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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Α	For th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending JU	JN 30, 2023	
B	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre	ess MERRIMACK COLLEGE			
	Name chang	ge Doing business as		04-2103731	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	V 315 TURNPIKE STREET		978-837-5000	
	termir ated			<b>G</b> Gross receipts \$	317,419,335.
	Amen	NORTH ANDOVER, MA 01045		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: Christopher E. hopei		for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	,	list. See instructions
	Websi			H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year of	of formation: 1947	State of legal domicile: MA
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities:		GE IS A	
anc		COMPREHENSIVE, CATHOLIC AUGUSTINIAN INSTITUTION OF HIGHER EDU			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Š	3				26
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			25
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2173
tivit	6	Total number of volunteers (estimate if necessary)			100
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			658,987. 0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	 		Current Year
		Contributions and grants (Dort )/III line 1b)		19,437,825.	13,019,435.
ne	8	Contributions and grants (Part VIII, line 1h)		249,497,976.	270,164,815.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,065,677.	2,909,235.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,619,063.	5,148,706.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		276,620,541.	291,242,191.
	1			105,652,571.	111,425,791.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		77,607,745.	82,939,823.
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 3,011,6			
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,161,722.	84,148,624.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		262,422,038.	278,514,238.
		Revenue less expenses. Subtract line 18 from line 12		14,198,503.	12,727,953.
or	3			ginning of Current Year	End of Year
Assets (	<b>2</b> 20	Total assets (Part X, line 16)		336,077,023.	380,055,246.
Ass	21	Total liabilities (Part X, line 26)		166,283,806.	191,994,601.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		169,793,217.	188,060,645.
Pa	art II		· ·		

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.

Sign	Signature of officer		Date	
Here	JEFFREY DOGGETT, ED.D., EVP/CFO & COO			
	Type or print name and title			
	Print/Type preparer's name	Prep/rer's signature	Date	Check PTIN
Paid	CRAIG KLEIN	lun sai	04/23/24	self-employed P00734640
Preparer	Firm's name CBIZ MHM, LLC	Å	Firm	's EIN 26-3753134
Use Only	Firm's address 500 BOYLSTON STREET	0		
	BOSTON, MA 02116		Phor	ne no.617-761-0600
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
				000

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) MERRIMACK COLLEGE T III Statement of Program Service Accomplishments	04-2103731 Page <b>2</b>
rai		X
1	Check if Schedule O contains a response or note to any line in this Part III	Δ
'	Briefly describe the organization's mission: MERRIMACK COLLEGE IS A COMPREHENSIVE, CATHOLIC AUGUSTINIAN INSTITUTION	
	THAT PROVIDES RIGOROUS UNDERGRADUATE, PROFESSIONAL AND GRADUATE	
	PROGRAMS FOR STUDENTS.	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$164,873,570. including grants of \$111,425,791. ) (Revenue \$	218,755,493.)
	EDUCATIONAL INSTRUCTION: MERRIMACK COLLEGE OFFERS UNDERGRADUATE AND	
	GRADUATE DEGREES IN THE LIBERAL ARTS, BUSINESS, SCIENCE AND	
	ENGINEERING, NURSING AND HEALTH SCIENCES, AND EDUCATION PROGRAMS. THE	
	COLLEGE COMMUNITY INCLUDES OVER 4,000 UNDERGRADUATE STUDENTS AND OVER	
	1,500 GRADUATE STUDENTS.	
<u></u>	(Code:) (Expenses \$33,001,856. including grants of \$) (Revenue \$	55,877,850.)
4b	(Code:) (Expenses \$) (Revenue \$] (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$] (Revenue \$) (Revenue \$] (Revenue \$) (Revenue \$]	
	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 SOFTBALL, FOOTBALL,	
	BASKETBALL, ICE RINKS, BOAT HOUSE, AND TRACK AND FIELD FACILITIES.	
4c	(Code:) (Expenses \$ 38,833,392. 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.	
