

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>MERRIMACK COLLEGE</b>	<b>D</b> Employer identification number <b>04-2103731</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>978-837-5000</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>315 TURNPIKE STREET</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>NORTH ANDOVER, MA 01845</b>	<b>G</b> Gross receipts \$ <b>199,674,242.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>CHRISTOPHER HOPEY</b> <b>315 TURNPIKE STREET, NORTH ANDOVER, MA 0184</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>J</b> Website: <b>WWW.MERRIMACK.EDU</b>	<b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1947</b> <b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MERRIMACK COLLEGE IS A COMPREHENSIVE, CATHOLIC AUGUSTINIAN INSTITUTION THAT SERVES STUDENTS</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>2054</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>174</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>727,482.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-312,056.</b>
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>7,218,988.</b>	<b>9,267,394.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>169,390,382.</b>	<b>177,102,269.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,240,470.</b>	<b>3,170,768.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,405,097.</b>	<b>4,095,202.</b>
<b>12</b>	<b>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b>	<b>182,254,937.</b>	<b>193,635,633.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>58,925,874.</b>	<b>63,008,644.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>62,856,245.</b>	<b>66,654,823.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	<b>Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,454,471.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>49,407,988.</b>	<b>54,856,594.</b>
<b>18</b>	<b>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</b>	<b>171,190,107.</b>	<b>184,520,061.</b>
<b>19</b>	<b>Revenue less expenses. Subtract line 18 from line 12</b>	<b>11,064,830.</b>	<b>9,115,572.</b>
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	<b>251,432,441.</b>	<b>261,030,125.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>142,361,523.</b>	<b>140,651,412.</b>
<b>22</b>	<b>Net assets or fund balances. Subtract line 21 from line 20</b>	<b>109,070,918.</b>	<b>120,378,713.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>BASIL A. STEWART, SR. VP FOR FINANCE &amp; ADMIN/CFO</b>	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CRAIG KLEIN</b>	Preparer's signature 	Date <b>05/03/19</b>
	Firm's name ▶ <b>CBIZ MHM, LLC</b>	Check <input type="checkbox"/> self-employed	PTIN <b>P00734640</b>
	Firm's address ▶ <b>500 BOYLSTON STREET BOSTON, MA 02116</b>	Firm's EIN ▶ <b>26-3753134</b>	
		Phone no. <b>617-761-0600</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**MERRIMACK COLLEGE**

**04-2103731**

Name and title of officer

**BASIL A STEWART  
SR VP FOR FINANCE & ADMIN/CFO**

### 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, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>193,635,633.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 03731  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Basil A. Stewart Date ▶ 5/8/2019

### Part III Certification and Authentication

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

**04737791068**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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 ▶ 05/03/19

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MERRIMACK COLLEGE IS A COMPREHENSIVE, CATHOLIC AUGUSTINIAN INSTITUTION THAT SERVES STUDENTS FROM THE GREATER NEW ENGLAND AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 103,005,635. including grants of \$ 63,008,644. ) (Revenue \$ 145,417,462. ) EDUCATIONAL INSTRUCTION: MERRIMACK COLLEGE OFFERS UNDERGRADUATE AND GRADUATE DEGREES IN THE LIBERAL ARTS, BUSINESS, SCIENCE AND ENGINEERING, AND EDUCATION PROGRAMS. THE COLLEGE COMMUNITY INCLUDES OVER 3,600 UNDERGRADUATE STUDENTS AND 650 GRADUATE STUDENTS.

4b (Code: ) (Expenses \$ 22,195,772. including grants of \$ ) (Revenue \$ 35,068,946. ) AUXILIARY SERVICES: A PRIMARILY RESIDENTIAL COLLEGE, MERRIMACK HOUSES STUDENTS IN A VARIETY OF LIVING ARRANGEMENTS, FROM RESIDENCE HALLS FOR FIRST-YEAR STUDENTS TO APARTMENTS FOR SENIORS. RESIDENTIAL LIFE PROVIDES A LIVING/LEARNING ENVIRONMENT, PROMOTING PERSONAL GROWTH AND ENCOURAGING STUDENTS TO DEVELOP THEIR WHOLE SELVES. MERRIMACK DINING SERVICE SEEKS TO PROVIDE THE FINEST QUALITY MEALS AND SERVICES TO THE ENTIRE MERRIMACK COMMUNITY: STUDENTS, FACULTY, STAFF AND GUESTS. THE COLLEGE ALSO HAS ATHLETIC FACILITIES, INCLUDING BASEBALL, SOFTBALL, FOOTBALL, BASKETBALL AND AN ICE RINK.

