TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845

PREPARED BY:

CBIZ MHM, LLC 500 BOYLSTON STREET BOSTON, MA 02116

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\underline{JUL} \ 1$, 2020, and ending $\underline{JUN} \ 30$, 20 $\underline{21}$

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service		Go to www.ir	s.gov/Form8879EO for the	latest information.		_
Name of exempt organization	or person subje	ct to tax			Taxpayer	identification number
MERRIMACK COL	LEGE				04-2	103731
Name and title of officer or pe	rson subject to t	ax			•	
JEFFREY DOGGE						
EXECUTIVE VP,	CFO & (200				
Part I Type of	Return and	Return Informa	ation (Whole Dollars Only)			
Check the box for the retu	rn for which yo	ou are using this For	m 8879-EO and enter the ap	plicable amount, if any, fro	m the retu	rn. If you
			d the amount on that line for			
			er is applicable, blank (do not			
return, then enter -0- on th	e applicable lir	ie below. Do not co	mplete more than one line ir	n Part I.		
1a Form 990 check here	▶X b	Total revenue, if a	ny (Form 990, Part VIII, colui	mn (A), line 12)	1b	259,690,431.
2a Form 990-EZ check h			, if any (Form 990-EZ, line 9)			
3a Form 1120-POL chec			Form 1120-POL, line 22)			
4a Form 990-PF check h	. —		investment income (Form 9			
5a Form 8868 check here			Form 8868, line 3c)			
6a Form 990-T check he			n 990-T, Part III, line 4)			
	- —	b Total tax (Form	n 4720 Part III, line 4)		7b	
Part II Declarat	ion and Sig	nature Authori	n 4720, Part III, line 1) zation of Officer or Pe	erson Subject to Tax	10	
•			r of the above organization o			
			of the above organization of		-	
I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only X I authorize CB as my signature a state agency(ic PIN on the return As an officer or pelectronically file	mediate service an acknowled fund, and (c) inic funds within the federal taxes the U.S. Treas thorize the fine seesary to an as my signatu. IZ MHM, on the tax years regulating on's disclosure person subjected return. If I have	re provider, transmittigement of receipt of the date of any refur drawal (direct debit) is owed on this return sury Financial Agent ancial institutions invewer inquiries and refure for the electronic LLC LLC r 2020 electronically charities as part of the consent screen.	tin Part I above is the amounter, or electronic return origin reason for rejection of the tond. If applicable, I authorize the entry to the financial instituting, and the financial institution, and the financial institution at 1-888-353-4537 no later toolved in the processing of the solve issues related to the preturn and, if applicable, the return and, if I have indicated the IRS Fed/State program, I will enter this return that a copy of the orgam, I will enter my PIN or	nator (ERO) to send the returnsmission, (b) the reason the U.S. Treasury and its do inn account indicated in the to debit the entry to this a han 2 business days prior be electronic payment of ta ayment. I have selected a perconsent to electronic fundament and the additional to the additional to the additional to the additional to the additional the	urn to the In for any cleaning account. To the payr xes to recroors and ds withdraw to enter macopy of the nationed EF on the tax state agei	IRS and delay in Financial arration o revoke ment eive wal. By PIN 03731 Enter five numbers, but do not enter all zeros de return is being filed with RO to enter my a year 2020 ncy(ies)
		ne mo rear etate pr	ogram, i wiii chici my i ni oi	Tine retains alsologare co		
Signature of officer or person subject Part III Certifica		uthentication			Dat	te -
ERO's EFIN/PIN. Enter yo	_	-	cation	04737791068		
number (EFIN) followed by	your five-digit	self-selected PIN.		Do not enter all zeros		
	eturn in accord	lance with the requir	signature on the 2020 electrements of Pub. 4163 , Mode			
ERO's signature ► CBIZ	MHM, L	LC		Date 03/	22/22	
		EDO Must F	Retain This Form - See	- Instructions		
	Do No		form to the IRS Unles		So	

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2020 and ending JUN 30,

Open to Public

Α	For the	= 2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 and ending	g JUN 30, 2021	
В	Check if	C Name of organization	D Employer identifi	cation number
6	applicabl	9:		
	Addre chang	MERRIMACK COLLEGE		
F	Name chang		04-21037	31
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
F	Final	315 WIDNOTER CODERN	978-837-	
	termin ated		G Gross receipts \$	259,731,173.
	Amen		H(a) Is this a group r	
F	Applic		for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates i	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	1	list. See instructions
		e: ► WWW.MERRIMACK.EDU	H(c) Group exemption	
			Year of formation: 1947	
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: MERRIMAC	CK COLLEGE IS	A
Governance		COMPREHENSIVE, CATHOLIC AUGUSTINIAN INSTITUT		
nar	2	Check this box if the organization discontinued its operations or disposed of		
Ver	3		3	29
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		28
ა თ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		2059
ij	6	Total number of volunteers (estimate if necessary)		100
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	482,789.
Ă	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)	5,565,203.	16,159,644.
nue	9	Program service revenue (Part VIII, line 2g)	220,913,413.	234,618,737.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,076,439.	5,657,217.
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,377,730.	3,254,833.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	233,932,785.	259,690,431.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,897,610.	97,226,299.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75,138,772.	74,408,225.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ber	ь	Total fundraising expenses (Part IX, column (D), line 25) 2,156,425.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,494,951.	68,901,983.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,531,333.	
	19	Revenue less expenses. Subtract line 18 from line 12	11,401,452.	19,153,924.
Net Assets or	í í	·	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	276,990,380.	325,006,014.
Ass	21	Total liabilities (Part X, line 26)	139,232,256.	157,194,421.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	137,758,124.	167,811,593.
Pa	art II	Signature Block		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Hei	re	JEFFREY DOGGETT, EXECUTIVE VP, CFO & COO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check [PTIN
Pai	d	CRAIG KLEIN Linskin	03/22/22 self-emplo	
Pre	parer	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶	26-3753134
Use	Only	Firm's address 500 BOYLSTON STREET		
		BOSTON, MA 02116	Phone no. 61	7-761-0600
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		X Yes No

223,363,739.

Total program service expenses

Form 990 (2020) MERRIMACK COLLEGE
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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, 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	X	
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		X
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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	X	
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			<u>_</u> _
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2020) MERRIMACK COLLEGE
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	X	
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	X	
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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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%			
	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 Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		Х
20	"Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-22	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
0.5	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
-	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(2020)

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2059 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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 (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7..... Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2020)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Х

04-2103731 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Calcada la O contains a manager of the specific in this Boat VI			X
Soc	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ
360	tion 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			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b		7b		Х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		-25
8	TI	0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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			
	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	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		Х
	, , , , , , , , , , , , , , , , , , , ,	Ioa		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u>C</u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		~~	T-7.7
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CO, MD, MA, MI, NV, NH, NY, OK			
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))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	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			
	JEFFREY DOGGETT - 978-837-5000			
	315 TURNPIKE STREET, NORTH ANDOVER, MA 01845			
	·		200	

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 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 and/or Box 7 of Form 1099-MISC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Posi) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	unles	ss per	son is	s both	n an	compensation	compensation from related	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER E. HOPEY	40.00							550 505	_	E00 010
PRESIDENT	40.00	Х		X			_	550,537.	0.	589,210.
(2) JEFFREY DOGGETT	40.00	-		_				200 612	•	500 655
EXECUTIVE VP, CFO & COO	40.00			X				308,613.	0.	520,675.
(3) LEILA C. RICE VP. DEVELOPMENT & ALUMNI RELATIONS	40.00					х		272,157.	0.	52,982.
(4) SCOTT BOREK	40.00							, -	-	,
HEAD MEN'S HOCKEY COACH						Х		269,277.	0.	54,947.
(5) ALLAN WEATHERWAX	40.00							·		,
SR. VP & PROVOST (UNTIL 5/31/20)					Х			242,658.	0.	60,913.
(6) JEREMY GIBSON	40.00									
DIRECTOR OF ATHLETICS						Х		240,059.	0.	51,249.
(7) PATRICIA SENDALL	40.00									
DEAN, GIRARD SCHOOL OF BUSINESS						Х		228,242.	0.	42,632.
(8) NICHOLAS MCDONALD	40.00									
SECRETARY/VP/GENERAL COUNSEL				Х				235,858.	0.	24,966.
(9) JOHN CONDON	40.00									
VP, ACADEMIC AFFAIRS & PROVOST					Х			199,132.	0.	47,170.
(10) ANDREW MAYLOR	40.00								_	
VP & CHIEF BUSINESS OFFICER						Х		211,650.	0.	28,209.
(11) ALFRED J. ARCIDI	1.00	1								
CHAIR		Х		Х				0.	0.	0.
(12) JOHN T. BOYCE	1.00									
VICE CHAIR	1 00	Х		X				0.	0.	0.
(13) MARY GORHAM FRANCO	1.00	ļ							•	•
VICE CHAIR	1 00	Х		X				0.	0.	0.
(14) KEVIN LUCEY	1.00								0	•
TREASURER	1 00	Х		X			_	0.	0.	0.
(15) PHILIP M. ARCIDI	1.00	3,7						0	0	0
TRUSTEE (16) TONNIE BENTLEY	1 00	Х					_	0.	0.	0.
(16) JOANNE BENTLEY TRUSTEE	1.00	Х						0.	_	0
(17) BRUCE BOUCHARD	1.00	Δ					_	0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
032007 12-23-20		Λ				<u> </u>		0.	0.	Form 990 (2020)

032007 12-23-20

D-17/11		_							01 1100			.95 -
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	າ than d	one	Reportable	Reportable	Esti	mate	d
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amo	ount o	of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	of	ther	
	(list any	ector						the	organizations	compe		
	hours for related	or dir	98			ated		organization	(W-2/1099-MISC)		m the	
	organizations	ustee	trust		e)	suedi		(W-2/1099-MISC)		orgar		
	below	ual tr	tional		ploye	t com	_			organ	relate	
	line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			Organ	iizatic	1113
(18) PETER CAULO	1.00		_									
TRUSTEE		Х						0.	0.			0.
(19) ALVIN M. CHAPITAL	1.00											
TRUSTEE		Х						0.	0.			0.
(20) REV. DAVID A. CREGAN	1.00	ļ										_
TRUSTEE	1 00	Х						0.	0.			0.
(21) FR. MICHAEL F. DIGREGORIO	1.00	-							0			^
TRUSTEE	1 00	Х						0.	0.			0.
(22) REV. PETER M. DONOHUE TRUSTEE	1.00	Х						0.	0.			0
(23) REV. FRANCIS J. HORN	1.00	Δ						0.	0.			0.
TRUSTEE	1.00	x						0.	0.			0.
(24) DENNIS LEONARD	1.00											
TRUSTEE		Х						0.	0.			0.
(25) REV. GARY N. MCCLOSKEY	1.00											
TRUSTEE		Х						0.	0.			0.
(26) MARYBETH MCINNIS	1.00											
TRUSTEE		X	L,		ŀ			0.	0.			0.
1b Subtotal								2,758,183.	0.	147	295	<u> 53.</u>
c Total from continuation sheets to Part \	VII, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								2,758,183.	0.	147	295	<u> 53.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable		_	–
compensation from the organization			\$							1.		127
		4							1	Y	es	No
3 Did the organization list any former office												Х
line 1a? If "Yes," complete Schedule J for								or componentian from the		3		
4 For any individual listed on line 1a, is the										4	х	
and related organizations greater than \$15Did any person listed on line 1a receive or										4	4	
bid any person listed on line Ta receive of	accide comper	isali	OH II	OIII	arry	unite	rialt	organization or individ	iuai iui seivices			77

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
METEOR LEARNING INC., 301 EDGEWATER PLACE,	PROFESSIONAL	
SUITE 210, WAKEFIELD, MA 01880	SERVICES	4,214,216.
ON-SITE MEDICAL SERVICES LLC		
71 BELKNAP AVENUE, NEWPORT, NH 03773	MEDICAL SERVICES	1,319,643.
ATHLETIC FACILITY ADMINISTRATION, 20	PROFESSIONAL	
TRAFALGAR SQUARE, SUITE 2, NASHUA, NH	SERVICES	600,374.
JENZABAR, INC.		
5 CAMBRIDGE CENTER, CAMBRIDGE, MA 02142	IT SERVICES	417,410.
DGI COMMUNICATIONS LLC, 101 BILLERICA	AUDIO VISUAL	
AVENUE, BLDG. 6, BILLERICA, MA 01862	SERVICES	403,806.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization 19		

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

Form 990 MERRIMAC	CK COLLEG	}Ε_							04-210	3731
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				Highest compensated employee		the	organizations	compensation
	(list any hours for	lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	3e or 0	stee			ısatec		(***-2/1099-141130)		and related
	organizations	individual trustee or director	Institutional trustee		yee	om per				organizations
	below	idual	tution	er	Key employee	estoc	ıer			3
	line)	Indiv	Instii	Officer	Key	High	Former			
(27) PAUL MUCCI	1.00									
TRUSTEE		Х						0.	0.	0.
(28) HOSFFMAN OSPINO	1.00									
TRUSTEE		Х						0.	0.	0.
(29) JOHN K. PASINI	1.00									
TRUSTEE		Х						0.	0.	0.
(30) KEVIN RHODES	1.00									
TRUSTEE		Х						0.	0.	0.
(31) LEE D. SLATTERY	1.00									
TRUSTEE		Х						0.	0.	0.
(32) PATRICK J. SULLIVAN	1.00									
TRUSTEE		Х						0.	0.	0.
(33) REV. ARTHUR PURCARO, O.S.A.	1.00									
TRUSTEE		Х						0.	0.	0.
(34) JAMES E. SCAMMON	1.00									
TRUSTEE		Х						0.	0.	0.
(35) MARQUES TORBERT	1.00		Ι.,	4	ŀ					
TRUSTEE		Х	4					0.	0.	0.
(36) KAREN J. CAMBRAY	1.00									
TRUSTEE		X						0.	0.	0.
(37) STACY DION	1.00	1								
TRUSTEE		X						0.	0.	0.
(38) KEVIN ROUTHIER	1.00		ř							
TRUSTEE		X						0.	0.	0.
		1								
	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	<u>⊢</u>								
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		<u> </u>		<u> </u>						
Total to Part VII, Section A, line 1c										