4.1	Other program services (Describe on Schedule O.)	
40	(Expenses \$ 17,593,064. including grants of \$ ) (Revenue \$	1
40		)
	(Expenses \$ 17, 55, 664. including grants of \$ ) (Hevenue \$       Total program service expenses     254, 301, 882.	) Form <b>990</b> (2022)

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<b>_</b>		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D D		11b		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		40	х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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				. –/

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cur				<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Tern			
			23	х	
04-	Schedule J	·····	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the base of the presented of a 20000 were an another the second state of the presented of the p	I			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	I	~	v	
	Schedule K. If "No," go to line 25a		24a	X	v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	1	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?		24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	nd			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	te			
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employ	1			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% co				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Par		27	х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
20	instructions for applicable filing thresholds, conditions, and exceptions):				
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
a			28a		x
h	"Yes," complete Schedule L, Part IV		28b		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		200		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		00.		x
~~	"Yes," complete Schedule L, Part IV		28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	A	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	d l			
	Part V, line 1		34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent	1			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ	I			
	If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
			38	х	
Pa		<u></u>			
	Check if Schedule O contains a reasonance or note to any line in this Bart V				
				Vce	
4.2	Enter the number reported in boy 2 of Form 1006. Enter 0, if not any listical	7876		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	-		v	
	(gambling) winnings to prize winners?	<u></u>	1c	X 000	(000
232004	4 12-13-22		⊦orm	330	(2022)

MERRIMACK COLLEGE

Form	990 (2022) MERRIMACK COLLEGE		04-210373	1	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2173			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
				3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	lccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			77
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	0		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			•		
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	10-	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	440	I			
	Gross income from members or shareholders	<u>11a</u>				
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	)	10-		
		10413		12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
d	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	130 13c				
			L	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.		1e ?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

Form	990 (2022) MERRIMACK COLLEGE		04-210	3731	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and f	for a "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		26		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
	officer, director, trustee, or key employee?		-	2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
-	of officers, divectors, trustees, or less employees to a management company or other parago			3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			···· —		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass					x
6	Did the organization have members or stockholders?					x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
Ň				7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			15		
	The governing body?	-	-	8a	x	
					X	
9	Each committee with authority to act on behalf of the governing body?					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re			] 9		
	The internal He	<u>/enue</u>	<u>Coue.</u> )		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
D.				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form'			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	00101	e ning the form			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				+	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
Ũ	on Schedule O how this was done	,		120	x	
13	Did the organization have a written whistleblower policy?				Х	
14					X	
15	Did the organization have a written document retention and destruction policy?					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	x	
5	Other officers or key employees of the organization			150		
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ont w	ith a			
IUd				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure				1	1
17	List the states with which a copy of this Form 990 is required to be filedAK, CO, MD, MA, MI, NV, N	H NY	OK OR SC WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			(3) c only		
