's acquisition, access	sion, and other	records, c	heck any	of the follows	ng that	are a significant	use of it	s	
	collection items (check all that apply)			•		_	_			
а	Public exhibition		d \square	Loan	or exchange p	orograi	ms			
b	Scholarly research		. T	Other		_				
c	Preservation for future generations		لــا -							
4	Provide a description of the organization's	collections and	evolain h	out thou fu	uther the eras	anızatı	on's exempt purpe	se in D	net .	
7	XIII.	conections and	explain in	ow aley io	iruler the orga	21112411	on a exempt purpt	75 6 111 7 6	211	
5	During the year, did the organization solicit	or receive don	ations of a	rt histori	cal treasures	or oth	er sımılar			
•	assets to be sold to raise funds rather than								es 🗀	No
Pari								<u> </u>		
r an	Complete if the organization ans		on Form	000 Pa	rt IV line 0	or rei	norted an amou	nt on E	orm	
	990, Part X, line 21.	weled les	OH FORM	330, Fa	iit iv, iiie 9,	01 16	borted an amou	iii Oii i	OIIII	
4-	Is the organization an agent, trustee, custoo	dian as ather in	to-modio-			har as				
1a							sets not		es 🗔	No
ь	included on Form 990, Part X?					• •		Ш "	es	No
D	in res, explain the arrangement in Part All	n and complet	e the follow	virig table	•	Γ	1	Amount		
С	Beginning balance					1		Airiount		0
ď		· · · · · ·		• •		10	-			
e						10				
f	Ending balance					1				0
-	•					_		<u> </u>		
2a	Did the organization include an amount on						-	□ Y	es 🔀	No
b	If "Yes," explain the arrangement in Part XI	II. Check here	If the expla	anation ha	as been provi	ded or	Part XIII			
Part										
	Complete if the organization ans	wered "Yes"								
	(a) Current year	(b) Pno	or year	(c) Two years		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0		0		0	-	0		
b	Contributions									
С	Net investment earnings, gains,							Ì		
	and losses							<u> </u>		
d	Grants or scholarships	<u> </u>						_		
е	Other expenditures for facilities				i			1		
	and programs									
f	Administrative expenses		<u> </u>		<u> </u>					
g	End of year balance	0		0	<u> </u>	0		<u>0] </u>		0
2	Provide the estimated percentage of the cu	rrent year end		ine 1g, co	olumn (a)) hel	d as				
а	Board designated or quasi-endowment	•	<u>%</u>							
b	Permanent endowment	· <u>%</u>								
С	Temporarily restricted endowment	%	-							
_	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	ession of the d	organizatio	n that are	e held and adı	ministe	red for the			1
	organization by							(a	Yes	No
	(i) unrelated organizations					•		3a(i)		
	, , , , , , , , , , , , , , , , , , , ,					•		3a(ii)		ļ
b	If "Yes" on line 3a(ii), are the related organi		•					3b		
4	Describe in Part XIII the intended uses of the		s endowr	nent tund	5					
Par				000 0	- 4 D / P 4	4 - 0 -	- F 000 D		40	
	Complete if the organization ans									
	Description of property	(a) Cost or o			ost or other is (other)	^{(c}) Accumulated depreciation	(d) B	look valu	10
4-	Lond	(miaean				 	- Incorporation			
1a	Land		0	ļ <u></u>	0		0		_	0
b	Buildings	·	0		0					0
C	Leasehold improvements		0		0					0
d	Equipment		0		0	 	0			0
e Tota	Other	equal Form 0		column (- } +			<u> </u>

Page 3

Part VII	Investments—Other Securit Complete if the organization a		90, Part IV, line 11b. See For	m 990, Part X, line 12.
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of vo	aluation
(1) Financial o	derivatives	0	· · · · · · · · · · · · · · · · · · ·	
	eld equity interests	0		
		935,916,187	FM∨	
(<u>D)</u>				
(E)				
				* · · · · · ·
(<u>G</u>)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	1 000,010,101		*
Part VIII	Investments—Program Rela Complete if the organization a		90. Part IV. line 11c. See For	m 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	aluation
(1)		 	Cost or end-of-year	market value
(2)				
(3)				
(4)				
(5)				
(6)	•			
(7)				
(8)		1.		
(9)				
Part IX	Other Assets. Complete if the organization a		90, Part IV, line 11d. See Fo	· · · · · · · · · · · · · · · · · · ·
(1)		(a) Description	 	(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)	· •			
(7)			·	
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, o	col (B) line 15)	▶	
Part X	Other Liabilities. Complete if the organization a	enswored "Ves" on Form 9	00 Part IV line 11e or 11f S	See Form 990 Port V
	line 25.		oo, Faitiv, line Tie of Til. C	
1.	(a) Description of liability	(b) Book value	_	
	income taxes	<u> </u>	4	
(2)		+	-	
(3)		+	-	
(4)			1	
<u>(5)</u> (6)	 		-	
(7)			1	
(8)			1	
(9)		 	1	
	nust equal Form 990, Part X, col (B) line 25)	(
	uncertain tax positions. In Part XIII, pro-	vide the text of the footnote to the	e organization's financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2016 Merck Medical, Dental, Life Insurance and Long Term Disability Trust	22-2361740_	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
		-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		_
9	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5 _	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b			
C.			
ď	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		· 	

Schèdule D (Form 990	0) 2016	Merck Medic	al, Dental, Li	fe Insurance a	and Long Ter	m Disability	Trust	22-2361740	Page 5
Part XIII	Supple	mental Info							-
					•		-		
·									
				•••••					
				•••					
									
			· 						
					•				
					. 				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2016