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Form 990 (2020) MERRIMACK COLLEGE

Part VIII | Statement of Revenue

	VIII						
		Check if Schedule O contains a response of	or note to any line		(D)	(C)	(D)
				(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
				Total Tovolido	function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ir al		Membership dues 1b					
s, o	С	Fundraising events 1c	47,025.				
ar jit	d	Related organizations 1d					
s, (mil	е	Government grants (contributions) 1e	8,880,405.				
r S	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	7,232,214.				
E O	g	Noncash contributions included in lines 1a-1f 1g \$	1,100,227.				
Sol	h	Total. Add lines 1a-1f		16,159,644.			
			Business Code				
o 2	2 a	TUITION AND FEES	611710	201,890,674.	201,890,674.		
Š		ROOM AND BOARD	721000	32,728,063.	32,728,063.		
Ser	С			, ,			
E S	d						
gra Re	u 0						
Program Service Revenue	f	All other program service revenue					
_			•	234,618,737.			
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including dividends, interest		201,020,7071			
'	3	, ,		1,271,008.		5,548.	1,265,460.
١,	4	other similar amounts)		1,271,000.		3,310.	1,203,100.
	4	Income from investment of tax-exempt bond pr	-				
٦	5	Royalties (i) Real	(ii) Personal				
	•		(II) I CISOITAI				
6		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(") OII	<u> </u>			
7	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4,386,209.					
	b	Less: cost or other basis					
ne		and sales expenses					
Revenue	С	Gain or (loss) 7c 4,386,209.	· ·				
	d	Net gain or (loss)		4,386,209.			4,386,209.
ع <u>تو</u>	8 a	Gross income from fundraising events (not					
B		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	28,075.				
	b	Less: direct expenses8b	40,742.				
	С	Net income or (loss) from fundraising events		-12,667.			-12,667.
9	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
10	0 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		· , · · · · · · · · · · · · · · · · · ·	Business Code				
sn 11	1 a	DEFERRED CONTRACT REVENUE	900099	971,363.	971,363.		
one .	b	ICE RINK RENTALS	713940	477,241.	,	477,241.	
Miscellaneous Revenue	c	SPONSORSHIPS EDUCATION	900099	445,891.	445,891.	,	
Be	Ч	All other revenue	900099	1,373,005.	1,373,005.		
Σ		Total. Add lines 11a-11d		3,267,500.			
12		Total revenue. See instructions		259,690,431.	237,408,996.	482,789.	5,639,002.

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Form 990 (2020) MERRIMACK COLLEGE Part IX Statement of Functional Expenses

0 4	501(1/0) (501(1/4) : ::				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		σχροποσο	gerioral experiess	скропосо
·	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	97,221,799.	97,221,799.		
3	Grants and other assistance to foreign	, , ,	, , ,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,500.	4,500.		
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	2,159,473.	1,686,341.	208,358.	264,774.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,077,614.	48,963,455.	5,992,495.	1,121,664.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,366,061.	2,827,902.	464,110.	74,049.
9	Other employee benefits	8,868,252.	7,550,053.	1,009,237.	308,962.
10	Payroll taxes	3,936,825.	3,420,195.	443,454.	73,176.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	421,150.	24,471.	396,679.	
С	Accounting	132,000.		132,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	141,487.		141,487.	
g	Other. (If line 11g amount exceeds 10% of line 25,	15 104 100	15 400 001	4 644 055	00 514
	column (A) amount, list line 11g expenses on Sch 0.)	17,134,190.		1,614,875.	88,514.
12	Advertising and promotion	938,274.	901,229.	37,045.	142 260
13	Office expenses	2,119,361.	1,422,076. 1,559,276.	553,917. 1,046,776.	143,368.
14	Information technology	2,623,486.	1,339,270.	1,040,770.	17,434.
15	Royalties	7,723,757.	7,341,505.	368,556.	13,696.
16	Occupancy	412,712.	403,664.	7,556.	1,492.
17	Travel	412,712.	403,004.	7,550.	1,492.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	170,138.	70,020.	97,152.	2,966.
19 20		4,975,484.	4,943,537.	31,890.	57.
21	Payments to affiliates	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31,050.	57•
22	Depreciation, depletion, and amortization	8,216,268.	7,666,608.	549,492.	168.
23	Insurance	1,391,108.	1,299,295.	85,163.	6,650.
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.)				
а	FOOD SERVICE EXPENSE	10,553,711.	10,472,691.	78,953.	2,067.
b	EQUIP. RENTAL & MAINT.	4,398,013.	4,176,797.	204,098.	17,118.
С	LEASE & RENTAL EQUIP.	2,556,476.	2,464,703.	89,983.	1,790.
d	SPECIAL EVENT EXPENSES	619,088.	599,407.	19,681.	
е	All other expenses	4,375,280.	2,913,414.	1,443,386.	18,480.
25	Total functional expenses. Add lines 1 through 24e	240,536,507.	223,363,739.	15,016,343.	2,156,425.
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 if following SOP 98-2 (ASC 958-720)				000

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		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	5,810.	1	5,605.
	2	Savings and temporary cash investments	34,812,200.	2	45,498,918.
	3	Pledges and grants receivable, net	3,171,057.	3	3,346,526.
	4	Accounts receivable, net	6,289,840.	4	6,612,893.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4 040 000	8	4 054 054
⋖	9	Prepaid expenses and deferred charges	1,013,892.	9	1,051,271.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 290, 443, 374.	165 510 607		162 002 001
			165,510,697.	10c	163,823,201.
	11	Investments - publicly traded securities	54,481,624.	11	70,021,657.
	12	Investments - other securities. See Part IV, line 11	2,064,276.	12	6,222,970.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	9,640,984.	14	28,422,973.
	15	Other assets. See Part IV, line 11	276,990,380.	15 16	325,006,014.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,538,248.	17	16,694,206.
	17 18	Accounts payable and accrued expenses	12,330,240.	18	10,054,200.
	19	Grants payable Deferred revenue	16,738,128.	19	11,282,507.
	20	Tax-exempt bond liabilities	108,888,888.	20	75,704,478.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	100,000,000	21	73770171700
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
igi		controlled entity or family member of any of these persons		22	
Ë.	23	Secured mortgages and notes payable to unrelated third parties		23	52,641,768.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,066,992.	25	871,462.
	26	Total liabilities. Add lines 17 through 25	139,232,256.	26	157,194,421.
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	86,711,588.	27	99,324,688.
Ba	28	Net assets with donor restrictions	51,046,536.	28	68,486,905.
pun		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	127 750 104	31	167 011 502
Re	32	Total net assets or fund balances	137,758,124.	32	167,811,593.
	33	Total liabilities and net assets/fund balances	276,990,380.	33	325,006,014.

Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	240	,53	6,5	<u>07.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,75		
5	Net unrealized gains (losses) on investments	5	12	,01	4,1	<u>54.</u>
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	<u>-1</u>	,11	4,6	<u>09.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) rt XII Financial Statements and Reporting	10	<u> 167</u>	,81	<u>1,5</u>	<u>93.</u>
Par	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ.
					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 in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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	X	<u> </u>
	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	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule ().			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	tit			
	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 requi	red aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization MERRIMACK COLLEGE 04 - 2103731Reason 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 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7218988.	9267394.	6691834.	5565203.	16159644.	44903063.
2	Tax revenues levied for the organ-						
	ization'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	7218988.	9267394.	6691834.	5565203.	16159644.	44903063.
	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,				\bigcirc		
	column (f)						6983470.
6	Public support. Subtract line 5 from line 4.						37919593.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7218988.	9267394.	6691834.		16159644.	44903063.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1427990.	1690935.	2155259.	2088058.	1265460.	8627702.
9	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.)	27,220.	25,500.	37,060.	51,340.	28,075.	169,195.
11	Total support. Add lines 7 through 10						53699960.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1,009	,629,864.
13	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Public						
14	Public support percentage for 2020 (li	ne 6, column (f), d	vided by line 11, c	olumn (f))		14	70.61 %
15	Public support percentage from 2019	Schedule A, Part	I, line 14			15	70.36 %
16a	33 1/3% support test - 2020. If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		S

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	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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			1			
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						+
	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						+
	Add lines 7a and 7b						_
Se.	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 001C	(6) 0017	(=) 0010	(4) 0010	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest,						-
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income			1			+
•	(less section 511 taxes) from businesses		ľ				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here					-	>
Se	ction C. Computation of Publi	c Support Per	centage			_	
	Public support percentage for 2020 (I		•	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					Г	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box ar						
k	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Drivate foundation If the organization	n did not chack a	hay an line 1/1 10	a or 10h chack th	aic hav and can inc	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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
4		
1		
2		
3a		
3b		
_		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	t 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 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	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	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	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	_		
Saai	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 in 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			
		3		
Sec	supported organizations played in this regard. 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 ins	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 in 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			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: II Tes. Describe III i will be fole played by the organization in this redard.	- D		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	inizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ated Type III supporting organ	nization (see
	instructions).		-	

Schedule A (Form 990 or 990-EZ) 2020

ı aı	t i Type in Non Tanotionally integrated 600(allo, cabboi ting ciga	(Continued	u)	
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	- pp		2	
3			3		
4	Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets			4	
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		1	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019			_	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)			_	
<u>_j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			_	
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.			\dashv	
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018			\dashv	
	Excess from 2019 Excess from 2020				
	LANGUE HARLING MANAGEMENT AND				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS INCOME FROM FUNDRAISING
2016 AMOUNT: \$ 27,220.
2017 AMOUNT: \$ 25,500.
2018 AMOUNT: \$ 37,060.
2019 AMOUNT: \$ 51,340.
2020 AMOUNT: \$ 28,075.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

MERRIMACK COLLEGE

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

04 - 2103731

2020

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

MERRIMACK COLLEGE

04-2103731

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SECURITIES		
		\$621,101.	06/30/21
(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
		\$	990 990-F7 or 990-PF\(2020\)

Name of organization Employer identification number MERRIMACK COLLEGE 04 - 2103731Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

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. Open to Public

Inspection

OMB No. 1545-0047

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

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) organizate	tions: Complete Part III.			
Nan	ne of organization				Employer identification number
		CK COLLEGE			04-2103731
Pa	art I-A Complete if the org	janization is exempt under	r section 501(c) o	r is a section 52	7 organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures			
Pa	art I-B Complete if the org	janization is exempt under	r section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization under	r section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization managers			
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt under	r section 501(c), e	except section 5	01(c)(3).
1	Enter the amount directly expended	d by the filing organization for secti	ion 527 exempt function	on activities	> \$
2	Enter the amount of the filing organ				
	exempt function activities				> \$
3	Total exempt function expenditures				
	line 17b				S
4	3 3				
5			•	-	
	made payments. For each organiza				·
	contributions received that were propolitical action committee (PAC). If				parate segregated fund or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	1 ' '
				filing organization funds. If none, enter	
				1011001111111111111111111111111111111	delivered to a separate
					political organization. If none, enter -0
					ii Hone, enter o

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)
	e lobbying activity.	Yes	No	Amo	unt
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:				
а	Volunteers?		X		
b			X		
С			X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	A	X		
i	Other activities?	X			0.
j	Total. Add lines 1c through 1i				0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/ \/5			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	n 501(c)(5), or sec	tion	
	501(c)(6).			V	NI.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dor	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section	ne prior year?	3	tion	
Гаі	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."	110 011 (oj i aiti	ii-A, iiiie	0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year				
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
ттт	OOLIEGE IC A MEMDED IN GEDMAIN DEGEECTONAL ODGANI		C TNC	TIDING	
1111	E COLLEGE IS A MEMBER IN CERTAIN PROFESSIONAL ORGANI	LZATION	S INC.	гортис	
THE	E NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUS	SINESS	OFFIC	ERS,	
ΔΩΩ	SOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES 1	N MASS	ДСН ПС	ድጥጥሮ	
1700	OCTITION OF THEFT HADRIE CONTRECTO WILL ONLY RECEITED 1	TI LIVOD	.101100	,	
NA!	TIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVE	ERSITIE	S, AN)	
ОТІ	HER REGIONAL ORGANIZATIONS. A PORTION OF THESE MEME	BERSHIP	DUES	MAY	
	*			990 or 990	E7\ 2020

Part IV Supplemental Information (continued)
BE CONSIDERED LOBBYING EXPENSES, BUT THE COLLEGE HAS NOT MADE ANY
INTERNAL ALLOCATION OF SUCH DUES.