10	for public inspection. Indicate how you made these available. Check all that apply.	u 990		<i>)</i> (3)5 0119	avalla	JIE
		00.0	bodule O			
10	X         Own website         X         Another's website         X         Upon request         Other (explain           Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and finar	ncial	
19	statements available to the public during the tax year.	mict C	a interest policy,	anu iiridi	icidi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke en	1 rocordo			
20	JEFFREY DOGGETT, ED.D., EVP/CFO & COO - 978-837-5000	no di l				
	315 TURNPIKE STREET, NORTH ANDOVER, MA 01845					
				L	m <b>990</b>	(2000)
J2006	12-13-22 <b>7</b>			FUL		(2022)
505	20 143399 393675 2022.05090 MERRIMACI		JI.I.EGE		20	367

ERRIMACK COLLEGE 2022.05

Form 990 (2022)	MERRIMACK COLLEGE	04-2103731	Page 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Emple	oyees, Highest Compensated	
Empl	oyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	
	table for all persons required to be listed. Report compensation for the organization's <b>current</b> officers, directors, trustees (whether individual	, , ,	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

Name and title         Average hours per weak (ist ary, hours for interaction and attraction tracking) below         Description and attraction tracking below         Description and attraction tracking below         Reportable compensation from organization         Reportable compensation from related organization         Estimated automation from related organization           (1)         CHRISTOPHER E. HOPEY, PR.D.         40.00         X         X         1,130,736         0.         144,783.           (2)         DEFERSTORMET         40.00         X         X         1,130,736         0.         144,783.           (3)         DEFLORMENT         40.00         X         X         335,013.         0.         56,258.           (4)         JEFLAC         40.00         X         X         300,833.         0.         55,258.           (4)         JOIN CHONON, PHLD.         40.00         X         X         300,833.         0.         55,258.           (4)         JOIN CHONON, PHLD.         40.00         X         X         300,833.         0.         55,258.           (5)         JERENT         40.00         X         312,550.         0.         32,163.           (3)         NORCHONELPHLONES         40.00         X         298,510.         0.         33,154	(A)	(B)			((	C)			(D)	(E)	(F)
hours per veck (list any hours for related organizations)         compensation from the organizations         compensation from the organizations         compensation from the organizations         amount of other compensation from the organizations           (1) CHRISTOPHER E. HOPEY, PH,D. PRESIDENT         40.00 (list any between all associations)         x         x         1,130,736.         0.         144,783.           (2) JEFFREY DOGGETT, ED,D. EVP/CF0 & COO         40.00 (list any between all associations)         x         x         633,550.         0.         82,102.           (3) LETLA C. RICE         40.00 (VP, ACOMENT & ALUMNI RELATIONS)         x         x         335,013.         0.         56,258.           (4) JOIN CONDON, PR.D., YP, ACOMENT & ALUMNI RELATIONS         40.00 (S) TRECTOR OF ATHLETICS         x         300,933.         0.         55,280.           (5) JEREMY GIBSON         40.00 (C) TARTICIA A SENDALL         40.00 (C) ANTREW MATICE         x         300,933.         0.         55,280.           (7) ANDREW MATICE         40.00 (C) TARTICIA A SENDALL         40.00 (C) TARTICIA A SENDALL         40.00 (C) TARTICIA A SENDALL         40.00 (C) TARTICIA A SENDALL         0.         0.         33,154.           (10) CALTLYN BOSNORTH ACTINA/ASST SECHETAKY (DEFP JUNE 23)         40.00 (C) TARTICIA A SENDALL         X         0.         0.         0.           (11)	Name and title	Average	(do						Reportable	Reportable	Estimated
Week (ist ary organizations organizations line)         Week (ist ary organizations organizations line)         Inon the organizations (W2/1099-MISC/ 1099-MEC)         Compensation organizations (W2/1099-MISC/ 1099-MEC)         Compensation organizations organizations (W2/1099-MISC/ 1099-MEC)           (1)         CHERISTOPHER B. HOPEY, PH.D.         40.00         x         x         1,130,736.         0.         144,783.           (2)         JEFFREY DOGDETT, ED.D.         40.00         x         x         335,013.         0.         56,258.           (3)         JEELIA C. RICE         40.00         x         x         320,516.         0.         55,564.           (5)         JEREMY GIBSON         40.00         x         x         300,833.         0.         55,280.           (6)         PATRETCA A SENDALL         40.00         x         300,510.         0.         37,212.           (7)         ANDREM MAYLOR         40.00         x         312,550.         0.         23,163.           (8)         MICHIAS MCDONALD, EGO.         40.00         x         293,664.         0.         50,347.           (8)         NICHIAS MCDONALD, EGO.         40.00         x         294,510.         0.         33,154.           (11)         AUDREM MAYLOR         40.00		hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1) CHRISTOPHER E. HOPEY, PH.D.       40.00       x       x       1,130,736.       