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
Merck Medical, Dental, Life Insurance and Long Term Disability Trust	22-2361740
Form 990, Part VI, Section A, Line 9 Bank of New York Mellon, 135 Santilli Highway, Everett,	
MA 02149	
Form 990, Part VI, Section B, Line 11b Deloitte Tax LLP prepares the Form 990 and provides a	
copy to the taxpayer for their review and signature.	
Form 990, Part VI, Section C, Line 19 The trust's governing documents and financial	
statements will be made available to the public upon request.	·
	·
	·····
	·
	·····

Name of the organization	Employer Identification number
	22-2361740
Interest Medical, Sental, and Industries and Eving Ferri Biodoliny Frest	22 20017 10
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	*
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No· 1545-0047

Open to Public **Employer identification number**

Section 512(b)(13) controlled entity? Ŷ (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f) Direct controlling entity 22-2361740 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) Legal domicile (state or foreign country) છ Primary activity one or more related tax-exempt organizations during the tax year Primary activity Merck Medical, Dental, Life Insurance and Long Term Disability Trust (a)Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Name of the organization Part I Part Ξ € <u>છ</u> 9 3 **©** € ତ 9 3 3

Schedule R (Form 990) 2016

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 22-2361740

(k) Percentage ownership									+	(I) Section 512(b)(13) controlled entity?	S No	×							Schedule R (Form 990) 2016
al or ging er?	ŝ								, Par		Yes								Form
(i) General or managing partner?	Yes								990 ר	(h) Percentage ownership									le R (
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part ganizations treated as a corporation or trust during the tax year.	Share of Percend-of-year assets own									Sched
) rionate ons?	å								vered		Н								1
(h) Disproportionale allocations?	Yes								ansv ear.	(f) Share of total income									
(g) Share of end-of- year assets									anization the tax y										
Share									orga uring	f entity op, or tn									
(f) Share of total income									ete if the or trust du	(e) Type of entity (C corp, S corp, or frust)		C Corp							
Sha									ompl ion o	guillo									
(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)									e as a Corporation or Trust. Complete if the organization ans parizations treated as a corporation or trust during the tax year.	(d) Direct controlling entity									
Predo Income unre excluc tax									on or d as a	cile country)									
itrolling y	-								rporati s treate	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									as a Co	1s)		Z							
(c) Legal domicile (state or foreign country)									Taxable ated organ	(b) Primary activity		Pharmaceuticals							
									tions re rel	ď		'harma							
(b) Primary activity									ted Organiza	nizaton									
			ļ						Rela	ed orga		01 55M K							
(a) Name, address, and EIN of related organization									Identification of Related Organizations Taxabl	(a) Name, address, and EIN of related organization		(1) Merck & Co., Inc 22-1918501 2000 Galloping Hill Road, K5 3155M Kenllworth, NJ							
Name, relâ		(1)	(2)	(3)	(4)	(5)	(9)	(D)	Part IV	Nam		(1) Merck 2000 Gallor	(2)	(3)	(4)	(5)	(9)	(Z)	

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		>	Yes	2
-		ons listed in Parts II-IV?		\dashv	
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		×
٩	Gift, grant, or capital contribution to related organization(s)		1		×
Ų	Gift, grant, or capital contribution from related organization(s).		5		×
ס	Loans or loan quarantees to or for related organization(s).		19		×
d	Loans or loan autorantons by related ownerstands		4		ا,
ע	Loais of loai guarantees by related organization(s).		ַ	<u>`</u>	٦
•				1	7
-	Dividends from related organization(s)		+		$_{\times}$
6	Sale of assets to related organization(s)		19	_	×
æ	Purchase of assets from related organization(s)		ŧ		×
-	Exchange of assets with related organization(s)		;=		×
-	Lease of facilities, equipment, or other assets to related organization(s)		=		$ _{\mathbf{x}}$
			•		
¥	Lease of facilities, equipment, or other assets from related organization(s)		÷		×
-	Performance of services or membership or fundraising solicitations for related organization(s).		=		$ _{\times}$
Ε	Performance of services or membership or fundraising solicit		13		×
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		12		×
•	Sharing of paid employees with related organization(s).		9		×
			4,		J
٩	Reimbursement paid to related organization(s) for expenses		10		×
. o	Reimbursement paid by related organization(s) for expenses.		9		×
•				-1	
-	Other transfer of cash or property to related organization(s)		+		×
w.	Other transfer of cash or property from related organization(s)	•	15		_×
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	covered relationships and transactio	on threshold	Js.	
	17		3]
ļ	(a) Name of related organization	(b) (c) Transaction Amount involved type (a-s)	(a) Method of determining amount involved	sterminin	.
Ð					J
(2)					J
(3)					
€					
(5)					
(9)					
1		- Padro	do D (Earm	000	2016

22-2361740

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

5		1"		2		- -	9	1	3	-	=	١		3
	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all par) artners	(r) Share of		(n) Disproportionate		de V—UBI	Genera		(K) ercentage
			(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	ion (3) attons?	total income	end-of-year assets	allocation		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
				sections 512-514)	Yes	ę	-		Yes	2		Yes	ş	
(1)														ļ.
(2)						-				į.		-		
<u>6</u>								1						i
€														
(5)		,												
(9)														
E														
(8)											l .			
6)														
(10)										: 				
(11)														
(12)														
(13)														
(14)														
(15)													i	
(16)														
											Sched	ule R (Form 99	Schedule R (Form 990) 2016

Schedule R (Forr	n 990) 2016	Merck Medical, Dental, Life Insurance and Long Term Disability Trust	22-2361740	Page 5
	Supplem	ental Information.		
Part VII	Dravida a	dditional information for responses to questions on Schedule R. See Instru	ictions	
	Flovide a	dultional information for responses to questions of Schedule N. See matri	ictions.	
				-
	- 			
	·			
	· · · · · · · · · · · · · · · · · · ·	······		