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 Open to Public Inspection

Name of the organization

MERRIMACK COLLEGE

Employer identification number 04 - 2103731

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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	_	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
D -			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			l l
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year -		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the peri	1 11 0	
6	violations, and enforcement of the conservation easements it	/	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing concern	ation accoments during the year
′	\$	ing of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	estisfy the requirements of section 170	1/b)/4)/B)/i)
o	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance 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 assets for financi	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
			b a
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	(conti	nued)	
3	·										
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exch	nange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ney further th	e organizatio	on's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	ures, or othe	er similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	e organization	n answered '	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		-						7		٦
	on Form 990, Part X?							L	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	table:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						<u>lf</u> _		Yes	$\overline{}$	No
	-								_ res	H	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
	The second complete is	(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r vears	hack
1 a	Beginning of year balance	55,666,092.		,940,409.	58,48			59,205.		_	139.
	Contributions	3,894,656.		644,773.		6,709.		99,887.			344.
	Net investment earnings, gains, and losses	17,443,395.	-1	,055,955.		8,428.		12,559.			
	Grants or scholarships	1,547,349.		,457,347.		0,702.		29,005.			632.
	Other expenditures for facilities	, ,			,		,	,		, ,	
_	and programs	1,337,559.	1	,405,788.	1,33	2,012.	6	54,660.		629,	596.
f	Administrative expenses										
g	End of year balance	74,119,235.	55	,666,092.	58,940	0,409.	58,4	87,986.	54	,359,	205.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a)) held as:				•		
а	Board designated or quasi-endowment	22.8000	_%								
b	Permanent endowment ► 41.2900	%									
С	Term endowment ▶ 35.9100	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held an	d administer	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		vment f	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or of		(b) Cost		` '	cumulate eciation	ed	(d) Boo	k valu	е
		basis (investment)			sis (other) depre		<u> </u>		5,040,658.		
_	Land					60 7	02 20				
b	Buildings			206,08	J,430.	00,7	03,3	98.13	1,30	υ, Ι	00.
C	Leasehold improvements			50 79	2,581.	44,9	69 1	01	5,81	3 /	<u>8 N</u>
	Equipment	I			0,637.				$\frac{5,61}{5,58}$		
	Other	•	V 65/11	•					3,82		
ıotd	i rad illes Ta tillough Te. (Column (d) must e	uuai rorm 990. Part /	A. COIUN	ııı (¤), IINE 10	/C.)			Schedule			

Schedule D (Form 990) 2020 MERRIMACK C	OLLEGE	04	-2103731 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		`_	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	Description		(b) Book value
(1) ESCROW DEPOSITS			112,853
(2) DEPOSITS WITH BOND TRUSTE	ES		27,634,825
(3) RIGHT OF USE ASSET			675,295
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	e 15.)	>	28,422,973
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADV. U.S GOV'T	GRANTS		871,462
(3)			

871,462. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2020

(4) (5) (6) (7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue per Re	turn.	<u> </u>
	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	176,026,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	12,014,154.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-95,577,726.	_	
е	Add lines 2a through 2d			2e	-83,563,572.
3	Subtract line 2e from line 1			3	259,589,686.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141,487.		
	Other (Describe in Part XIII.)	4b	-40,742.		100 545
С	Add lines 4a and 4b			4c	100,745.
5 Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	+o \A/	ith Evnances per l	5	259,690,431.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemen	re AA	itii Expenses per i	netui	11.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	145,972,645.
1	Total expenses and losses per audited financial statements			1	143,972,043.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
a	Donated services and use of facilities	2b		-	
b	Prior year adjustments Other lesses	2c	· ·	-	
	Other losses Other (Describe in Part XIII.)	2d	40,742.	1	
	Add lines 2a through 2d	$\overline{}$	10//120		40.742.
3	Subtract line 2e from line 1			3	40,742. 145,931,903.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141,487.		
	Other (Describe in Part XIII.)	4b	94,463,117.		
	Add lines 4a and 4b			4c	94,604,604.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)				240,536,507.
Par	t XIII Supplemental Information.				
Provi	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 V, line	1; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	nal in	formation.		
PAR	RT V, LINE 4:				
miit	OOLLEGE MAINMAING AND CDENDS INS ENDOWMENIN	וזקו	MDC DDIIDEMMI	37 TT	MDED MILE
Inc	COLLEGE MAINTAINS AND SPENDS ITS ENDOWMENT	FU	NDS PRODENTI	ıı U	NDEK THE
CIII	DELINES OF THE LAWS OF THE COMMONWEALTH OF	M Z C	יפארשוופטייים ז	·м О	סבים תי
<u>G01</u>	DEDINES OF THE BAWS OF THE COFMONWEAUTH OF	MAC	DACHODETID I	.11 0	RDER TO
MAX	XIMIZE INVESTMENT RETURN WHILE PRESERVING DO	NOR	CORPUS. ALI	US	ES OF
END	OOWMENT FUND EARNINGS ARE IN ACCORDANCE WITH	DC	NOR INTENT C	CONS	ISTENT
rIW	TH INSTITUTIONAL MISSION. ENDOWMENT FUNDS PR	IMA	RILY PROVIDE	FO	R THE
FOL	LOWING: STUDENT FINANCIAL AID, STUDENT SERV	ICE	S, ACADEMIC	SUP	PORT,
ATE	ILETIC PROGRAMS AND CAPITAL PROJECTS.				
חאם	опутыт Э.				
PAR	RT X, LINE 2:				
тнг	COLLEGE IS REQUIRED TO ASSESS UNCERTAIN TA	y D	יטפדיידטאיפ יי	ישי	COLLEGE
1110	. CONTROL TO MAZOTMEN TO ADDRESS ONCENTAIN IN	2 <u>2</u> E	ONTITOMO. 1	. 1111	
HAS	S DETERMINED THAT ITS TAX STATUS AND DECISIO	NS	OVER WHICH A	CTI	VITIES ARE
	12-01-20				dule D (Form 990) 2020

Schedule D (Form 990) 2020 MERRIMACK COLLEGE Part XIII Supplemental Information (continued)	04-2103731 Page 5
RELATED AND UNRELATED ARE ITS ONLY TAX POSITIONS AND THAT S	UCH POSITIONS
DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE	COLLEGE'S
FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMIN	ATION FOR THREE
YEARS FOLLOWING THE DATE FILED. NO EXAMINATIONS ARE CURRENT	LY IN PROCESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NET CHANGE IN SPLIT INTEREST VALUES	-11,973.
UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT	-94,463,117.
LOSS ON EARLY EXTINGUISHMENT OF DEBT	-1,102,636.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-95,577,726.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII	-40,742.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII	40,742.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
UNIVERSITY FUNDED FINANCIAL AID	94,463,117.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

MERRIMACK COLLEGE

 $\begin{array}{c} \textbf{Employer identification number} \\ 0.4-2103731 \end{array}$

	MERKIMACK COLLEGE 04-	- Z T U 2	/ J T	
ar	tl			
			YES	ı
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			Γ
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			Γ
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	Γ
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			T
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	Г
	SEE SUPPLEMENTAL PAGE			t
		-		
		-		
		-		
		-		
	Does the examination maintain the following?	-		
	Does the organization maintain the following?	4-	Х	
	Records indicating the racial composition of the student body, faculty, and administrative staff?		X	╁
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 4b		╀
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		~	
	with student admissions, programs, and scholarships?		X	╀
	Copies of all material used by the organization or on its behalf to solicit contributions?	. 4d	X	H
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
		-		
		-		
		-		
		-		
	Does the organization discriminate by race in any way with respect to:			l
	Students' rights or privileges?			╀
Э.	Admissions policies?	5b		L
9	Employment of faculty or administrative staff?	5c		L
b	Scholarships or other financial assistance?	5d		L
Э	Educational policies?	5e		L
f	Use of facilities?	5f		L
	Athletic programs?	5g		L
3		5h		L
	Other extracurricular activities?	011		
1		- OII		
า	Other extracurricular activities?			
า	Other extracurricular activities?	-		
h	Other extracurricular activities?	-		
h	Other extracurricular activities?	-		
h	Other extracurricular activities?	-	Х	
n a	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	- - - - 6a	X	
h a b	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	- - - - 6a	X	
h a b	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	- - - - 6a	X	

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

Schedule E (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
SCHEDULE E, PART I, LINE 3
MERRIMACK COLLEGE DOES NOT DISCRIMINATE IN ADMISSION OR ACCESS TO ANY
OF ITS EDUCATIONAL PROGRAMS OR ACTIVITIES. THE COLLEGE'S
NONDISCRIMINATORY POLICY IS AVAILABLE ON THE COLLEGE'S WEBSITE.
SCHEDULE E, PART I, LINE 6A
THE COLLEGE RECEIVED FEDERAL HIGHER EDUCATION EMERGENCY RELIEF FUNDS
(HEERF) AND FEDERAL TITLE IV MONIES FROM THE UNITED STATES DEPARTMENT
OF EDUCATION AS WELL AS FROM VARIOUS STATE AGENCIES.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	ov. 0011.000				1	ntification number
	CK COLLEGE				04-2103	
required to complete this part	Complete if the organization answe	red "Y	es" on	i Form 990, Part IV, line 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, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the following e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trustees undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts to (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			1			
- Total						
List all states in which the organization or licensing.		ontrib	utions	or has been notified it is	exempt from re	gistration

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

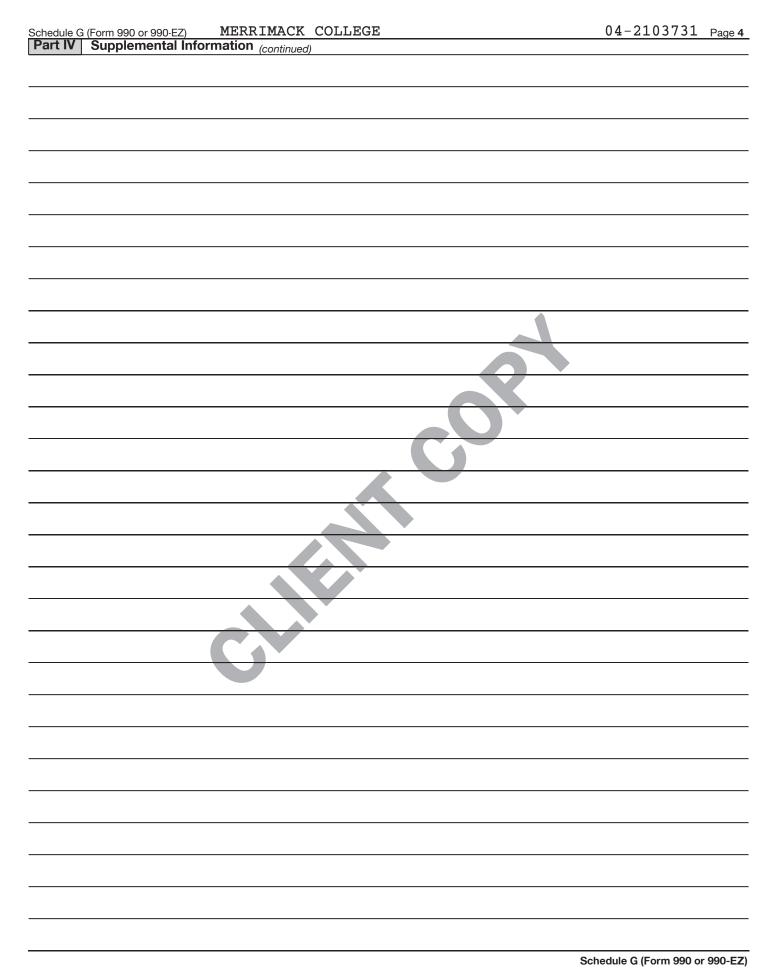
Schedule G (Form 990 or 990-EZ) 2020

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 GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 75,100. 75,100. 1 Gross receipts 47,025 47,025. 2 Less: Contributions 28,075. Gross income (line 1 minus line 2) 28,075. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 33,396. 33,396. 7 Food and beverages 8 Entertainment 7,346. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) -12,66711 Net income summary. Subtract line 10 from line 3, column (d) Part III 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 MERRIMACK COLLEGE	04-2103731 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
12	Indicate the percentage of gaming activity conducted in:	
		140-1
	The organization's facility	
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	IS:
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt
	of gaming revenue retained by the third party > \$	
c	If "Yes," enter name and address of the third party:	
•		
	Name	
	Name	
	Address	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
_	retain the state gaming license?	Yes No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	
		Tule
Pa	organization's own exempt activities during the tax year \$\bigset\$ \$ supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dart III lines 0. Oh. 10h
ı u		and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
_		



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Employer identification number

Inspection

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

å Schedule I (Form 990) 2020 04 - 2103731(h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table MERRIMACK COLLEGE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part II

04 - 2103731

Schedule I (Form 990) 2020 MERRIMACK COLLEGE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

	Part J, line 2; Part III, column (b); and any other additional information.	(b); and any ot	2,704,002.		STUDENT SCHOLARSHIPS STUDENT EMERGENCY GRANTS Part IV Supplemental Information. Provide the information required in PART I, LINE 2:
	RECEIVING MERIT EWED FOR FIND ALTERNATIVE	T L L	I NG I ST	THEIR ADEMIC EVERY DOD ACA	VE GPA AND PROGRESS TOWA HO FAIL TO ACHIEVE GOOD IVE INSTITUTIONAL FUNDIN FOR STUDENTS NOT MEETING
	ther additional information.	(b); and any ot	ne 2; Part III, column		ш
			V		
		0	•		
			2,704,	4600	DENT EMERGENCY GRANTS
	0.	,			DENT SCHOLARSHIPS
REDUCTION IN TUITION	7.0	94,517	.0	4702	

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.

Open to Public

04-2103731

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

MERRIMACK COLLEGE

Questions Regarding Compensation Yes No 1a 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. X First-class or charter travel X Housing allowance or residence for personal use X 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 X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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. X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: X a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X

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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2020

8

Regulations section 53.4958-6(c)?

X

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 CHRISTOPHER E. HOPEY (I) 3SIDENT (II) JEFFREY DOGGETT (II) SCUTIVE VP, CFO & COO (II) LEILA C. RICE (I)	(i) Base compensation co		240 (111)	other deferred compensation	benefits	(B)(i)-(D)	in column (B)
CHRISTOPHER E. HOPEY (i) SIDENT (ii) JEFFREY DOGGETT (i) SCUTIVE VP, CFO & COO (ii) LEILA C. RICE (i)		incentive	reportable				reported as deferred on prior Form 990
CHRISTOPHER E. HOPEY (i) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiiiiiiiii		compensation	compensation	4			
SETDENT	538,033.	0	12,504.	542,335.	46,875.	1,139,747.	0
JEFFREY DOGGETT	• 0	0	0 •	* 0	0	0 •	0
SCUTIVE VP, CFO & COO (ii)	304,163.	0	4,450.	481,177	39,498.	829,288.	0
) LEILA C. RICE (i)	0	0	0	0	0	0	0
	260,867.	10,000.	1,290.	22,498.	30,484.	325,139.	0
VP, DEVELOPMENT & ALUMNI RELATIONS (ii)	0.	0	0 •		0	0	0
(4) SCOTT BOREK (i) 2	261,987.	0	7,290.	22,948.	31,999.	324,224.	0
HEAD MEN'S HOCKEY COACH	• 0	0	0.	0	0	0 •	0
(5) ALLAN WEATHERWAX (i) 2	226,968.	0	15,690.	19,977	40,936.	303,571.	0
SR. VP & PROVOST (UNTIL 5/31/20)	• 0	0	0	• 0	0	0 •	0
(6) JEREMY GIBSON (i) 2 :	233,609.	0	6,450.	20,453.	30,796.	291,308.	0.
DIRECTOR OF ATHLETICS	0	• 0	0.	* 0	0	0	0
(7) PATRICIA SENDALL (i) 2	226,262.	0	1,980.	19,711.	22,921.	270,874.	0
DEAN, GIRARD SCHOOL OF BUSINESS (ii)	0	0	0	• 0	0	0	0
	235,558.	0	300.	20,617.	4,349.	260,824.	0
SECRETARY/VP/GENERAL COUNSEL	0 •	0	0.	• 0	0.	0.	0.
(9) JOHN CONDON (i) 1.	198,442.	0.	690.	17,707.	29,463.	246,302.	0.
VP, ACADEMIC AFFAIRS & PROVOST	0	0	0.	• 0	0.	0.	0.
(10) ANDREW MAYLOR (i) 2:	210,521.	0	1,129.	• 0	28,209.	239,859.	0.
VP & CHIEF BUSINESS OFFICER (ii)	0.	0.	0.	• 0	0	0.	0
(i)							
(ii)							
(1)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(j)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2020

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.