0.       144,783.         PRESIDENT       (2) JEFREY DOGGET, ED.D.       40.00       x       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       x       633,550.       0.       82,102.         (4) JOHN CONDON, PH.D.       40.00       x       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       x       300,833.       0.       55,504.         (5) JERENT GENERTA       X       300,833.       0.       55,280.         (7) ANDREW MAYLOR       40.00       x       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       x       312,550.       0.       23,163.         (7) ANDREW MAYLOR       40.00       x       312,550.       0.       23,163.         (8) NICKOLGAS MCDONNID, ESO,       40.00       x       312,550.       0.       23,163.         (9) NIRA CAMPELL-KURECHYAN       40.00       x       298,510.       0.       33,154.         (10) CATILYN BOSWORTH       40.00       x       298,510.       0.       0.         (11) JOHN T. BOYCE       1.00       X       X		week		cer an I	id a d	lirecto	or/trus	tee)		from related	
(1) CHRISTOPHER E. HOPEY, PH.D.       40.00       x       x       1,130,736.       0.       144,783.         PRESIDENT       (2) JEFREY DOGGET, ED.D.       40.00       x       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       x       633,550.       0.       82,102.         (4) JOHN CONDON, PH.D.       40.00       x       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       x       300,833.       0.       55,504.         (5) JERENT GENERTA       X       300,833.       0.       55,280.         (7) ANDREW MAYLOR       40.00       x       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       x       312,550.       0.       23,163.         (7) ANDREW MAYLOR       40.00       x       312,550.       0.       23,163.         (8) NICKOLGAS MCDONNID, ESO,       40.00       x       312,550.       0.       23,163.         (9) NIRA CAMPELL-KURECHYAN       40.00       x       298,510.       0.       33,154.         (10) CATILYN BOSWORTH       40.00       x       298,510.       0.       0.         (11) JOHN T. BOYCE       1.00       X       X			rector							-	
(1) CHRISTOPHER E. HOPEY, PH.D.       40.00       X       X       1,130,736.       0.       144,783.         PRESIDENT       X       X       1,130,736.       0.       144,783.         EVP/CF0 & COO       40.00       X       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       X       633,550.       0.       82,102.         (4) JOHN CONDON, PH.D.       40.00       X       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       X       300,833.       0.       55,504.         (5) JERENT GIBSON       40.00       X       300,833.       0.       55,280.         (7) ANDREW MAYLOR       40.00       X       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (8) NICKOLGAS MCDONAD, ESO,       40.00       X       298,510.       0.       23,163.         (9) NIRA CAMPBLL-KUREOHYAN       40.00       X       298,510.       0.       33,154.         (10) CATILYN BOSNORTH       40.00       X       298,510.       0.       0.         (11) JOHN T. BOYCE       1.00       X       X       0.			or di	ee			ated		-		
(1) CHRISTOPHER E. HOPEY, PH.D.       40.00       X       X       1,130,736.       0.       144,783.         PRESIDENT       X       X       1,130,736.       0.       144,783.         EVP/CF0 & COO       40.00       X       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       X       633,550.       0.       82,102.         (4) JOHN CONDON, PH.D.       40.00       X       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       X       300,833.       0.       55,504.         (5) JERENT GIBSON       40.00       X       300,833.       0.       55,280.         (7) ANDREW MAYLOR       40.00       X       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (8) NICKOLGAS MCDONAD, ESO,       40.00       X       298,510.       0.       23,163.         (9) NIRA CAMPBLL-KUREOHYAN       40.00       X       298,510.       0.       33,154.         (10) CATILYN BOSNORTH       40.00       X       298,510.       0.       0.         (11) JOHN T. BOYCE       1.00       X       X       0.			ustee	trust		e	bens			1099-NEC)	-
(1) CHRISTOPHER E. HOPEY, PH.D.       40.00       X       X       1,130,736.       0.       144,783.         PRESIDENT       X       X       1,130,736.       0.       144,783.         EVP/CF0 & COO       40.00       X       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       X       633,550.       0.       82,102.         (4) JOHN CONDON, PH.D.       40.00       X       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       X       300,833.       0.       55,504.         (5) JERENT GIBSON       40.00       X       300,833.       0.       55,280.         (7) ANDREW MAYLOR       40.00       X       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (8) NICKOLGAS MCDONAD, ESO,       40.00       X       298,510.       0.       23,163.         (9) NIRA CAMPBLL-KUREOHYAN       40.00       X       298,510.       0.       33,154.         (10) CATILYN BOSNORTH       40.00       X       298,510.       0.       0.         (11) JOHN T. BOYCE       1.00       X       X       0.			ual tr	tional		n ploye	t com	_	1099-NEC)		