4c (Code: ) (Expenses \$ 28,642,786. including grants of \$ ) (Revenue \$ ) STUDENT SERVICES: MERRIMACK COLLEGE PROVIDES VARIOUS SERVICES TO THE STUDENT BODY, INCLUDING COUNSELING, CAREER GUIDANCE, FINANCIAL AID, REGISTRAR, STUDENT ACTIVITIES, CAMPUS MINISTRY, HEALTH SERVICES AND ATHLETIC PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 13,030,412. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 166,874,605.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and schedules A through G.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, grants, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b and corresponding input fields and checkboxes.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	25													
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 in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		22												
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?			X											
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							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?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?						X								
b Each committee with authority to act on behalf of the governing body?						X								
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												X		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
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?			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				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
12c							X							
13 Did the organization have a written whistleblower policy?							X							
14 Did the organization have a written document retention and destruction policy?								X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization										X				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														
16b														

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, MD, MA, MI, NH, NY, OK, OR, SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **BASIL A STEWART - 978-837-5000**  
**315 TURNPIKE STREET, NORTH ANDOVER, MA 01845**

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER E. HOPEY PRESIDENT	40.00 0.00	X		X				629,100.	0.	142,378.
(2) MICHAEL K. CROWE CHAIRMAN (THRU 6/18)	1.00 0.00	X		X				0.	0.	0.
(3) ALFRED J. ARCIDI VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(4) GARY N. MCCLOSKEY VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(5) JOHN T. BOYCE SECRETARY	1.00 0.00	X		X				0.	0.	0.
(6) ANDREA ROBERTSON TREASURER (THRU 6/18)	1.00 0.00	X		X				0.	0.	0.
(7) PHILLIP M. ARCIDI TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) BRUCE BOUCHARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) KAREN J. CAMBRAY TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) ALVIN M. CHAPITAL TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) FR. DAVID A. CREGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) FR. MICHAEL F. DI GREGORIO TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) REV. PETER M. DONOHUE TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) MARY GORHAM FRANCO TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) FR. FRANCIS J. HORN TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) DENNIS LEONARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) KEVIN LUCEY TRUSTEE	1.00 0.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL L. MUCCI TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) HOSFFMAN OSPINO TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) JOHN K. PASINI TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) KEVIN RHODES TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) LEE D. SLATTERY TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) PATRICK J. SULLIVAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) MARQUES TORBERT TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) ROBERT J. ZATTA TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) BASIL A. STEWART SR. VP FOR FINANCE & ADMIN/CFO	40.00 0.00			X				304,772.	0.	52,615.
<b>1b Sub-total</b>								933,872.	0.	194,993.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,974,626.	0.	249,334.
<b>d Total (add lines 1b and 1c)</b>								2,908,498.	0.	444,327.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 97

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
METEOR LEARNING, INC, 35 VILLAGE ROAD, SUITE 100, MIDDLETON, MA 01949	PROFESSIONAL SERVICES	902,811.
LAURENCE J. GREEN 356 BROADWAY #38, NEW YORK, NY 10013	CONSULTING SERVICES	488,416.
VANASSE HANGEN BRUSTLIN, INC. 101 WALNUT STREET, WATERTOWN, MA 02471	ENGINEERING/PLANNING	401,152.
BROTHERS OF THE ORDER OF HERMITS 196 ELM STREET, ANDOVER, MA 01810	ADMIN & INSTRUCTION	396,310.
PBD PARTNERS, LLC, 625 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	GRAPHIC DESIGN	309,604.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEFFREY DOGGETT EXECUTIVE VICE PRESIDENT	40.00 0.00			X				276,329.	0.	52,319.
(28) NICHOLAS MCDONALD VICE PRESIDENT/GENERAL COUNSEL	40.00 0.00			X				214,806.	0.	17,386.
(29) ALLAN WEATHERWAX SR VP/PROVOST	40.00 0.00				X			273,273.	0.	48,397.
(30) MARK COLLINS VP FOR ADMINISTRATION (UNTIL 6/17)	40.00 0.00					X		230,994.	0.	7,243.
(31) MARK DENNEHY ASSOC ATHLET DIR/COACH (UNTIL 3/18)	40.00 0.00				X			302,549.	0.	22,950.
(32) SARA BRAZDA SVP OF DEV & ALUMNI RELATIONS	40.00 0.00				X			248,690.	0.	22,575.
(33) CAROL GLOD PROFESSOR, HEALTH SCIENCES	40.00 0.00				X			217,261.	0.	36,303.
(34) KYLE MCINNIS DEAN, HEALTH SCIENCES	40.00 0.00				X			210,724.	0.	42,161.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,974,626.</b>		<b>249,334.</b>