PART I, LINE 1A:

THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENT MAY UTILIZE FIRST CLASS

TRAVEL AND TRAVEL WITH COMPANIONS UNDER THE TERMS OF THEIR RESPECTIVE

EMPLOYMENT CONTRACTS.

AND EXECUTIVE SOCIAL CLUB DUES WERE PAID FOR ON BEHALF OF THE PRESIDENT THIS EXPENSE WAS INCURRED PRIMARILY FOR BUSINESS PURPOSES VICE PRESIDENT.

ANY PERSONAL USE WAS TREATED AS TAXABLE INCOME.

ø 2020 RESIDED IN THE SR. VP/PROVOST THAT SERVED THROUGH MAY 31,

COLLEGE-OWNED CONDOMINIUM. THE FAIR MARKET VALUE RENTAL VALUE WAS TREATED

COLUMN II, PART IN SCHEDULE J, AS TAXABLE COMPENSATION AND WAS INCLUDED

B(III).

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A

SEVERANCE ARRANGEMENT

Schedule J (Form 990) 2020

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.

THE PRESIDENT'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE PROVISION THAT

THIS PROVIDES UP TO TWELVE MONTHS OF SALARY. NO AMOUNTS WERE PAID UNDER

PROVISION DURING THE CURRENT YEAR.

THE EXECUTIVE VICE PRESIDENT'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE

PROVISION THAT PROVIDES NINE MONTHS OF BASE SALARY. NO AMOUNTS WERE PAID

UNDER THIS PROVISION DURING THE CURRENT YEAR.

SCHEDULE J, PART I, LINE 4B

DEFERRED COMPENSATION

NONQUALIFIED DEFERRED COMPENSATION ď PRESIDENT HOPEY PARTICIPATES IN

PROVIDED PRESIDENT ARRANGEMENT UNDER INTERNAL REVENUE CODE SECTION 457(F).

COLLEGE WILL CREDIT A DEFERRED HOPEY IS EMPLOYED BY THE COLLEGE, THE COMPENSATION ACCOUNT EACH FISCAL YEAR. THE COLLEGE CREDITED \$117,391 TO

2020 WHICH PRESIDENT HOPEY'S DEFERRED COMPENSATION ACCOUNT IN CALENDAR YEAR

IS REPORTED IN SCHEDULE J, PART II, COLUMN C.

Schedule J (Form 990) 2020

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.

THE EXECUTIVE VICE PRESIDENT PARTICIPATES IN A NONQUALIFIED DEFERRED

COMPENSATION ARRANGEMENT UNDER INTERNAL REVENUE CODE SECTION 457(F).

PROVIDED THE EXECUTIVE VICE PRESIDENT IS EMPLOYED BY THE COLLEGE, THE

COLLEGE WILL CREDIT A DEFERRED COMPENSATION ACCOUNT EACH FISCAL YEAR

THE EXECUTIVE (BEGINNING IN CALENDAR YEAR 2021). NO AMOUNT WAS CREDITED TO

VICE PRESIDENT'S DEFERRED COMPENSATION ACCOUNT IN CALENDAR YEAR 2020

PART I, LINE 7:

THE SENIOR LEADERSHIP TEAM TYPICALLY RECEIVE AN ANNUAL BONUS MEMBERS OF

5 P MEETS WITH THEIR SUPERVISOR EACH MEMBER COMPLETES A SELF-EVALUATION,

THE WHEN APPLICABLE, REVIEW PRIOR YEAR GOALS AND SET CURRENT YEAR GOALS.

AND THE VICE THE DISCRETION OF THE PRESIDENT BONUSES ARE PROVIDED AT

PRESIDENTS

Q THE BONUSES THE BOARD REVIEWS AND APPROVES ОF THE COMPENSATION COMMITTEE

MEMBERS EXECUTIVE LEADERSHIP TEAM

SCHEDULE K

(Form 990)

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

2020

explanations, and any additional information in Part VI.

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

Open to Public Inspection OMB No. 1545-0047

(i) Pooled financing å × × × Employer identification number Yes ŝ **(g)** Defeased**(h)** On behalf 04 - 2103731Yes × × × Ω of issuer Yes ŝ × × × ,000,803. 26,458,066. 928,102. 55,624. 473,537. Yes × × × ŝ O (f) Description of purpose 25, Yes × CONSTRUCTION CONSTRUCTION CONSTRUCTION B 460,000. PROJECTS PROJECTS PROJECTS 32,201,831. 288,970. 514,487. 30,000,000,08 1,398,374 × × ဍ 2020 26458066. Yes 21817579 30802795 × × CONTINUATIONS (e) Issue price 21,868,813. 1,345,846. 416,638. 128 235,000 20,053,201 × × ŝ 2015 53 05/24/17 (d) Date issued 07/10/14 06/20/21 Yes × × (A) COLUMN AGE |04-3431814|57584YN70| AGE 04-3431814 57583UL48 AGE |04-3431814|57584X087| (c) CUSIP# Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the FOR Were the bonds issued as part of a refunding issue of taxable bonds (or, if IΛ (b) Issuer EIN SEE PART MERRIMACK COLLEGE ▶ Attach to Form 990. issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds FINANCE FINANCE FINANCE Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS Total proceeds of issue Other spent proceeds DEVELOPMENT DEVELOPMENT C DEVELOPMENT Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Partl 9 2 ω Q က 4 6 9 42 5 9 43 4 1

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

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Has the Issuer filed Form 80.36-1, Arbitrage Rebate? Year No No Year No No Year No N	Has the Issuer filed Form 80.36-1, Arbitrage Rebate? Yes No Yes	Has the Issuer filed Form 80.36-1, Arbitrage Repate, Yield Reduction and Yes No Yes No Yes	ن د د	_
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	performed	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		
		-		
3 Is the bond issue a variable rate issue?	Is the bond issue a variable rate issue?	Is the bond issue a variable rate issue?		

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4a has the organization of the governmental issuer entered into a qualified	Yes	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	×		×		×		
b Name of provider							
c Term of hedge							
d Was the hedge superintegrated?							
e Was the hedge terminated?							
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X	•	X		X		
b Name of provider							
c Term of GIC							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6 Were any gross proceeds invested beyond an available temporary period?	×		×		×		
7 Has the organization established written procedures to monitor the	×	>		×			
Part V Procedures To Undertake Corrective Action	= (*		4			
	A	В		0		٥	
Has the organization established written procedures to ensure that violations	Yes	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the							
voluntary closing agreement program if self-remediation isn't available under							
applicable regulations?	×	×		×			
ental Information.	on Schedule K. See inst	ructions.					
PART I, BOND ISSUES:							
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	E AGENCY						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	E AGENCY						
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE	E AGENCY						
HEDULE K, PART IV, ARBITRAGE, LINE 2C:							
ER NAME: MASSACHUSETTS DEVELOPMENT FINANC	انم						
DATE THE REBATE COMPUTATION WAS PERFORMED: 07/	16/2019						
SCHEDIII E BADH II LINE 3.							
TACTE II, LINE 3:		Ē					
INVESTMENT EARNINGS OF \$51,234.	TSSUE INCLUDE	1 1					
SSUE C (SERIES 201	ISSUE INCLUDE	三 三					
INVESTMENT EARNINGS OF \$700,198.							

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open To Public Inspection

Nam	e of the organization	IERRIM.	ACK	COLLEGE								-	ident		on nu	mber
Pa	rt I Excess Bene	fit Trans	actio	ons (section 50	01(c)(3), sect	ion 501	(c)(4), and se	ctior	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the c	organizatior	n ansv	vered "Yes" on F	orm 9	90, Pa	art IV, li	ne 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(a) Name of disqualified p		(b) F	Relationship betv			lified		-\ D	acceletion of tran	o o o ti o			(d)	Corre	cted?
	(a) Name of disqualified p	person		person and or	ganiza	ation		(C) D	escription of tran	sactic	on		Y	es	No
															_	
			_													
	Enter the amount of tax i	•		-	-		-	=	_	_						
3	Enter the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	tne or	ganızat	ion				> \$				
Pa	rt II Loans to and	l/or Fron	n Inte	erested Pers	sons.											
	Complete if the o						Dort \	/ line 38a or I	orm	900 Part IV lin	o 26: /	or if th	o orga	nizatio	'n	
	reported an amo	-					., rait v	, iiile 36a 0i i	ON	1990, Fait IV, IIII	e 20, t	יוו וווי	e orga	illZatiC	ווע	
	(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(e) Original	(1	f) Balance due	(a) In	(h) Ap	proved	(i) V	/ritten
	interested person	with organi		of loan		n the zation?		ipal amount	,	, Baiarioc ddc		ault?	by bo	ard or	agree	ment?
						From	1 /				Yes	No	Yes	No	Yes	No
							1				-					
Tota	l							> \$								
Pa	rt III Grants or As															
	Complete if the c	_	ansv	vered "Yes" on F	orm 9	90, Pa				1						
	(a) Name of interested p	person		(b) Relationship				assistance		(d) Type assistan			•) Purp assista		f
				interested pers the organiza		u		a33131a1100		assistari	CE		•	233131	arice	
			+					10 50	Λ	MERIT SC	шот	7 D				
			+					19,5U	U •	MEKIT SC	пОГ	AK				
			+									_				
			+									-				
			+									\dashv				
			_				_			-		-+				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

(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	ring of ation's ues?
				Yes	No
Part V Supplemental Information.					
Provide additional information for res	ponses to questions on Schedule L (see in	nstructions).			
GGILL DARM TIT GRANMG O	D AGGIGMANGE DENERIUM	TNG TNMEDEC	IMED DEDGOMA		
SCH L, PART III, GRANTS O	R ASSISTANCE BENEFITT	ING INTERES	TED PERSONS	:	
(C) AMOUNT OF GRANT \$ 19	,500.				
(D) TYPE OF ASSISTANCE: M	ERIT SCHOLARSHIP				
	Y				

Schedule L (Form 990 or 990-EZ) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

MERRIMACK COLLEGE

Employer identification number 04 - 2103731

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de	etermining		;
			items contributed	Form 990, Fart VIII, line 1	9			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	1,100,227	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		· ·					
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions			_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
						Y	es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a	_	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contrib	utions?	31 2	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncas	h			
	contributions?					32a	\perp	X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is ch	ecked,			
	describe in Part II.							

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

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MERRIMACK COLLEGE

Employer identification number 04-2103731

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT EXPENDITURES

EXPENSES \$ 12,306,568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

ALFRED J. ARCIDI AND PHILIP M. ARCIDI HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

MERRIMACK COLLEGE HAS A MANAGEMENT AGREEMENT WITH R GALLANT ASSOCIATES LLC

UNDER WHICH R GALLANT ASSOCIATES LLC IS RESPONSIBLE FOR MANAGING THE

OPERATION OF ICE RINK PREMISES ON THE COLLEGE CAMPUS. NO COMPENSATION WAS

PROVIDED BY THE MANAGEMENT COMPANY TO ANY OF THE COLLEGE'S CURRENT OR

FORMER OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES OR HIGHEST COMPENSATED

EMPLOYEES LISTED IN PART VII, SECTION A. THE AGREEMENT WAS MADE AT ARM'S

LENGTH.

FORM 990, PART VI, SECTION B, LINE 11B:

INFORMATION FOR FORM 990 IS GATHERED AND COMPILED BY THE DEPARTMENT OF
FISCAL AFFAIRS AND USED TO POPULATE THE RETURN IN CONJUNCTION WITH TAX
ADVISORS FROM A NATIONAL ACCOUNTING FIRM. THE RESULTING DRAFT FORM 990 IS
FORWARDED TO THE PRESIDENT, EXECUTIVE VICE PRESIDENT, IN HOUSE LEGAL
COUNSEL, AND THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF
TRUSTEES FOR THEIR REVIEW BEFORE FILING. A COPY OF THE FORM 990 IS PROVIDED
TO EVERY VOTING BOARD MEMBER PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MERRIMACK COLLEGE

Employer identification number 04-2103731

THE COLLEGE REQUIRES THE PRESIDENT AND BOARD MEMBERS TO COMPLETE A CONFLICT
OF INTEREST QUESTIONNAIRE. THESE DOCUMENTS ARE REVIEWED BY THE OFFICE OF
GENERAL COUNSEL AND ARE ADDRESSED AS NECESSARY. ALL TRUSTEES SHALL DISCLOSE
TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICABLE
TIME. NO TRUSTEE SHALL VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR
COMMITTEE MEETING IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST. THE
MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT
THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY
TRUSTEE WHO IS UNCERTAIN WHETHER THEY HAVE A CONFLICT OF INTEREST IN ANY
MATTER MAY REQUEST THE BOARD OR COMMITTEE TO DETERMINE WHETHER A CONFLICT
OF INTEREST EXISTS. THE BOARD OR COMMITTEE SHALL RESOLVE THE QUESTION BY
MAJORITY VOTE. VIOLATION OF THIS POLICY MAY RESULT IN REMOVAL FROM OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, LINE 15A:

ACCORDING TO ARTICLE VII, SECTION 7 OF THE MERRIMACK COLLEGE BY-LAWS, THE

COMPENSATION COMMITTEE SHALL REVIEW THE COMPENSATION AND BENEFITS OF THE

OFFICERS OF THE CORPORATION WHO ARE EMPLOYEES OF THE COLLEGE AND MAKE

RECOMMENDATIONS FOR ACTION BY THE BOARD.

THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE USES A PUBLISHED SALARY

SURVEY TAKEN FROM REGIONAL ACADEMIC INSTITUTIONS COMPARABLE TO MERRIMACK TO

BENCHMARK THE PRESIDENT'S SALARY UTILIZING THE COLLEGE AND UNIVERSITY

PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) AND OTHER INDUSTRY

STANDARDS DATA.

IN ADDITION TO RECEIVING SALARY DATA, THE COMPENSATION COMMITTEE CONDUCTS A
PRESIDENTAL EVALUATION PROCESS IN WHICH ALL MEMBERS OF THE BOARD OF

ESTABLISHED OBJECTIVES.

Name of the organization

Employer identification number

MERRIMACK COLLEGE 04-2103731

TRUSTEES ARE ASKED TO INPUT THEIR OPINIONS REGARDING THE PRESIDENT'S

ACHIEVEMENT TOWARDS GOALS AND EXPECTATIONS ESTABLISHED ANNUALLY BY THE

BOARD. ONCE CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR

DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ACHIEVEMENTS AND

IN THE ABSENCE OF THE PRESIDENT, THE COMMITTEE PRESENTS ITS RECOMMENDATIONS

TO THE BOARD OF TRUSTEES IN EXECUTIVE SESSION FOR REVIEW AND APPROVAL. THE

BOARD OF TRUSTEES CHAIR AND THE CHAIR OF THE COMPENSATION COMMITTEE THEN

MEET WITH THE PRESIDENT TO DISCUSS THE TRUSTEES' REVIEW. COMPENSATION IS

ALSO DISCUSSED FOR THE UPCOMING YEAR AND DOCUMENTED.

FORM 990, PART VI, LINE 15B:

THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR WORKING WITH THE

PRESIDENT IN THE EVALUATION AND COMPENSATION FOR OFFICERS OF MERRIMACK

COLLEGE. THE PRESIDENT WORKS WITH SENIOR MANAGEMENT TO ESTABLISH GOALS AND

OBJECTIVES AND TO CONDUCT AN ANNUAL PERFORMANCE APPRAISAL BASED ON THE

PREDETERMINED GOALS.

THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE USES A PUBLISHED SALARY

SURVEY FROM REGIONAL ACADEMIC INSTITUTIONS COMPARABLE TO MERRIMACK TO

BENCHMARK THE OFFICERS' SALARY UTILIZING THE COLLEGE AND UNIVERSITY

PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) AND OTHER INDUSTRY

STANDARDS DATA.

THE PRESIDENT DISCUSSES THE EVALUATION AND COMPENSATION OF OFFICERS WITH

THE COMPENSATION COMMITTEE. COMPENSATION IS ALSO DISCUSSED FOR THE COMING

YEAR AND DOCUMENTED WITH THE COMMITTEE IN REGARDS TO SENIOR MANAGEMENT.

Name of the organization MERRIMACK COLLEGE	Employer identification number 04-2103731
FORM 990, PART VI, SECTION C, LINE 19:	
THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	LICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE COLLE	GE'S FORM 990 IS
AVAILABLE AT WWW.GUIDESTAR.ORG AND THE MASSACHUSETTS ATTOR	NEY GENERAL'S
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN NET VALUE OF SPLIT INTEREST OBLIGATIONS	-11,973.
LOSS ON EARLY EXTINGUISHMENT OF DEBT	-1,102,636.
TOTAL TO FORM 990, PART XI, LINE 9	-1,114,609.

SCHEDULE R (Form 990)

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

MERRIMACK COLLEGE

Name of the organization

Department of the Treasury Internal Revenue Service

2020

OMB No. 1545-0047

► Attach to Form 990.

Open to Public Inspection

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

Employer identification number 04-2103731

(g) Section 512(b)(13) controlled Ŷ entity? Direct controlling Yes 3,059,875. MERRIMACK COLLEGE Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) 59,836. Total income 9 **Exempt Code** section 0 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) DELAWARE Primary activity Primary activity INVESTMENT Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity MERRIMACK METEOR INVESTMENT LLC 01845 315 TURNPIKE STREET NORTH ANDOVER, MA Partl Part II

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

Schedule R (Form 990) 2020 MERRIMACK COLLEGE

04 - 2103731

Page 2

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.

(k)	General or Percentage managing ownership partner?								
(i)	General or managing partner?								
(3)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)								
(H)	Disproportionate allocations?								
(a)	Share of end-of-year assets								
(f)	Share of total income					2			
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
(0)	Legal domicile (state or foreign country)								
(q)	Primary activity								
(a)	Name, address, and EIN of related organization								

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations treated as a colporation of these during the tax year.	iiig tile tan year.								
(a)	(q)	(c)	(p)	(e)		(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Sha	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	ਰਕ
		country)		or trust)		assets		Yes No	<u>ه</u> ا
CHARITABLE REMAINDER TRUST (1)		MA	N/A					×	

032162 10-28-20

09

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				9	×
: (S)				2	×
				7	×
				2	4
e Loans or loan guarantees by related organization(s)				<u>9</u>	×
f Dividends from related organization(s)				#	×
a Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				+	×
				÷	×
i Lease of facilities equipment or other assets to related organization(s)				÷	×
				?	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			투	×
	on(s)			두	×
				9	×
p Reimbursement paid to related organization(s) for expenses				9	×
Reimbursement paid by related organization(s) for expenses	1,			10	×
r Other transfer of cash or property to related organization(s)				÷	×
s Other transfer of cash or property from related organization(s)				18	×
for inforr	ho must complete this	s line, including covered r	nation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(3)					
Š					
(5)					
(9)					
032163 10-28-20	7		Schedu	Schedule R (Form 990) 2020	990) 2020

Schedule R (Form 990) 2020 MERRIMACK COLLEGE

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.

(k) ercentage ownership					Population of Fermi Control
General or P managing partner?					
(h)					Chibodo
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income	1				
(e) Are all partners sec. 501(c)(3) 019.2 Yes No					
(d) Predominant income (related, unrelated, excluded from tax under sections 5 12-5 14)		~			
omicile foreign try)					
(b) Primary activity					
(a) (b) (c) Name, address, and EIN Primary activity Legal dc of entity (state or count					

TAX RETURN FILING INSTRUCTIONS

FORM 990JU

FOR THE YEAR ENDING

NE3, 2011 0I C

PREPARED FOR:

M, RRIMALGLO55, T, 20PUER3 SIG, HUR, , U 3 ORUD A3 VO8, R1MA 0C4BP

PREPARED BY:

L ZKY MDM155L P00 ZO65HUO3 HUR, , U ZOHUO31MA 01 CC.

AMOUNT DUE OR REFUND:

30 AMOE3UKHVE, W

MAKE CHECK PAYABLE TO:

30 AMOE3UKHVE, W

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

3 OU ASS5KL AZ5,

RETURN MUST BE MAILED ON OR BEFORE:

3 OU ASS5KL AZ5.

SPECIAL INSTRUCTIONS:

UDIH R, UER3 DAH Z, , 3 SR, SAR, V FOR , 5, L URO3 KL FK6K3 T WKF 6 OE 7 KHD UO DA8, KU URA3 HMKUU. V , 5, L URO3 KL A556 UO UD, KRH1S5, AH, HKT 3 1VAU, 1A3 V R, UER3 FORM 44-9J, O UO OER OFFKL, W7 , 7 K65 UD, 3 HEZMKU UD, , 5, L URO3 KL R. UER3 UO UD, KRHWVO 3 OU MAK6 A SAS, R L OS6 OF UD, R, UER3 UO UD, KRH

IRS e-file Signature Authorization for an Exempt Organization

	-		_			
or calendar year 2020, or fiscal year beginning	${\sf JUL}$	1	, 2020, and ending	JUN	30	, 20 2 :

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Go to www.irs.gov/Form88/9EO for the latest information.	
Name of exempt organization or person subject to tax	Taxpayer identification number
MERRIMACK COLLEGE	04-2103731
Name and title of officer or person subject to tax	
JEFFREY DOGGETT	
EXECUTIVE VP, CFO & COO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed v blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you e	
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	entered -0- on the
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
to Tax based on investment income (Form 990-PF, Part VI, line 5) b Tax based on investment income (Form 990-PF, Part VI, line 5) b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4)	5b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) Part II Declaration and Signature Authorization of Officer or Person Subject to 1	7b Fav
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person	
	· ·
(name of organization), (EIN), of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge a	and that I have examined a co
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the re processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and it Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated is software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to the a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days processing of the electronic payment of confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic	of the electronic return. E return to the IRS and eason for any delay in ts designated Financial in the tax preparation his account. To revoke rior to the payment of taxes to receive d a personal
PIN: check one box only	
X authorize CBIZ MHM, LLC	to enter my PIN 03731
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore PIN on the return's disclosure consent screen.	1,7
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signal electronically filed return. If I have indicated within this return that a copy of the return is being filed wi regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	ith a state agency(ies)

Signature of or	licer or person subject to tax	
Part III	Certification a	and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04737791068

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► CBIZ MHM, LLC

Date > 03/22/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form	990-T		exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
		For cal	endar year 2020 or other tax year beginning $\ \underline{JUL} \ 1$, $\ 2020$, and ending $\ \underline{JUN} \ 30$, $\ 202$	<u>21</u> .	2020
Depar	tment of the Treasury al Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
B Ex	kempt under section	Print	MERRIMACK COLLEGE		4-2103731
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 315 TURNPIKE STREET		p exemption number instructions)
	408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code NORTH ANDOVER, MA 01845	F [Check box if
		C Bo	ok value of all assets at end of year		an amended return.
G (Check organization t	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurance entity
H (Check if filing only to	 	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>l</u> (Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
J E	Enter the number of	attache	ed Schedules A (Form 990-T)		3
	-		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
			JEFFREY DOGGETT Telephone number ▶ 5 d Business Taxable Income	9.78-	837-5000
				_	
1			ss taxable income computed from all unrelated trades or businesses (see	١.	E E40
				1	5,548.
2				2	5,548.
3	Add lines 1 and 2		COMM 1 COMM 2	3	3,340.
4			see instructions for limitation rules) STMT 1 STMT 2	4	5,548.
5			axable income before net operating losses. Subtract line 4 from line 3 STATEMENT 3	6	5,548.
6		•	ng loss. See instructions STATEMENT 3 staxable income before specific deduction and section 199A deduction.	6	3,340.
7	Subtract line 6 from			7	
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	1,000.
10	Total deductions.			10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero	oo taxa	se mesmer capitate me to to to many mile to to greater than mile t,	11	0.
Pa	rt II Tax Com	putati			<u> </u>
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı: [Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	struction		3	
4	Other tax amounts	s. See ir	nstructions	4	
5	Alternative minimu			5	
6	Tax on noncompl	iant fac	cility income. See instructions	6	
7	Total. Add lines 3	througl	n 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reducti	on Act Notice, see instructions.		Form 990-T (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020) Page 2

Part	III T	ax and Payments				age Z
1a	•	and the forest testing the second sec	\dashv			
b		·	-			
C		al business credit. Attach Form 3800 (see instructions)	\dashv			
d		for prior year minimum tax (attach Form 8801 or 8827)	-	4.		
e		credits. Add lines 1a through 1d		1e		0.
2		act line 1e from Part II, line 7 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	··· -	2		<u> </u>
3	Otheri	Others (attended to the day of the				
	T-4-14	_ , _ ,	··· -	3		
4		tax. Add lines 2 and 3 (see instructions).				0.
_		n 1294. Enter tax amount here		<u>4</u> 5		0.
5		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		<u> </u>
6a		ents: A 2019 overpayment credited to 2020 6a	\dashv			
b		estimated tax payments. Check if section 643(g) election applies 6b	\dashv			
C		eposited with Form 8868 6c 6c norganizations: Tax paid or withheld at source (see instructions) 6d	\dashv			
d			\dashv			
e		p withholding (see instructions) for small employer health insurance premiums (attach Form 8941) 66 67	\dashv			
f		for small employer health insurance premiums (attach Form 8941) credits, adjustments, and payments: Form 2439 Form 2439	\dashv			
g						
7			\dashv	7		
7		payments. Add lines 6a through 6g ated tax penalty (see instructions). Check if Form 2220 is attached		7 8		
8 9		If line 7 is a well as the a total of lines 4. 5, and 0, autonomous toward		9		
10		ayment. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid	· —	10		
11		the amount of line 10 you want: Credited to 2021 estimated tax	_	11		
Part		Statements Regarding Certain Activities and Other Information (see instructions)		11		
1		time during the 2020 calendar year, did the organization have an interest in or a signature or other author	rity		Yes	No
•	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f	-		100	140
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count				
	here		y			Х
2		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
_	_	n trust?				Х
		," see instructions for other forms the organization may have to file.				
3		the amount of tax-exempt interest received or accrued during the tax year				
4a		e organization change its method of accounting? (see instructions)				Х
b		"Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
_		n in Part V				
Part	V S	Supplemental Information				
Provide	the exp	planation required by Part IV, line 4b. Also, provide any other additional information. See instructions.				
	ATEM					
	Unc	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge	and belief, it is tru	ue,	
Sign	Con	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE VP, CFO &	May t	he IRS discuss th	ic return w	(ith
Here		, coo		eparer shown bel		riui i
		Signature of officer Date Title	instruc	ctions)? X Y	es 🗌	No
		Print/Type preparer's name Preparer's signature Date Check	if	PTIN		
Paid		self- emplo	yed			
Prepa	1161 -	CRAIG KLEIN 03/22/22		P00734		
Use C		Firm's name ► CBIZ MHM, LLC Firm's EIN		26-375	313	4
	,	500 BOYLSTON STREET	·			
		Firm's address ▶ BOSTON, MA 02116 Phone no.	61'	7-761-0		
				Form 9	990-T	(2020)

023711 02-02-21

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMY	AMOUNT
CHARITABLE CONTRIBUTIONS - COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L	N/A	6.
TOTAL TO FORM 990-T, PART I, L	NE 4	6.



FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019	
TOTAL CAR	RYOVER RENT YEAR 10% CONTRIBUTIONS	6
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	6 0
EXCESS 10	NTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS	6 0 6
ALLOWABLE	CONTRIBUTIONS DEDUCTION	0
TOTAL CON	TRIBUTION DEDUCTION	0

FORM 990-T	PRE 2018 NOL SCHEDUL	E STATEMENT 3
	FORWARD FROM PRIOR YEAR ION INCLUDED IN PART I, LINE	4,485,915. 6 5,548.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SH	ARE
1 2 3		0. 0. 0.
TOTAL SCHEDULE A SH NET OPERATING DEDUC BALANCE AFTER PRE-2 EXPIRING NET OPERAT CARRY FORWARD OF NE	TION 018 NOL DEDUCTION ING LOSSES	0. 5,548. 0. 0. 4,480,367.

FORM 990-T

PART V - SUPPLEMENTAL INFORMATION

STATEMENT 4

PART, V — SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845

EMPLOYER IDENTIFICATION NUMBER: 04-2103731

FOR THE YEAR ENDING JUNE 30, 2021

MERRIMACK COLLEGE IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

SECTION 1.263(A)—3(N) ELECTION

MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845

EMPLOYER IDENTIFICATION NUMBER: 04-2103731

FOR THE YEAR ENDING JUNE 30, 2021

MERRIMACK COLLEGE HEREBY ELECTS TO CAPITALIZE ALL REPAIR AND MAINTENANCE COSTS THAT ARE TREATED AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS UNDER SECTION 1.263(A)—3(N) FOR THE TAXABLE YEAR ENDING JUNE 30, 2021.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

1

ENTITY

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it	may b	e made public if yo	ur organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only
A N	lame of the organization MERRIMACK COLLEGE				B Employer i 04-21		
<u>c</u> .	Unrelated business activity code (see instructions) > 71394	0			D Sequence	: 1	L of 3
	Describe the unrelated trade or business RENTAL OF IC:	E R	TNK				
		<u> </u>					
Pa	rt I Unrelated Trade or Business Income		(A) Income	е	(B) Expense	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6		3 			
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled	_					
•	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
10	organizations (Part VII) Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 5	12	477,2	241.			477,241.
13	Total. Combine lines 3 through 12	13	477,2				477,241.
			•		ustions) Dadu	ıotion	,
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			on deal	actions) Deat	ICTION	is must be
	directly confidence with the difference business in						
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	168,685.
4	Bad debts					4	2.
5	Interest (attach statement) (see instructions)					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)				65,970.		65 070
8	Less depreciation claimed in Part III and elsewhere on return					8b	65,970.
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12 13	Excess exempt expenses (Part VIII)					12 13	
	Excess readership costs (Part IX) Other deductions (attach statement)		SEE	СПУПЕ	MENT 6	14	474,760.
14 15						15	709,417.
16	Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su					"	
.5	column (C)			•	•	16	-232,176.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-232,176.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired t	or resale) apply to the	organization?	Yes No
Part	, , ,				
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use (see inst	ructions)	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)	>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use (see	e instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)		rt I, line 7, column (A)		0.
	- · · · · · · · · · · · · · · · · · · ·				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part I, line 7, colu	ımn (B)	0.
11	Total dividends-received deductions included in line				0.

Part V	e A (Form 990-T) 2020 I Interest, Annu	ities, Ro	ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instruct	tions)	Page 3
							<u> </u>	lled Organization		
	Name of controlled organization	n identification				al of specified nents made	5. Part of column that is included controlling orgation's gross inc	mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)								tion a gross in	301110	
(2)										
(3)										
(4)										
			No	nexempt C	ontrolled O	rganizati	ons			
7.	i		Net unrelated acome (loss) e instructions)		tal of specif ments mad		that is inc	of column 9 cluded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ent	d columns 6 and 11. er here and on Part I, line 8, column (B)
Totals Part V	II Investment I	ncome	of a Section 50	1(c)(7), (9	9). or (17)	▶ Organ	nization (e	0 . ee instructions)		0.
		cription of i			2. Amou incor	nt of	3. Deduction directly connected (attach states	ons 4. Set ected (attach s	-asides tateme	
(1)										
(2)							/			
(3)					_					
(4)					Add amag	ınta in				Add amounts in
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part V	III Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see instructions)	
1 [Description of exploite	d activity:								
2 (Gross unrelated busine	ess incom	e from trade or busir	ness. Enter	here and o	n Part I,	line 10, colum	n (A)	2	
	Expenses directly con									
I	ine 10, column (B)								3	
4 1	Net income (loss) from	unrelated	trade or business. S	Subtract lin	e 3 from line	e 2. If a ç	gain, complete			
	ines 5 through 7								4	
	Gross income from act	tivity that i	s n ot unrelated busi	ness incom	ne				5	
	Expenses attributable								6	
	Excess exempt expens									
	 Enter here and on P 	art II, line	12						7	

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page 4

Part	IX Advertising Income				r ago r
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	a consolidated basis	S.	
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and or			•	0.
а	, tad dolamilo / timodgi D. Entor noro and or	are i, into 11, column (y			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or			<u> </u>	0.
u	Add dolamilo A timodgii D. Entor Horo and or	Tract, into 11, column (b)			
4	Advertising gain (loss). Subtract line 3 from li	ine			
7	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	I			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	I		7 '	
•	line 5, subtract line 6 from line 5. If line 5 is ke				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
а	Add line 8, columns A through D. Enter the		otal or zero here an	id on	
	Part II, line 13				0.
Part		rectors, and Trustees	(see instructions)	•	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (s	ee instructions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 5
DESCRIPTION			AMOUNT
ICE RINK			477,241.
TOTAL TO SCHEDULE A, PA	RT I, LINE 12		477,241.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 6
DESCRIPTION			AMOUNT
UTILITIES INSURANCE OTHER OPERATING EXPENSE TELECOMMUNICATIONS PROFESSIONAL FEES EQUIPMENT INTEREST ACCOUNTING SUPPLIES	S		249,834. 17,090. 87,709. 12,014. 100,113. 5,565. 693. 1,700.
TOTAL TO SCHEDULE A, PA	RT II, LINE 14		474,760.

B Employer identification number

2

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

A Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

	MERRIMACK COLLEGE				04-21	037	31	
<mark>C</mark> L	nrelated business activity code (see instructions) > 531390				D Sequence	e: '	2 of	3
<u>E</u> [escribe the unrelated trade or business PENTALS FOR CO	INO	FERENCES AND	Ĕ۷.	ENTS			
Par	t I Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
10	Gross receipts or sales	\dashv						
b		1c						
2		2						
3		3						
	Capital gain net income (attach Sch D (Form 1041 or Form	Ĭ						
		4a						
b	<i>"</i> `	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							_
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	, , , , , , , , , , , , , , , , , , , ,	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	, , , , , , , , , , , , , , , , , , , ,	9						
10	, , , , , , , , , , , , , , , , , , , ,	10						
11	5	11						
12		12	0.					
13		13						
Par	t II Deductions Not Taken Elsewhere (See instruction			duct	ions) Ded	uctior	ıs must b	e
	directly connected with the unrelated business inco	ome)					
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement) (see instructions)					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562) (see instructions)		7					
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15						15		0.
16	Unrelated business income before net operating loss deduction. Sub-							0
47	column (C)					16		0.
17 10	Deduction for net operating loss (see instructions)					17		0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	In A /F arrest	000 T) 0000
LHA	For Paperwork Reduction Act Notice, see instructions.				S	спеаи	ie A (Form	990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part	Entormour	od of inventory valua	tion		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part		Personal Prope	rty Leased with F	Real Property)	···
1	Description of property (property street address, city, st				
	A	,,		,	
	В				
	c 🗆				
	D				
	<u> </u>				
_	<u></u>	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	_				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6	column (A)	0.
•	Deductions directly connected with the income	through D. Enter Hore			
4	·				
4	in lines 2(a) and 2(b) (attach statement)				
_	Total deductions Add For A solvers Adversals D. Est	Date of the Post I	line O and a man (D)		0.
5 Part	Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se	ter nere and on Part I,	iirie 6, column (b)		
			No a da Marahara da a	- !tt'\	
1	Description of debt-financed property (street address, cl	ity, state, ZIP code). (neck if a dual-use (see	e instructions)	
	A				
	В				
	C				
	D		1	1	
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
•	•				
4	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A)	>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro	ough D. Enter here an	d on Part I, line 7, colu	ımn (B)	0.
11	Total dividends-received deductions included in line		•		0.

Schedule A (Form 990-T) 2020

Page 3

Part \	/I Interest, Annu	ities, Ro	yalties, and Re	nts fron	n Control	led Or	ganizations	s (see instruc	tions)	r age o	
						Е	xempt Contro	lled Organization	าร		
	Name of controlled organization	d	2. Employer identification number			l	al of specified nents made	5. Part of colu that is included controlling orga- tion's gross inc	in the aniza-	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
	-				ontrolled Or			· · · · ·	T	D 1 11 11 11	
7.	ind		Net unrelated come (loss) e instructions)	1	tal of specif ments mad		that is inc	of column 9 luded in the organization's income		Deductions directly connected with come in column 10	
(1)											
(2)											
(3)											
(4)											
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)			and on Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals								0.		0.	
Part \	/II Investment I	ncome	of a Section 50	1(c)(7), (9	9), or (17)	Orgar	nization (s	ee instructions)			
	1. Desc	cription of	income		2. Amou incom		3. Deduction directly connected (attach states	ected (attach s	-asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)	
(1)											
(2)											
(3)							1				
(4)					A						
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part \	/III Exploited Ex	xempt A	ctivity Income,	Other T	han Adve		Income /	see instructions)		
	Description of exploite		,				, \	222 110000010110			
	Gross unrelated busine		e from trade or busin	ness. Enter	here and or	n Part I.	line 10, columi	n (A)	2		
	Expenses directly conr			7							
									3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lin	e 3 from line	2. If a 🤉	gain, complete				
									4		
5	Gross income from act	tivity that i	s not unrelated busi	ness incon	ne				5		
	Expenses attributable								6		
	Excess exempt expens										
	4. Enter here and on P	art II, line	12						7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on	a consolidated basi	is.	
	A				
	В				
	с				
	D				
Enter a	amounts for each periodical listed above in the c	corresponding column			
	annoanno ioi cacin penicancan netea above in tire c	A	В	С	D
2	Gross advertising income		1		
-	Add columns A through D. Enter here and on				0.
а	Add coldining A through b. Effer here and on	arti, iirio 11, columii (4)		······································	
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and on	-	<u> </u>		0.
а	Add coldinins A through D. Enter here and on	ranti, iiile 11, columii (b)			
4	Advantising asin (loss) Subtract line 2 from lin	,			
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8		4		
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero			<u> </u>	
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns	total or zero here ar	nd on	
	Part II, line 13			>	0.
Part	X Compensation of Officers, Direction	ectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
		7			
Total	Enter here and on Part II, line 1				0.
Part		e instructions)			
		,			
PAR'	r II, LINE 16: THE ORGAN	IZATION HAD NO	UNRELATED	BUSINESS II	NCOME
	·				
ACT	IVITY FROM CONFERENCES A	ND EVENTS DURI	NG THE		
FIS	CAL YEAR ENDING JUNE 30,	2021 DUE TO TI	HE ON-GOIN	G	
COV	ID-19 PANDEMIC.				
<u></u>					

B Employer identification number

OMB No. 1545-0047

3

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

A Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

	MERRIMACK COLLEGE				0 = 2	21037	<u> </u>	
3 (Inrelated business activity code (see instructions) > 52300	0			D Sequer	nce:	3 of	3
	mention statistics assisting seaso (cost mentioners)				12 0040.0.		<u> </u>	
<u> </u>	escribe the unrelated trade or business INVESTMENT I	N L	IMITED P	ARTNE	RSHIPS			
Par	t I Unrelated Trade or Business Income		(A) Incon	ne	(B) Expen	ses	(C) Net
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)) (see instructions)	4a	5,	068.				5,068.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		48.				48.
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement) STATEMENT 7	5		432.				432.
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
	Exploited exempt activity income (Part VIII)	10						
10								
11	Advertising income (Part IX)	11						
11 12	Advertising income (Part IX)	11		F.4.0				F F40
11 12 13	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12	11 12 13		548.				
11 12 13	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere (See instructions)	11 12 13 ons f	or limitations		uctions) De	eduction	ns must l	
11 12 13 Par	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income	11 12 13 ons f	or limitations	on ded			ns must l	
11 12 13 Par	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X)	11 12 13 ons f	or limitations	on ded		. 1	ns must l	
11 12 13 Par 1 2	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Total Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages	11 12 13 ons f	or limitations	on ded		. 1 2	ns must l	
11 12 13 Par 1 2 3	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	11 12 13 ons f	or limitations	on ded		1 2 3	ns must l	
11 12 13 Par 1 2	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	11 12 13 ons f	or limitations	s on ded		1 2 3 4	ns must l	
11 12 13 Par 1 2 3 4	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions)	11 12 13 ons f	or limitations	s on ded		1 2 3 4 5	ns must l	
11 12 13 Par 1 2 3 4 5	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses	11 12 13 ons f	or limitations	s on ded		1 2 3 4 5	ns must l	
11 12 13 Par 1 2 3 4 5 6	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions)	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5	ns must l	
11 12 13 Par 1 2 3 4 5 6 7	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b	ns must l	pe
11 12 13 Par 1 2 3 4 5 6 7 8 9	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9	ns must l	pe
11 12 13 Par 1 2 3 4 5 6 7 8 9 10	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10	ns must l	pe
11 12 13 Par 1 2 3 4 5 6 7 8 9 10	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10	ns must l	pe
11 12 13 Par 1 2 3 4 5 6 7 8 9 10 11 12	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10 11	ns must l	pe
11 112 13 Par 1 2 3 4 5 6 7 8 9 10 11 11 12	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10 11 12 13	ns must l	0.
11 112 13 Par 1 2 3 4 5 6 7 8 9 10 11 11 12 13	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must l	0.
11 12 13 12 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	11 12 13 ons f come	or limitations	s on ded		1 2 3 4 5 6 8b 9 10 11 12 13 14	ns must l	O.
11 12 13 12 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Sucolumn (C)	11 12 13 ons f come	or limitations	s on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	ns must l	0. 5,548.
1 2 3 4 5 6 7 8	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 till Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business incompensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su	11 12 13 ons f come	or limitations	s on ded	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	ns must l	0.