(1) CRRISTOPHER E, HOPEY, PH.D.       40.00       x       x       x       1,130,736.       0.       144,783.         PRESIDENT       x       x       x       1,130,736.       0.       144,783.         (2) JEFREY DOGGETT, ED.D.       40.00       X       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       X       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       X       320,516.       0.       55,04.         (5) JERMY GIBSON       40.00       X       300,833.       0.       55,280.         (6) FARRICIA A SENDALL       40.00       X       300,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       312,550.       0.       50,347.         (8) NICHOLSK MCDONALD, ESO.       40.00       X       312,550.       0.       23,163.         (9) NARA CAMPELL-KYURGHYAN       40.00       X       312,550.       0.       23,163.         (9) NARA CAMPELL-KYURGHYAN       40.00       X       298,510.       0.       33,154.         (10) CATILYN BOSWORTH       40.00       X       298,510.       0.       0.       0.         (11) JOHN T. BOYCE       1			ndivid	nstituf	Officer	key en	Highes	ormei			organizations
(2) JEFFREY DOGGET, ED.D.       40.00       X       633,550.       0.       82,102.         (3) LEILA C. RICE       40.00       X       335,013.       0.       56,258.         (4) JOHN CONDON, PH.D.       40.00       X       320,516.       0.       55,504.         (5) JERMY GIBSON       40.00       X       320,516.       0.       55,504.         (5) JERMY GIBSON       40.00       X       300,833.       0.       55,280.         (6) FARRICIA A SENDALL       40.00       X       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (8) NICHOLAS MCDONALD, ESO.       40.00       X       312,550.       0.       23,163.         (9) NAIRA CAMPEL-KVUREGHYAN       40.00       X       312,550.       0.       33,154.         (10) CAITLYN BOSWORTH       40.00       X       298,510.       0.       33,154.         (11) JOHN T. BOYCE       1.00       X       0.       0.       0.         (11) KEVIN LUCEY       1.00       X       0.       0.       0.         VICE CHAR       X       X       0.       0.       0.       0.	(1) CHRISTOPHER E. HOPEY, PH.D.	40.00		_			<u> </u>				
EVP/CPO & COO         X         633,550.         0.         82,102.           (3) LEILA C. RICE         40,00         X         335,013.         0.         56,258.           (4) JOHN CONDON, PH.D.         40,00         X         320,516.         0.         55,504.           (5) JEREMY GIBSON         40.00         X         300,833.         0.         55,280.           (5) JEREMY GIBSON         40.00         X         300,833.         0.         55,280.           (6) PATRICIA A SENDALL         40.00         X         309,510.         0.         37,212.           (7) ANDEW MAYLOR         40.00         X         293,064.         0.         50,347.           (8) NICHOLAS MEDONALD, ESO.         40.00         X         312,550.         0.         23,163.           (10) CAITLYN BOSWORTH         40.00         X         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         X         0.         0.         0.         0.           (12) KEVIN LUCEY         1.00         X         0.         0.         0.         0.           (13) REV. DAVIEGHANN         X         X         0.         0.         0.           (14) MARYBETH MCINN	PRESIDENT		х		х				1,130,736.	0.	144,783.
(3) LEILA C. RICE       40.00       x       335,013.       0.       56,258.         (4) JORN CONDON, P.D.       40.00       x       320,516.       0.       55,280.         (5) JEREW GIBSON       40.00       x       320,516.       0.       55,504.         (5) JEREW GIBSON       40.00       x       300,833.       0.       55,280.         (6) PATHETICS       x       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       x       312,550.       0.       23,163.         (7) ANDREW MAYLOR       40.00       x       293,064.       0.       50,347.         (8) NICHOLAS MCDONALD, ESQ.       40.00       x       312,550.       0.       23,163.         (9) NATR CAMPBELL-KYURGHYAN       40.00       x       298,510.       0.       33,154.         (10) CATTLYN BOSNORTH       40.00       x       146,913.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       0.       0.       0.       0.         (12) KEVIN LUCEY       1.00       x       0.       0.       0.       0.       0.         (13) REV, DAVID A CREGAN, OSA, FH.D.       1.00       x       x       0.	(2) JEFFREY DOGGETT, ED.D.	40.00									
VP, DEVELOPMENT & ALUMNI RELATIONS         X         335,013.         0.         56,258.           (4) JOHN CONDON, PH.D.         40.00         X         320,516.         0.         55,504.           (5) JEREMY GIBSON         40.00         X         300,833.         0.         55,280.           DIRECTOR OF ATHLETICS         X         300,833.         0.         55,280.           (6) PATRICIA A SENDALL         40.00         X         309,510.         0.         37,212.           (7) ANDREW MAYLOR         40.00         X         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         X         312,550.         0.         23,163.           (9) NAIRA CAMPBELL-KYUREGHYAN         40.00         X         298,510.         0.         33,154.           (10) CATLYIN BOSWORTH         40.00         X         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.<	EVP/CFO & COO				X				633,550.	0.	82,102.