**Part VIII** Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	58,000.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,929,550.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,279,844.				
	g	Noncash contributions included in lines 1a-1f: \$		1,334,238.				
	h	Total. Add lines 1a-1f		9,267,394.				
	Program Service Revenue	2 a	TUITION AND FEES	Business Code	611710	145,417,462.	145,417,462.	
b		ROOM AND BOARD		721000	31,684,807.	31,684,807.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			177,102,269.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,690,935.		272.	
	4	Income from investment of tax-exempt bond proceeds					1,690,663.	
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				1,479,833.		8,326.
	8 a	Gross income from fundraising events (not including \$ 58,000. of contributions reported on line 1c). See Part IV, line 18	a		25,550.			
		Less: direct expenses	b		33,371.			
		Net income or (loss) from fundraising events				-7,821.		-7,821.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
11 a	DEFERRED CONTRACT REVENUE			900099	989,696.	989,696.		
	ICE RINK RENTALS			900099	597,649.		597,649.	
	ATHLETIC EVENT TICKET SALES			900099	366,279.	366,279.		
	All other revenue			900099	2,149,399.	2,028,164.	121,235.	
	Total. Add lines 11a-11d				4,103,023.			
12	Total revenue. See instructions.				193,635,633.	180,486,408.	727,482.	

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	62,597,044.	62,597,044.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	411,600.	411,600.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,941,714.	1,437,839.	199,862.	304,013.
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	50,547,569.	43,121,675.	6,281,595.	1,144,299.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,877,765.	2,320,814.	487,166.	69,785.
9 Other employee benefits	7,749,586.	6,402,231.	1,072,927.	274,428.
10 Payroll taxes	3,538,189.	2,969,883.	492,858.	75,448.
11 Fees for services (non-employees):				
a Management				
b Legal	323,542.	58,320.	263,455.	1,767.
c Accounting	215,952.		214,723.	1,229.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	133,237.		133,237.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,066,785.	5,314,037.	1,715,973.	36,775.
12 Advertising and promotion	439,891.	360,665.	35,315.	43,911.
13 Office expenses	2,418,834.	1,756,292.	516,629.	145,913.
14 Information technology	2,052,574.	1,260,986.	778,337.	13,251.
15 Royalties				
16 Occupancy	5,153,059.	4,725,158.	411,352.	16,549.
17 Travel	2,551,630.	2,353,955.	116,434.	81,241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	565,872.	412,011.	148,122.	5,739.
20 Interest	4,251,275.	4,229,317.	21,888.	70.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,786,740.	6,421,342.	365,268.	130.
23 Insurance	1,160,972.	1,088,191.	67,243.	5,538.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FOOD SERVICE EXPENSE</b>	9,109,223.	8,362,686.	655,020.	91,517.
b <b>EQUIPMENT RENTAL &amp; MAIN</b>	3,815,290.	3,652,051.	149,494.	13,745.
c				
d				
e All other expenses	8,811,718.	7,618,508.	1,064,087.	129,123.
25 Total functional expenses. Add lines 1 through 24e	184,520,061.	166,874,605.	15,190,985.	2,454,471.
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 (AISC 958-720)