Tost of Goods Sold Enter method of inventory valuation I Inventory at beginning of year 1 Purchases 2 Cost of labor 3 Additional section 263A costs (attach statement) 4	
2Purchases23Cost of labor34Additional section 263A costs (attach statement)4	
3 Cost of labor 4 Additional section 263A costs (attach statement) 4	
4 Additional section 263A costs (attach statement)	
5 Other costs (attach statement) 5	
6 Total. Add lines 1 through 5	
7 Inventory at end of year 7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)	
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)	
A \square	
В	
c 🗌	
D	
A B C	D
2 Rent received or accrued	
a From personal property (if the percentage of	
rent for personal property is more than 10%	
but not more than 50%)	
b From real and personal property (if the	
percentage of rent for personal property exceeds	
50% or if the rent is based on profit or income)	
c Total rents received or accrued by property.	
Add lines 2a and 2b, columns A through D	
Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.
Deductions directly connected with the income	
4 in lines 2(a) and 2(b) (attach statement)	
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.
Part V Unrelated Debt-Financed Income (see instructions)	
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)	
A	
В	
C	
A B C	D
2 Gross income from or allocable to debt-financed	
property	
3 Deductions directly connected with or allocable	
to debt-financed property	
a Straight line depreciation (attach statement)	
b Other deductions (attach statement)	
c Total deductions (add lines 3a and 3b,	
columns A through D)	
4 Amount of average acquisition debt on or allocable	
to debt-financed property (attach statement)	
5 Average adjusted basis of or allocable to debt-	
financed property (attach statement)	
6 Divide line 4 by line 5 % % %	%
7 Gross income reportable. Multiply line 2 by line 6	0.
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	<u> </u>
Allocable deductions Multiply line 3c by line 6	
9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.
11 Total dividends-received deductions included in line 10	0.

Sched	ule A (Form 990-T) 2020 VI Interest, Annu	iitias D	nvaltice and Do	ante fron	n Control	led Or	ganizations	loos instinct	tion =\		Page 3
rart	vi interest, Affilt	iiues, n	yailies, allu Ne	1101	11 00111101		<u> </u>				
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated 4. Tota		exempt Contro al of specified nents made	5. Part of coluthat is included controlling orgation's gross in	mn 4 in the aniza-	in a sure in a silvere of		
(1)											
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7	i		Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 luded in the organization's income	11. Deductions d connected wi income in colum		cted with
(1)											
(2)											
(3)											
(4)											
Totals						•	Enter here	ans 5 and 10. and on Part I, column (A)	1	er here	nns 6 and 11. and on Part I, column (B)
Part	VII Investment	Income	of a Section 50	1(c)(7). (9). or (17)	Organ	nization (s	ee instructions)	ı		
		cription of			2. Amou incor	nt of	3. Deduction directly connected (attach states	ons 4. Set ected (attach s	-asides tateme	nt) a	otal deductions nd set-asides Id cols 3 and 4)
(1)											
(2)							<u> </u>				
(3)											
(4)				1	Add amor column 2 here and o line 9, colu	. Enter n Part I, umn (A) 0 •				co her	dd amounts in olumn 5. Enter re and on Part I, e 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	Than Adve	ertising	g Income	see instructions)		
1	Description of exploite	•		$\overline{\mathbf{V}}$							
2	Gross unrelated busin								2		
3	Expenses directly con										
_	line 10, column (B)								3		
4	Net income (loss) from	_				•					
_	lines 5 through 7	45.56464							4		
5	Gross income from ac								5		
6	Expenses attributable Excess exempt expen								6		
7	4 Enter here and on F			, but do No	or enter mor	c uidii (f	ie amount on i	II I C	7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a d	consolidated basis		
	A				
	В				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the corres	ponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I			•	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I	, line 11, column (B)		•	0.
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater	of the line 8a, columns tot	al or zero here and	d on	_
	Part II, line 13			>	0.
Part	X Compensation of Officers, Directo	rs, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)		<u> </u>		%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see instr	ructions)			

04-2103731

DESCRIPTION COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	NET INCOME OR (LOSS) 6: 134 -19 -2' 8!
INTEREST INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	134 -19 -2
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	134 -19 -2
DIVIDEND INCOME COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	-19 -2
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	-19 -2
PORTFOLIO INCOME (L COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	-27
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	-27
INCOME (LOSS) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	
ORDINARY BUSINESS INCOM COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	8!
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	•
RENTAL REAL ESTATE COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	
INTEREST INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP -	
7	140
DITTERNID THOUSE	
DIVIDEND INCOME	(
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER	
PORTFOLIO INCOME	528
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER	477
INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - OTHER	-479
INCOME (LOSS)	- 6
INCOME (LOSS)	
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	432

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.
■ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

MERRIMACK COLLEGE	04-	2103731			
Did the corporation dispose of any investme If "Yes," attach Form 8949 and see its instru					► Yes X No
Part I Short-Term Capital Ga	ins and Losses - Asse	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					2.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column l	h		7	2.
Part II Long-Term Capital Gai	ns and Losses - Asse	ts Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					5,066.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine		h		15	5,066.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	2.
17 Net capital gain. Enter excess of net long-tern			-	17	5,066.
18 Add lines 16 and 17. Enter here and on Form		licable line on other returns		18	5,068.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Social security number or taxpayer identification no.

04 - 2103731

MERRIMACK COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (h) (c) (d) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) in combine the result Code(s) with column (g) the instructions COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2020)

Attachment Sequence No. 12A

Form 8949 (2020)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

MERRIMACK COLLEGE

04-2103731 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (*e) in Amount of Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL INTERNATIONAL 12. PARTNER COMMONFUND CAPITAL PRIVATE EQUITY 5,054 PARTNE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 5,066. above is checked), or **line 10** (if **Box F** above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020)

22470322 143399 393675

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

MERRIMACK COLLEGE				04-	2103731
Did the corporation dispose of any investme	ent(s) in a qualified opportun	ity fund during the tax ye	ear?		Yes X No
If "Yes," attach Form 8949 and see its instru			gain or loss.		
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					2.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kir				5	
6 Unused capital loss carryover (attach comput	tation)			6	()
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in column	h		7	2.
Part II Long-Term Capital Ga	ins and Losses - Asse	ets Held More Than	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	iin 49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					5,066.
				11	
12 Long-term capital gain from installment sales		,		12	
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combin		ıh		15	5,066.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (li				16	2.
17 Net capital gain. Enter excess of net long-terr				17	5,066.
18 Add lines 16 and 17. Enter here and on Form		olicable line on other returns	3	18	5,068.
Note: If losses exceed gains, see Capital Lo.	sses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2020

Internal Revenue Service

Department of the Treasury

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Social security number or

taxpayer identification no. 04 - 2103731

MERRIMACK COLLEGE

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or (h) (c) (d) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) in combine the result Code(s) with column (g) the instructions COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2020)

Attachment Sequence No. 12A Page 2

Form 8949 (2020)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

MERRIMACK COLLEGE

04-2103731

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (*e) in Amount of Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL INTERNATIONAL 12. PARTNER COMMONFUND CAPITAL PRIVATE EQUITY 5,054 PARTNE 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 5,066. above is checked), or **line 10** (if **Box F** above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2020)

22470322 143399 393675

Depreciation and Amortization (Including Information on Listed Property)

A PG1 Attach to your tax return.

OMB No. 1545-0172 Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Identifying number

1

MEI	RRIMACK COLLEGE		R	ENTAL OF	ICE RIN	K	04-2103731
Pa	rt Election To Expense Certain Prope	rty Under Section 17	9 Note: If you have a	ny listed property, c	complete Part	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)					1	1,040,000.
2 7	otal cost of section 179 property place						
	hreshold cost of section 179 property						2,590,000.
	Reduction in limitation. Subtract line 3					4	
5	Pollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter -0	D If married filing separately,	see instructions		5	
6	(a) Description of p	roperty	(b) Cost (business use only)	(c) Elected of	cost	
	isted property. Enter the amount fron					1	
	otal elected cost of section 179 property						
	entative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						
	Section 179 expense deduction. Add I					12	
	Carryover of disallowed deduction to 2			13			
Pa	: Don't use Part II or Part III below for	•		aluda liatad prapart	n/ \		
	Operation 2 operation 7 through						
	Special depreciation allowance for qua				-	44	
	he tax year Property subject to section 168(f)(1) ele						
	1 , , , , , , , , , , , , , , , , , , ,					15	
	rt III MACRS Depreciation (Don't	t include listed pro	perty See instructions	······		10	
	insterio poprediation (pon	anienada meted pre	Section A				
17 N	MACRS deductions for assets placed	in service in tax ve	ars beginning before 2	2020		17	65,970.
	MACRS deductions for assets placed you are electing to group any assets placed in sen				>	17	65,970.
	you are electing to group any assets placed in serv	vice during the tax year in		accounts, check here		j 📄	
	you are electing to group any assets placed in sen Section B - Assets	vice during the tax year in SPIaced in Service (b) Month and	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio	ear Using the Gene	eral Deprecia	tion Syste	m
	you are electing to group any assets placed in serv	vice during the tax year in	to one or more general asset During 2020 Tax Ye	ear Using the General (d) Recovery		j 📄	
	you are electing to group any assets placed in sen Section B - Assets	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste	m
18 #	you are electing to group any assets placed in sense section B - Assets (a) Classification of property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste	m
18 H	you are electing to group any assets placed in senset section B - Assets (a) Classification of property 3-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste	m
18 h	Section B - Assets (a) Classification of property 3-year property 5-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste	m
18 h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste	m
18 H	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	ear Using the General (d) Recovery	eral Deprecia	tion Syste (f) Method	m
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	accounts, check here ear Using the Gene (d) Recovery period 25 yrs.	eral Depreciation (e) Convention	tion Syste (f) Method	m
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	eaccounts, check here ear Using the Gene (d) Recovery period 25 yrs. 27.5 yrs.	eral Depreciation (e) Convention	tion Syste (f) Method S/L S/L	m
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	accounts, check here ear Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention MM MM	tion Syste (f) Method S/L S/L S/L	m
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	cice during the tax year in the service (b) Month and year placed	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	eaccounts, check here ear Using the Gene (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention MM MM MM	s/L S/L S/L S/L	m
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	accounts, check here the par Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	s/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us	accounts, check here the par Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Depreciation (e) Convention MM MM MM MM MM	s/L	m (g) Depreciation deduction
19a b c d e f g h i 20a	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets I	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. r Using the Alterna	eral Depreciation (e) Convention MM MM MM MM MM	s/L S	m (g) Depreciation deduction
19a b c d e f g h i 20a b b	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Alternative and the Alternative are using the A	eral Depreciation (e) Convention MM MM MM MM MM MM MM MM Ative Depreciation	s/L S	m (g) Depreciation deduction
19a b c d e f g h i 20a b c	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	accounts, check here par Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Altern. 12 yrs. 30 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year	pice during the tax year in S Placed in Service (b) Month and year placed in service // / / /	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Alternative and the Alternative are using the A	eral Depreciation (e) Convention MM MM MM MM MM MM MM MM Ative Depreciation	s/L S	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d d Pa	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets of the section of property Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // // Placed in Service	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions)	accounts, check here par Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the Altern. 12 yrs. 30 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	s/L S	m (g) Depreciation deduction
19a b c d e f g h i C C d C C C C C C C C C C C C C C C C	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Tt IV Summary (See instructions.)	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions) During 2020 Tax Yea	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	S/L	m (g) Depreciation deduction
19a b c d e f g h C C d D C C D C D C D C D C D C D C D C	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year **T IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // Placed in Service // // 24 through 17, line	to one or more general asset During 2020 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions) During 2020 Tax Yea es 19 and 20 in column	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	eral Depreciation (e) Convention MM MM MM MM MM MM MM MM MM	s/L S	m (g) Depreciation deduction
19a b c d e f g h c d C d E 20a b c d E 21 L E 22 1 E	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Tt IV Summary (See instructions.)	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // Placed in Service 4 4 through 17, line of your return. Page 19	During 2020 Tax Yea (c) Basis for depreciatio (business/investment us only - see instructions) During 2020 Tax Yea es 19 and 20 in column rtnerships and S corp	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	eral Depreciation (e) Convention MM MM MM MM MM MM MM MM MM	s/L S	m (g) Depreciation deduction