(4) JOHN CONDON, FH.D.       40.00       x       320,516.       0.       55,504.         (5) JEREMY GIBSON       40.00       x       300,833.       0.       55,280.         (6) PATRICIA A SENDALL       40.00       x       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       x       293,064.       0.       50,347.         (7) ANDREW MAYLOR       40.00       x       293,064.       0.       50,347.         (8) NICHOLAS MCDONALD, ESQ.       40.00       x       312,550.       0.       23,163.         (9) NATRA CAMPBELL-KYUREGHYAN       40.00       x       298,510.       0.       33,154.         (10) CATTLYN BOSWORTH       40.00       x       298,510.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       0.       0.       0.         (11) JOHN T. BOYCE       1.00       x       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       x       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00       x       x       0.       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00       x       x	(3) LEILA C. RICE	40.00									
VP, ACADEMIC AFFAIRS & PROVOST         X         320,516.         0.         55,504.           (5) JEREMY GIBSON         40.00         X         300,833.         0.         55,280.           DIRECTOR OF ATHLETICS         40.00         X         300,833.         0.         55,280.           (6) FARTICIA A SENDALL         40.00         X         309,510.         0.         37,212.           (7) ANDREW MAYLOR         40.00         X         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         X         312,550.         0.         23,163.           (9) NATRA CAMPBELL-KYURGHYAN         40.00         X         298,510.         0.         33,154.           (10) CAITLYN BOSWORTH         40.00         X         298,510.         0.         42,518.           (11) JOHN T. BOYCE         1.00         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.           (12) KEVIN LUCEY         1.00         X         X         0.         0.           VICE CHAIR         X         X         0.         0.         0.           (13) REV. DAVID A CREGAN, OSA, PH.D.         X	VP, DEVELOPMENT & ALUMNI RELATIONS						X		335,013.	Ο.	56,258.
(5) JEREMY GIBSON       40.00       X       300,833.       0.       55,280.         (6) PATRICIA A SENDALL       40.00       X       309,510.       0.       37,212.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (7) ANDREW MAYLOR       40.00       X       293,064.       0.       50,347.         (8) NICHOLAS MCDONALD, ESQ.       40.00       X       312,550.       0.       23,163.         (9) NATRA CAMPBEL-KYUREGHYAN       40.00       X       298,510.       0.       33,154.         (10) CATTLYN BOSWORTH       40.00       X       298,510.       0.       42,518.         (11) CATTLYN BOSWORTH       40.00       X       0.       0.       0.         ACTING/ASST SECRETARY (EFF JUNE 23)       X       146,913.       0.       42,518.         (11) CATTLYN BOSWORTH       40.00       X       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.         (12) KEVIN LUCEY       1.00       X       X       0.       0.       0.       0.         VICE CHAIR       X       X       0.       0.       0.       0.	(4) JOHN CONDON, PH.D.	40.00									
DIRECTOR OF ATHLETICS         x         300,833.         0.         55,280.           (6) PATRICIA A SENDALL         40.00         x         309,510.         0.         37,212.           (7) ANDREW MAYLOR         40.00         x         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         x         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         x         312,550.         0.         23,163.           (9) NATRA CAMPBEL-KYUREGHYAN         40.00         x         298,510.         0.         33,154.           (10) CATILYN BOSWORTH         40.00         x         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         x         x         0.         0.         0.           (12) KEVIN LUCEY         1.00         x         x         0.         0.         0.           VICE CHAIR         x         x         0.         0.         0.         0.           (13) REV. DAVID A CREGAN, OSA, PH.D.         1.00         x         x         0.         0.         0.           VICE CHAIR         x         x         0.         0.         0.         0	VP, ACADEMIC AFFAIRS & PROVOST					х			320,516.	0.	55,504.
(6)       PATRICIA A SENDALL       40.00       x       309,510.       0.       37,212.         (7)       ANDREW MAYLOR       40.00       x       293,064.       0.       50,347.         (8)       NICROLAS MCDONALD, ESQ.       40.00       x       312,550.       0.       23,163.         (9)       NAIRA CAMPBELL-KYUREGHYAN       40.00       x       298,510.       0.       23,163.         (10)       CATINY ASST SECRETARY (EFF JUNE 23)       x       146,913.       0.       42,518.         (11)       JOHN T. BOYCE       1.00       x       x       0.       0.       0.         (12)       KEVIN LUCEY       1.00       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.       0.       0.       0.         (14)       MAYBETH MCINNIS, ESQ.       1.00       x       x       0.<	(5) JEREMY GIBSON	40.00									
PROFESSOR EMERITA         N         X         309,510.         0.         37,212.           (7) ANDREW MAYLOR         40.00         X         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         X         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         X         312,550.         0.         23,163.           (9) NIRK CAMPBELL-KYUREGHAN         40.00         X         298,510.         0.         33,154.           (10) CAITLYN BOSWORTH         40.00         X         298,510.         0.         33,154.           (11) JOHN T. BOYCE         1.00         X         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.         0.         0.	DIRECTOR OF ATHLETICS						X		300,833.	0.	55,280.