**Part 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	
<b>Assets</b>	1	Cash - non-interest-bearing .....	6,450.	1	6,450.
	2	Savings and temporary cash investments .....	28,259,841.	2	16,484,676.
	3	Pledges and grants receivable, net .....	3,124,235.	3	4,278,396.
	4	Accounts receivable, net .....	4,886,843.	4	4,984,404.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	636,968.	9	1,313,120.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 252,863,814.		
	b	Less: accumulated depreciation .....	10b 103,241,164.	10c 121,296,503.	10c 149,622,650.
	11	Investments - publicly traded securities .....	52,802,996.	11	56,938,137.
	12	Investments - other securities. See Part IV, line 11 .....	2,297,930.	12	2,091,956.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	38,120,675.	15	25,310,336.
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b> .....	<b>251,432,441.</b>	<b>16</b>	<b>261,030,125.</b>	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	13,008,971.	17	13,652,974.
	18	Grants payable .....		18	
	19	Deferred revenue .....	13,927,812.	19	13,165,648.
	20	Tax-exempt bond liabilities .....	114,112,607.	20	112,514,700.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	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 .....	1,312,133.	25	1,318,090.
	26	<b>Total liabilities. Add lines 17 through 25</b> .....	<b>142,361,523.</b>	<b>26</b>	<b>140,651,412.</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	62,597,629.	27	69,206,478.
	28	Temporarily restricted net assets .....	21,619,266.	28	23,850,975.
	29	Permanently restricted net assets .....	24,854,023.	29	27,321,260.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	<b>109,070,918.</b>	<b>33</b>	<b>120,378,713.</b>	
34	<b>Total liabilities and net assets/fund balances</b> .....	<b>251,432,441.</b>	<b>34</b>	<b>261,030,125.</b>	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	193,635,633.
2	Total expenses (must equal Part IX, column (A), line 25)	2	184,520,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,115,572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,070,918.
5	Net unrealized gains (losses) on investments	5	2,210,911.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18,688.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,378,713.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

2017

Open to Public Inspection

Name of the organization **MERRIMACK COLLEGE** Employer identification number **04-2103731**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  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:
5  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).
7  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.)
8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9  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 university:
10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.. See section 509(a)(2). (Complete Part III.)
11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
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.
a  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.
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.
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.
d  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.
e  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.
f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2765548.	7084001.	5600104.	7218988.	9267394.	31936035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3 .....	2765548.	7084001.	5600104.	7218988.	9267394.	31936035.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4025150.
6 Public support. Subtract line 5 from line 4.						27910885.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	2765548.	7084001.	5600104.	7218988.	9267394.	31936035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1375185.	1433004.	1189456.	1427990.	1690935.	7116570.
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.) .....	34,640.	37,479.	36,050.	27,220.	25,500.	160,889.
11 Total support. Add lines 7 through 10						39213494.
12 Gross receipts from related activities, etc. (see instructions) .....					12	737,500,009.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	71.18	%
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	68.17	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6</b> Total. Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8</b> Public support. (Add lines 6, 7c, and 8a)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a** 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b** 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b</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?		
<b>c</b> Substitutions only. Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>1</b>	
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>1</b>	
	<b>2</b>	
	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>2a</b>	
	<b>2b</b>	
	<b>3a</b>	
	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**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**

2013 AMOUNT: \$ 34,640.

2014 AMOUNT: \$ 37,479.

2015 AMOUNT: \$ 36,050.

2016 AMOUNT: \$ 27,220.

2017 AMOUNT: \$ 25,500.

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **MERRIMACK COLLEGE** Employer identification number **04-2103731**

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c Total lobbying expenditures (add lines 1a and 1b) .....														
d Other exempt purpose expenditures .....														
e Total exempt purpose expenditures (add lines 1c and 1d) .....														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f) .....														
h Subtract line 1g from line 1a. If zero or less, enter -0- .....														
i Subtract line 1f from line 1c. If zero or less, enter -0- .....														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					



**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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....		X	
e 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? .....		X	
i Other activities? .....	X		
j Total. Add lines 1c through 1i .....			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .....	2a	
b Carryover from last year .....	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5 Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV** Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE COLLEGE IS A MEMBER IN CERTAIN PROFESSIONAL ORGANIZATIONS INCLUDING THE NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS, AND OTHER REGIONAL ORGANIZATIONS. A PORTION OF THESE MEMBERSHIP DUES MAY BE CONSIDERED LOBBYING EXPENSES, BUT THE COLLEGE HAS NOT MADE ANY INTERNAL ALLOCATION OF SUCH DUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