393675_1

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	Note: For any 24b, columns	vehicle for wl (a) through (c	hich you are use) of Section A,	sing the all of S	standard ection B,	d mile and	eage ra Section	ate or on C i	dedu f appli	cting lease cable.	expens	se, comp	olete on	l y 24a,		
	Section A -	- Depreciation	n and Other I	nforma	tion (Cau	ution	: See	the ir	nstruc	tions for lir	mits for p	oasseng	er auton	nobiles.)		
<u> 24a</u>	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?		Yes		No	24b If "Y	es," is th	ne evide	nce writt	en?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	_{je} ot	(d) Cost or ther basis		Basis fo (busines		stment	(f) Recovery period	Met	g) thod/ ention	Depre	h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	•		. ,	•			•		•		0.5				
	used more than 50% in Property used more tha									<u></u>		25				
20	Property used more tha	11 30% 111 a qi				\neg										
_		1		6 6		\dashv										
_				6		\dashv										
	Property used 50% or le	ess in a qualif		-							l					
	Troporty does 6070 or 10	: :		6		П					S/L -					
				6		\neg					S/L -					
_		: :		6		\neg					S/L-					
28	Add amounts in column	n (h), lines 25	· · · · · · · · ·		e and on	line 2	21. pad	ge 1				28				
	Add amounts in column													29		
	, taa ameana meesaana	. (//)			B - Inforr											
Cor	mplete this section for ve	ehicles used b									related	person	If you pr	ovided v	ehicles	
	our employees, first ans															
,	our omproyees, mer une	90.00			, ,			тоорт			9					
				(a)		(b)			(c)	(6	d)	(6	e)	(1	f)
30	Total business/investment	miles driven de	uring the		nicle	,	Vehicle		V	'ehicle	1	nicle	-	nicle	Veh	-
	year (don't include commu	ıting miles)						P								
31	Total commuting miles					1										
32	Total other personal (no	oncommuting) miles													
	driven															
33	Total miles driven during	g the year.														
	Add lines 30 through 32	2					<u> </u>					ı				
34	Was the vehicle availab	le for person	al use	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?															
35	Was the vehicle used p	rimarily by a ı	more													
	than 5% owner or relate	ed person?														
36	Is another vehicle availa	able for perso	nal													
	use?															
		_	- Questions f													
	swer these questions to			ception	to comp	leting	g Sect	ion B	for ve	hicles use	d by em	ployees	who a	ren't		
	re than 5% owners or rel	•													T.,	T
37	Do you maintain a writte		· ·		-					-	-	by your			Yes	No
00	employees?															
38	Do you maintain a writte		-													
20	employees? See the ins															
	Do you treat all use of v Do you provide more th									mployoos						
40	the use of the vehicles,															
41	Do you meet the require															
71	Note: If your answer to															
P	art VI Amortization	07, 00, 00, 4	0, 01 41 13 10	3, 4011	Compici	10 00	CLIOIT	D 101	110 00	verea veri	icics.					
	(a)			(b)		(0	c)			(d)		(e)			(f)	
	Description of	f costs		amortization begins		Amort	izable			Code section		Amortiza period or per	ition	Ar fo	nortization or this year	
<u></u>	Amortization of costs th	nat begins du			ır:							, z. por				
_			<u> </u>	; ;												
<u></u>	Amortization of costs th	nat began bef	ore your 2020	tax yea	r								43			
	Total. Add amounts in o	•	•	•									44			
																- (0000)

Form **4562** (2020)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return MERRIMACK COLLEGE 04-2103731 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 48. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 48. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 758. Nonrecaptured net section 1231 losses from prior years. See instructions 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 0. Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 48 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 48. Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a

LHA For Paperwork Reduction Act Notice, see separate instructions.

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

Form **4797** (2020)

18b

Department of the Treasury

(Form 1040), Part I, line 4

Pa	rt III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250, 1252	2, 12	54, and 1255 (see	e instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 125	5 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
_A							
<u>B</u>							
<u>C</u>							
_ <u>D</u>				1			
	These columns relate to the properties on				_		
	lines 19A through 19D.	<u> </u>	Property A	Property	В	Property C	Property D
	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23 24					
24 25	Total gain. Subtract line 23 from line 20	24					
	Depreciation allowed or allowable from line 22	25a					
	Enter the smaller of line 24 or 25a	25b			,		
	If section 1250 property: If straight line depreciation	200					
20	was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions \dots	26a					
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976	26d					
е	Enter the smaller of line 26c or 26d	26e					
	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage	27b					
	Enter the smaller of line 24 or 27b	27c					
28	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
	Enter the smaller of line 24 or 28a	28b					
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b	Enter the smaller of line 24 or 29a. See instructions	29b					
Sur	mmary of Part III Gains. Complete property c	olumn	s A through D through	line 29b before	aoina	to line 30.	
30	Total gains for all properties. Add property columns	A thro	ough D, line 24			30	
31	Add property columns A through D, lines 25b, 26g,		*			31	
32	Subtract line 31 from line 30. Enter the portion from	_	•	•		·	
Pa	from other than casualty or theft on Form 4797, line rt IV Recapture Amounts Under Sectio	ne 1	79 and 280F(h)(2)	When Rusin		Ise Drops to 50%	or Less
ı u	(see instructions)	113 17	75 dila 2001 (b)(2)	Wilch Bushi	C33 (Disc Drops to our	o or Loss
	(2222.220010)					(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior vears		33		
34			in prior years		34		
35	Recapture amount. Subtract line 34 from line 33. Se				35		

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

OMB No. 1545-0184

► Go to www.irs.gov/Form4797 for instructions and the latest information.

MERRIMACK COLLEGE 04-2103731 1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (a) Description (b) Date acquired (d) Gross sales (c) Date sold 2 allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 48. Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 48. 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 758. Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 8 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 0. Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 48 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 48. Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

Department of the Treasury

Name(s) shown on return

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2020)

rm 4797 (2020) MERRIMACK COLLEGE					04-210	<u>)3731</u>	Page
Part III Gain From Disposition of Propert	y Un	der Sections 124	5, 1250, 1252	2, 125	4, and 1255	(see in	structions)
(a) Description of section 1245, 1250, 1252, 1254, o	or 125	5 property:			(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
1						\longrightarrow	
3						\longrightarrow	
<u>C</u>						\longrightarrow	
D		T					
These columns relate to the properties on			_	_		_	
lines 19A through 19D. Gross sales price (Note: See line 1 before completing.)	<u> </u>	Property A	Property	В	Property	/ C	Property D
	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22					-+	
Adjusted basis. Subtract line 22 from line 21	23					-+	
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a					-+	
b Enter the smaller of line 24 or 25a	25b			_ 1		-+	
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.	K						
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b 27c						
	2/C						
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
ummary of Part III Gains. Complete property of	olumn	ns A through D through	line 29b before	going t	to line 30.		
Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
Add property columns A through D, lines 25b, 26g,	-	·				31	
Subtract line 31 from line 30. Enter the portion from	_	•					
from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section	6	70 and 200E/b/(0)	When Proin	000 !	loo Drone +	32	
Recapture Amounts Under Section (see instructions)	S 1	19 and 200F(D)(2)	writeri Busin	ess U	————	U 3U% C	л Less
					(a) Section 179	n	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable	in prior years		33			
Recomputed depreciation. See instructions				34			
Recenture amount Subtract line 34 from line 33 Se				35			

Form **4797** (2020)

MERRIMACK COLLEGE 04-2103731

FORM 4797	NONRECAPTURED NET SEC FROM PRIOR		STATEMENT 8
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2015 2016	0000	-	
2017 2018 2019	802 0	· 0 · . 44 ·	758.
TOTAL TO FORM 4797,			758.



(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Attachment Sequence No. **128**

Internal Revenue Service Attach to your income tax return for the year of the transfer or distribution.	Sequence No. 128
Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
MERRIMACK COLLEGE	
	04-2103731
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder Id	lentifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Thot, list the hame and employer identification hamber (Elity of the parent corporation.	
Name of parent corporation EIN o	of parent corporation
111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d Have basis adjustments under section 367(a)(4) been made?	Yes No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under sect	ion 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership E	IN of partnership
Name of partnership	IN of partnership
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP 20-8306	365
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instructions)	res 21 NO
	Identifican acceptant if and
4 Name of transferee (foreign corporation) 5a	Identifying number, if any
MONTH DIANG DRANDS HOLDINGS S A D I	
MONT BLANC BRANDS HOLDINGS S.A.R.L.	
3 77	Reference ID number
8, RUE LOU HEMMER	
· · · · · · · · · · · · · · · · · · ·	ONT1
7 Country code of country of incorporation or organization	
LU	
8 Foreign law characterization (see instructions)	
CORPORATION	
9 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

Form 926 (Rev. 11-2018)

	Regarding Tran	sfer of Property (see i	instruction	s)		
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property	Fair mark	(c) ket value on f transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash						
10 Was cash the only pro	ainder of Part III and o					Yes X No
Section B - Other Pro		n intangible property				(-)
Type of property	(a) Date of transfer	(b) Description of property	Fair mark	(c) ket value on f transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)		PROPERTY		390.	245.	
Property with						
built-in loss						
 Totals				390.	245.	
(including a branch the If "Yes," continue to li c Immediately after the transferee foreign corp If "Yes," continue to li d Enter the transferred I	domestic corporation at is a foreign disregane 12c. If "No," skip transfer, was the donoration? ne 12d. If "No," skip oss amount included sfer property describ	that transferred substantially arded entity) to a specified 10 lines 12c and 12d, and go to nestic corporation a U.S. shalline 12d, and go to line 13. in gross income as required led in section 367(d)(4)?	v all of the ass 0%-owned for line 13. reholder with	sets of a foreign reign corporation respect to the	n branch	Yes X No Yes No Yes No Yes No
Section C - Intangible	Property Subje	ect to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property		(d) rm's length pric n date of transfo		(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
 Totals						

Form **926** (Rev. 11-2018)

property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions	Yes	□ No X No
	L Yes	∟ No
property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	L Yes	No
	□ v _{aa}	
Did the domestic corporation not recognize gain or loss on the distribution of property because the	-	
	. ▶\$	
If "Yes," complete lines 20b and 20c.		
		X No
Did this transfer result from a change in entity classification?	Yes	X No
		X No
		X No
		X No
Gain recognition under section 904(f)(3)	Ves	X No
		
Enter the transferor's interest in the transferee foreign corporation before and after the transfer		
3		
rt IV Additional Information Regarding Transfer of Property (see instructions)		
plemental Part III Information Required To Be Reported (see instructions)		
time therealter, a platform continuation as defined in negulations section 1.462-7(c)(1)?	L res	LZZ INU
	Yes	X No
·		
	L res	
	Voc	X No
	L Yes	LA_ No
		X No
Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		X No
	reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$	reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Plemental Part III Information Required To Be Reported (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before001% (b) After001% Type of nonrecognition transaction (see instructions) ▶ IRC SECTION_351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)					
Name of transferor			Identifying number (see instructions)		
MERRIMACK COLLEGE		04 0400 004			
		04-21037			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporat	ion?	L Yes	X No		
2 If the transferor was a corporation, complete questions 2a through 2d.	V I				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c					
five or fewer domestic corporations?			□ No		
b Did the transferor remain in existence after the transfer?		Yes	No		
If not, list the controlling shareholder(s) and their identifying number(s).					
Controlling shareholder	Identifying number				
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent could not, list the name and employer identification number (EIN) of the parent corporation.	orporation?	Yes	□ No		
Name of parent corporation	EIN of a	parent corporation	on .		
d Have basis adjustments under section 367(a)(4) been made?		Yes	No No		
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as su	uch under section	n 367),			
complete questions 3a through 3d.		,,			
a List the name and EIN of the transferor's partnership.					
	FIN	of a cuba cucleia			
Name of partnership	EIN of partnership				
		_			
	20-83063				
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No		
c Is the partner disposing of its entire interest in the partnership?		Yes	X No		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish	ied				
securities market?		. Yes	X No		
Part II Transferee Foreign Corporation Information (see instructions)					
4 Name of transferee (foreign corporation)	5a 6	dentifying numbe	er, if any		
AF III TOPCO AS					
6 Address (including country) TJUVHOLMEN ALLE 19, NO-0252	5b F	Reference ID numl	per		
OSLO, NORWAY	AF	III			
7 Country code of country of incorporation or organization					
NO					
8 Foreign law characterization (see instructions) CORPORATION					
9 Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No		
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (F	Rev. 11-2018)		

	Regarding Tran	sfer of Property (see i	nstruction	ons)			
Section A - Cash							
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer			e) gnized on sfer
Cash							
10 Was cash the only pro If "Yes," skip the rema	ainder of Part III and g					Yes	X No
Section B - Other Pro		n intangible property s	subject				
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	Gain reco tran	gnized on
Stock and securities	03/23/2020	STOCK		1,018.	1,848.		
Inventory							
Other property (not listed under another category)							
Property with							
built-in loss							
 Totals				1,018.	1,848.		
foreign corporation? If "Yes," go to line 12b b Was the transferor a d (including a branch that If "Yes," continue to line c Immediately after the t transferee foreign corp If "Yes," continue to line d Enter the transferred let	lomestic corporation at is a foreign disregane 12c. If "No," skip I transfer, was the domooration? ne 12d. If "No," skip I oss amount included sfer property describ	that transferred substantially rded entity) to a specified 10 ines 12c and 12d, and go to nestic corporation a U.S. shall in gross income as required ed in section 367(d)(4)?	all of the %-owned line 13. reholder w	assets of a foreig foreign corporativith respect to th	gn branch ion?	Yes Yes Yes	X No No No X No
Section C - Intangible	Property Subje	ct to Section 367(d)					
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pri on date of trans		Income ir	(f) nclusion for f transfer
Property described in sec. 367(d)(4)							
 Totals							
			,				

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	covered by section 367(e)(1)? See instructions	163	22 140
	accord by acction 267/a/th2 Conjuntmentions	Yes	X No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	. ▶\$	
	If "Yes," complete lines 20b and 20c.		
	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)		X No
19	Did this transfer result from a change in entity classification?	1 1	X No
	Exchange gain under section 987		X No
	Recapture under section 1503(d)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
а	Gain recognition under section 904(f)(3)	Yes	X No
 18	Indicate whether any transfer reported in Part III is subject to any of the following.		
17	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
. •	(a) Before • 0 0 0 % (b) After • 0 0 2 %		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
Par	rt IV Additional Information Regarding Transfer of Property (see instructions)		
oup	prementary are in information required to be reported (See matricellons)		
Sun	plemental Part III Information Required To Be Reported (see instructions)		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	LA NO
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any	Vas	X No
15	Regulations section 1.367(d)-1(c)(3)(ii) \$		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
а	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
. ا	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	L∆ No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		X No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	X No
	reasonably anticipated to exceed 20 years?		X No
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		77