(7) ANDREW MAYLOR       40.00       x       293,064.       0.       50,347.         (8) NICHOLAS MCDONALD, ESQ.       40.00       x       312,550.       0.       23,163.         (9) NAIRA CAMPBELL-KYUREGHYAN       40.00       x       312,550.       0.       23,163.         (9) NAIRA CAMPBELL-KYUREGHYAN       40.00       x       298,510.       0.       33,154.         (10) CAITLYN BOSWORTH       40.00       x       146,913.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       x       0.       0.       0.         (11) JOHN T. BOYCE       1.00       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       x       x       x       0.	(6) PATRICIA A SENDALL	40.00									
VP & CHIEF BUSINESS OFFICER         X         293,064.         0.         50,347.           (8) NICHOLAS MCDONALD, ESQ.         40.00         X         312,550.         0.         23,163.           (9) NAIRA CAMPBELL-KYUREGHYAN         40.00         X         298,510.         0.         33,154.           (10) CATLIVN DOSWORTH         40.00         X         298,510.         0.         33,154.           (11) JOHN T. BOYCE         1.00         X         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         X         X         0.         0.         0.           (12) KEVIN LUCEY         1.00         X         X         0.         0.         0.         0.           (13) REV. DAVID A CREGAN, OSA, PH.D.         1.00         X         X         0.         0.         0.           (14) MARYBETH MCINNIS, ESQ.         1.00         X         X         0.         0.         0.           (15) KAREN J. CAMBRAY         1.00         X         X         0.         0.         0.           (16) JOANNE BENTLEY         1.00         X         X         0.         0.         0.           (16) JOANNE BENTLEY         1.00         X <t< td=""><td>PROFESSOR EMERITA</td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>309,510.</td><td>0.</td><td>37,212.</td></t<>	PROFESSOR EMERITA						X		309,510.	0.	37,212.
(8) NICHOLAS MCDONALD, ESQ.       40.00       x       312,550.       0.       23,163.         (9) NATRA CAMPBELL-KYUREGHYAN       40.00       x       298,510.       0.       331,154.         (10) CAITLYN BOSWORTH       40.00       x       298,510.       0.       33,154.         (10) CAITLYN BOSWORTH       40.00       x       146,913.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       x       0.       0.       0.         (12) KEVIN LUCEY       1.00       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       0.	(7) ANDREW MAYLOR	40.00									
SECRETARY/VP/GENERAL COUNSEL         x         x         312,550.         0.         23,163.           (9) NAIRA CAMPBELL-KYUREGHYAN         40.00         x         298,510.         0.         33,154.           (10) CATTLYN BOSWORTH         40.00         x         298,510.         0.         33,154.           (11) CATTLYN BOSWORTH         40.00         x         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         x         x         0.         0.         0.           CHAIR         x         x         x         0.         0.         0.         0.           (12) KEVIN LUCEY         1.00         x         x         x         0.         0.         0.           VICE CHAIR         x         x         x         0.         0.         0.         0.           (14) MARYBETH MCINNIS, ESQ.         1.00         x         x         0.         0.         0.           (15) KAREN J. CAMBRAY         1.00         x         x         0.         0.         0.           (16) JOANNE BENTLEY         1.00         x         x         0.         0.         0.           (16) JOANNE BENTLEY         1.00         x	VP & CHIEF BUSINESS OFFICER						X		293,064.	0.	50,347.