MERRIMACK COLLEGE

Employer identification number

04-2103731

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,359,205.	49,914,139.	51,275,154.	46,564,537.	39,457,566.
b Contributions	999,887.	596,344.	444,480.	4,672,496.	404,889.
c Net investment earnings, gains, and losses	5,012,559.	5,710,950.	56,733.	1,900,349.	7,789,877.
d Grants or scholarships	1,229,005.	1,232,632.	1,155,272.	1,074,518.	1,020,294.
e Other expenditures for facilities and programs	654,660.	629,596.	706,956.	787,710.	67,501.
f Administrative expenses					
g End of year balance	58,487,986.	54,359,205.	49,914,139.	51,275,154.	46,564,537.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  25.00 %
- b Permanent endowment  44.00 %
- c Temporarily restricted endowment  31.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,883,204.		2,883,204.
b Buildings		177,097,144.	56,345,780.	120,751,364.
c Leasehold improvements				
d Equipment		43,807,903.	37,072,154.	6,735,749.
e Other		29,075,563.	9,823,230.	19,252,333.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				149,622,650.

**Part VII Investments - Other Securities.**

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 end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	112,853.
(2) DEPOSITS WITH BOND TRUSTEES	25,197,483.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>25,310,336.</b>

**Part X Other Liabilities.**

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	1,318,090.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>1,318,090.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	132,719,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,210,911.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-63,027,332.	
	e Add lines 2a through 2d	2e	-60,816,421.	
3	Subtract line 2e from line 1	3	193,535,766.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,237.	
	b Other (Describe in Part XIII.)	4b	-33,370.	
	c Add lines 4a and 4b	4c	99,867.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	193,635,633.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	121,411,550.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	33,370.	
	e Add lines 2a through 2d	2e	33,370.	
3	Subtract line 2e from line 1	3	121,378,180.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,237.	
	b Other (Describe in Part XIII.)	4b	63,008,644.	
	c Add lines 4a and 4b	4c	63,141,881.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	184,520,061.	

**Part XIII Supplemental Information.**

Provide 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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE COLLEGE MAINTAINS AND SPENDS ITS ENDOWMENT FUNDS PRUDENTLY UNDER THE GUIDELINES OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS IN ORDER TO MAXIMIZE INVESTMENT RETURN WHILE PRESERVING DONOR CORPUS. ALL USES OF ENDOWMENT FUND EARNINGS ARE IN ACCORDANCE WITH DONOR INTENT CONSISTENT WITH INSTITUTIONAL MISSION. ENDOWMENT FUNDS PRIMARILY PROVIDE FOR THE FOLLOWING: STUDENT FINANCIAL AID, STUDENT SERVICES, ACADEMIC SUPPORT, ATHLETIC PROGRAMS AND CAPITAL PROJECTS.

**PART X, LINE 2:**

THE COLLEGE IS REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS. THE COLLEGE HAS DETERMINED THAT ITS TAX STATUS AND DECISIONS OVER WHICH ACTIVITIES ARE

Part XIII Supplemental Information (continued)

RELATED AND UNRELATED ARE ITS ONLY TAX POSITIONS AND THAT SUCH POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE COLLEGE'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED. NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN SPLIT INTEREST VALUES	-18,688.
UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT	-63,008,644.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-63,027,332.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII	-33,370.
--	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII	33,370.
--	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNIVERSITY FUNDED FINANCIAL AID	63,008,644.
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**SCHEDULE E**  
(Form 990 or 990-EZ)

**Schools**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**MERRIMACK COLLEGE**

Employer identification number  
**04-2103731**

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	X	
3 Has the organization publicized its racially nondiscriminatory policy 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 .....	X	
<b>SEE SUPPLEMENTAL PAGE</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No," explain on Part II .....	X	

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

Schedule E (Form 990 or 990-EZ) 2017

**Part III**

**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 TITLE IV MONIES FROM THE UNITED STATES DEPARTMENT OF EDUCATION AS WELL AS FROM VARIOUS STATE AGENCIES.



**SCHEDULE F**  
**(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**MERRIMACK COLLEGE**

**04-2103731**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	279,261.
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	STUDY ABROAD	1,049,001.
CENTRAL AMERICAN AND THE CARRIBBEAN			PROGRAM SERVICES	STUDY ABROAD	68,425.
EAST ASIA AND THE PACIFIC			GRANTMAKING		76,375.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		305,850.
CENTRAL AMERICAN AND THE CARRIBBEAN			GRANTMAKING		29,375.
<b>3 a</b> Sub-total .....	0	0			1,808,287.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	0	0			1,808,287.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP AID	CENTRAL AMERICA AND THE CARIBBEAN	3	0.		29,375.	ACCT CREDIT	FMV
SCHOLARSHIP AID	EAST ASIA AND THE PACIFIC	14	0.		76,375.	ACCT CREDIT	FMV
SCHOLARSHIP AID	EUROPE (INCLUDING ICELAND AND GREENLAND)	41	0.		305,850.	ACCT CREDIT	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

THE COLLEGE PROVIDES CERTAIN SCHOLARSHIP AID TO STUDENTS WHILE PARTICIPATING IN STUDY ABROAD PROGRAMS. ELIGIBILITY FOR THE AID IS DETERMINED PRIOR TO DISBURSEMENT AND IS MONITORED PERIODICALLY THROUGHOUT THE TERM OF THE GRANT BY THE COLLEGE'S OFFICE OF FINANCIAL AID.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	83,550.		83,550.
	2	Less: Contributions	58,000.		58,000.
	3	Gross income (line 1 minus line 2)	25,550.		25,550.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	26,472.		26,472.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	6,899.		6,899.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			33,371.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-7,821.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:  
a The organization's facility  13a \_\_\_\_\_ %  
b An outside facility  13b \_\_\_\_\_ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  
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 retained by the third party ▶ \$ \_\_\_\_\_  
c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
Address ▶ \_\_\_\_\_

16 Gaming manager information:  
Name ▶ \_\_\_\_\_  
Gaming manager compensation ▶ \$ \_\_\_\_\_  
Description of services provided ▶ \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:  
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No  
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MERRIMACK COLLEGE

Employer identification number 04-2103731

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 criteria used to award the grants or assistance? No

No

Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

3 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

4 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

5 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS	3840	62,597,044.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE I, PART I, LINE 2**

A REPORT IS RUN AT THE END OF EACH SEMESTER TO REVIEW EACH STUDENT'S CUMULATIVE GPA AND PROGRESS TOWARD THEIR DEGREE. STUDENTS RECEIVING MERIT AWARDS WHO FAIL TO ACHIEVE GOOD ACADEMIC STANDING ARE REVIEWED FOR ALTERNATIVE INSTITUTIONAL FUNDING. EVERY EFFORT IS MADE TO FIND ALTERNATIVE FUNDING FOR STUDENTS NOT MEETING GOOD ACADEMIC STANDING.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MERRIMACK COLLEGE**

Employer identification number

**04-2103731**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> X	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b> X	
<b>3</b> Indicate which, if any, of the following the filing 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> X	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
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.		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b> X	
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER E. HOPEY PRESIDENT	(i) 489,983. (ii) 0. (iii) 41,117.	98,000. 0.		112,950.	29,428.	771,478.	0.
(2) BASIL A. STEWART SR. VP FOR FINANCE & ADMIN/CFO	(i) 274,572. (ii) 0. (iii) 15,200.	15,000. 0.		22,950.	29,665.	357,387.	0.
(3) JEFFREY DOGGETT EXECUTIVE VICE PRESIDENT	(i) 274,242. (ii) 0. (iii) 2,087.	0. 0.		22,950.	29,369.	328,648.	0.
(4) NICHOLAS McDONALD VICE PRESIDENT/GENERAL COUNSEL	(i) 204,536. (ii) 0. (iii) 270.	10,000. 0.		17,386.	0.	232,192.	0.
(5) ALLAN WEATHERWAX SR VP/PROVOST	(i) 246,333. (ii) 0. (iii) 11,940.	15,000. 0.		21,569.	26,828.	321,670.	0.
(6) MARK COLLINS VP FOR ADMINISTRATION (UNTIL 6/17)	(i) 121,713. (ii) 0. (iii) 109,281.	0. 0.		4,808.	2,435.	238,237.	0.
(7) MARK DENNEHY ASSOC ATHLET DIR/COACH (UNTIL 3/18)	(i) 278,904. (ii) 0. (iii) 8,645.	15,000. 0.		22,950.	0.	325,499.	0.
(8) SARA BRAZDA SVP OF DEV & ALUMNI RELATIONS	(i) 232,400. (ii) 0. (iii) 1,290.	15,000. 0.		19,975.	2,600.	271,265.	0.
(9) CAROL GLOD PROFESSOR, HEALTH SCIENCES	(i) 215,971. (ii) 0. (iii) 1,290.	0. 0.		18,779.	17,524.	253,564.	0.
(10) KYLE MCINNIS DEAN, HEALTH SCIENCES	(i) 194,874. (ii) 0. (iii) 850.	15,000. 0.		15,519.	26,642.	252,885.	0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0.		0. 0.	0. 0.	0. 0.	0. 0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SOCIAL CLUB DUES WERE PAID FOR ON BEHALF OF THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND ASSOCIATE ATHLETIC DIRECTOR/HOCKEY COACH. THIS EXPENSE WAS INCURRED PRIMARILY FOR BUSINESS PURPOSES; ANY PERSONAL USE WAS TREATED AS TAXABLE INCOME.

THE CURRENT SR. VP/PROVOST RESIDES IN A COLLEGE-OWNED CONDOMINIUM. THE FAIR MARKET VALUE RENTAL VALUE IS TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINES 4A-B:

SEVERANCE ARRANGEMENT

SCHEDULE J, PART I, LINE 4A

THE PRESIDENT'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE PROVISION THAT PROVIDES UP TO ONE YEAR OF SALARY. NO AMOUNTS WERE PAID UNDER THIS PROVISION DURING THE CURRENT YEAR.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE ASSOCIATE ATHLETIC DIRECTOR AND HEAD COACH OF THE MEN'S ICE HOCKEY

PROGRAM'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE PROVISION THAT PROVIDES

TWELVE MONTHS OF BASE SALARY. NO AMOUNTS WERE PAID UNDER THIS PROVISION

DURING THE CURRENT YEAR.

THE EXECUTIVE VICE PRESIDENT'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE

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

UNDER THIS PROVISION DURING THE CURRENT YEAR.

THE FORMER VICE PRESIDENT FOR ADMINISTRATION RECEIVED A PAYMENT OF \$108,291

DURING THE CALENDAR YEAR 2017 PER THE TERMS OF HIS SEPARATION AGREEMENT.

DEFERRED COMPENSATION

SCHEDULE J, PART I, LINE 4B

PRESIDENT HOPEY PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION

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

HOPEY IS EMPLOYED BY THE COLLEGE, THE COLLEGE WILL CREDIT A DEFERRED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION ACCOUNT EACH FISCAL YEAR. THE COLLEGE CREDITED \$90,000 TO PRESIDENT HOPEY'S DEFERRED COMPENSATION ACCOUNT IN FISCAL YEAR 2018 WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN C.

PART I, LINE 7:

MEMBERS OF THE SENIOR LEADERSHIP TEAM TYPICALLY RECEIVE AN ANNUAL BONUS. EACH MEMBER COMPLETES A SELF-EVALUATION, MEETS WITH THEIR SUPERVISOR TO REVIEW PRIOR YEAR GOALS AND SET CURRENT YEAR GOALS. THE BONUSES ARE PROVIDED AT THE DISCRETION OF THE PRESIDENT AND THE SENIOR VICE PRESIDENTS.



**SCHEDULE K**  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047  
2017  
Open to Public Inspection

Name of the organization

MERRIMACK COLLEGE

Employer identification number  
04-2103731

**Part II** Bond Issues  
SEE PART VI FOR COLUMN (A) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated (h) On behalf of issuer		(i) Pooled financing		
						Yes	No	Yes	No	Yes
MASSACHUSETTS A DEVELOPMENT FINANCE AGE 04-343181457583USE9			08/13/12	64209436.	REFUND BOND ISSUE		X			X
MASSACHUSETTS B DEVELOPMENT FINANCE AGE 04-343181457583UL48			07/10/14	21817579.	CONSTRUCTION PROJECTS		X			X
MASSACHUSETTS C DEVELOPMENT FINANCE AGE 04-343181457584X087			05/24/17	30802795.	CONSTRUCTION PROJECTS		X			X

**Part III** Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeated								
3 Total proceeds of issue			64,209,436.	21,868,813.	31,058,136.			
4 Gross proceeds in reserve funds			4,194,250.					
5 Capitalized interest from proceeds			1,466,508.	1,345,846.				
6 Proceeds in refunding escrows			32,886,024.					
7 Issuance costs from proceeds			973,098.	469,766.	514,487.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			24,689,556.	20,053,201.	13,700,659.			
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2013		2015	16,842,990.			
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

**Part III** Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X	X			X		
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X				X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%	.50	%		%		%
6 Total of lines 4 and 5		%	.50	%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?		X		X		X		
c No rebate due?	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintended?								
e Was the hedge terminated?								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 1487?	X		X		X		X	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Part V Procedures To Undertake Corrective Action								
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See Instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/01/2018

SCHEDULE K, PART II, LINE 3:  
FOR BOND ISSUE B (SERIES 2014), TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS OF \$51,234.

FOR BOND ISSUE C (SERIES 2017), TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS OF \$255,341.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:**

(C) AMOUNT OF GRANT \$ 3,500.

(D) TYPE OF ASSISTANCE: MERIT SCHOLARSHIP

(E) PURPOSE OF ASSISTANCE: EDUCATION

**SCHEDULE L, PART III**

**SCHOLARSHIPS BENEFITTING INTERESTED PERSONS**

THE COLLEGE GRANTED MERIT SCHOLARSHIPS TO TWO STUDENTS WHO ARE THE CHILDREN OF CURRENT MEMBERS OF THE BOARD OF TRUSTEES. THE COLLEGE ENSURES THE GRANTS WERE AWARDED BASED ON MERIT TO ELIGIBLE STUDENTS WHO MET THE REQUIRED ACADEMIC STANDING. THE TRUSTEES DO NOT HAVE ANY INFLUENCE IN THE DECISION MAKING PROCESS FOR AWARDED SCHOLARSHIPS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**MERRIMACK COLLEGE**

Employer identification number

**04-2103731**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of determining noncash contribution amounts
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	24	1,334,238. 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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, PART I, COLUMN (B):**

**AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

MERRIMACK COLLEGE

Employer identification number

04-2103731

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM THE GREATER NEW ENGLAND AREA.

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

ACADEMIC SUPPORT EXPENDITURES

EXPENSES \$ 13,030,412. 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 IN CALENDAR YEAR 2017, 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, SENIOR VP FOR FINANCE AND ADMIN/CFO, 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



Name of the organization

MERRIMACK COLLEGE

Employer identification number

04-2103731

TO EVERY VOTING BOARD MEMBER PRIOR TO FILING WITH THE IRS.

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

THE COLLEGE REQUIRES THE PRESIDENT, SENIOR VP FOR FINANCE AND ADMIN/CFO, EXECUTIVE VICE PRESIDENT, AND BOARD MEMBERS TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THESE DOCUMENTS ARE REVIEWED BY THE DEPARTMENT OF FISCAL AFFAIRS AND ANY VIOLATIONS 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

Name of the organization

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

IN ADDITION TO RECEIVING SALARY DATA, THE COMPENSATION COMMITTEE CONDUCTS A PRESIDENTIAL EVALUATION PROCESS IN WHICH ALL MEMBERS OF THE BOARD OF 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 ESTABLISHED OBJECTIVES.

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

Name of the organization <b>MERRIMACK COLLEGE</b>	Employer identification number <b>04-2103731</b>
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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.

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE COLLEGE'S FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN NET VALUE OF SPLIT INTEREST OBLIGATIONS	-18,688.
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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.

Table with columns (a) through (k): Name, address, and EIN of related organization; Primary activity; Legal domicile; Direct controlling entity; Predominant income; Share of total income; Share of end-of-year assets; Disproportionate allocations; Code V-UBI amount; General or managing partner?; Percentage ownership.

Part IV 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.

Table with columns (a) through (i): Name, address, and EIN of related organization; Primary activity; Legal domicile; Direct controlling entity; Type of entity; Share of total income; Share of end-of-year assets; Percentage ownership; Section 512(b)(13) controlled entity?

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