(9)       NATRA CAMPBELL-KYUREGHYAN       40.00       X       298,510.       0.       33,154.         (10)       CAITLYN BOSWORTH       40.00       X       146,913.       0.       42,518.         (11)       JOHN T. BOYCE       1.00       X       146,913.       0.       42,518.         (11)       JOHN T. BOYCE       1.00       X       X       0.       0.       0.         (12)       KEVIN LUCEY       1.00       X       X       0.       0.       0.         VICE       CHAIR       X       X       0.       0.       0.       0.         (13)       REV. DAVID A CREGAN, OSA, PH.D.       1.00       X       X       0.       0.       0.         VICE       CHAIR       X       X       0.       0.       0.       0.       0.         VICE CHAIR       X       X       0.	<pre>(8) NICHOLAS MCDONALD, ESQ.</pre>	40.00									
PROFESSOR         X         298,510.         0.         33,154.           (10) CAITLYN BOSWORTH         40.00         X         146,913.         0.         42,518.           ACTING/ASST SECRETARY (EFF JUNE 23)         X         146,913.         0.         42,518.           (11) JOHN T. BOYCE         1.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           (12) KEVIN LUCEY         1.00         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         X         0.         0.         0.         0.           (14) MARYBETH MCINNIS, ESQ.         1.00         X	SECRETARY/VP/GENERAL COUNSEL				Х				312,550.	0.	23,163.
(10) CAITLYN BOSWORTH       40.00       x       146,913.       0.       42,518.         ACTING/ASST SECRETARY (EFF JUNE 23)       x       x       146,913.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       x       0.       0.       0.         CHAIR       x       x       x       0.       0.       0.       0.         (12) KEVIN LUCEY       1.00       x       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00         0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00          0.       0.       0.         (15) KAREN J. CAMBRAY       1.00          0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00          0.       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00	(9) NAIRA CAMPBELL-KYUREGHYAN	40.00									
ACTING/ASST SECRETARY (EFF JUNE 23)       x       x       146,913.       0.       42,518.         (11) JOHN T. BOYCE       1.00       x       x       x       0.       0.       0.         CHAIR       x       x       x       x       0.       0.       0.       0.         (12) KEVIN LUCEY       1.00       x       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00          0.       0.       0.         (16) JOANNE BENTLEY       1.00          0.       0.       0.         (17) BRUCE BOUCHARD       1.00          0.       0.	PROFESSOR						X		298,510.	0.	33,154.
(11) JOHN T. BOYCE       1.00       X       X       0.       0.       0.         CHAIR       X       X       X       0.       0.       0.       0.         (12) KEVIN LUCEY       1.00       X       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00       X       X       0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00       X       X       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       X       X       0.       0.       0.	(10) CAITLYN BOSWORTH	40.00									
CHAIR         x         x         x         x         x         x         0. <td>ACTING/ASST SECRETARY (EFF JUNE 23)</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>146,913.</td> <td>0.</td> <td>42,518.</td>	ACTING/ASST SECRETARY (EFF JUNE 23)				Х				146,913.	0.	42,518.
(12) KEVIN LUCEY       1.00       x       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       x       0.       0.       0.       0.         (13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       x       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00       x       x       0.       0.       0.       0.         TREASURER       x       x       x       0.       0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00       x       x       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       x       x       0.       0.       0.       0.       0. <td>(11) JOHN T. BOYCE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) JOHN T. BOYCE	1.00									
VICE CHAIRXXX0.0.0.(13) REV. DAVID A CREGAN, OSA, PH.D.1.00XX0.0.0.VICE CHAIRXXX0.0.0.(14) MARYBETH MCINNIS, ESQ.1.00XX0.0.0.VICE CHAIRXXX0.0.0.(15) KAREN J. CAMBRAY1.00XXX0.0.TREASURERXXX0.0.0.(16) JOANNE BENTLEY1.00XX0.0.0.TRUSTEEXX00.0.0.(17) BRUCE BOUCHARD1.00X00.0.0.TRUSTEEXX00.0.0.	CHAIR		Х		Х				0.	0.	0.
(13) REV. DAVID A CREGAN, OSA, PH.D.       1.00       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       x       0.       0.       0.       0.         (14) MARYBETH MCINNIS, ESQ.       1.00       x       x       x       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         VICE CHAIR       x       x       x       0.       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00       x       x       0.       0.       0.       0.         TREASURER       x       x       x       0.       0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00       x       0.       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       x       0.       0.       0.       0.       0.       0.	(12) KEVIN LUCEY	1.00									
VICE CHAIR         X         X         X         X         0. <th< td=""><td>VICE CHAIR</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	VICE CHAIR		Х		Х				0.	0.	0.
(14) MARYBETH MCINNIS, ESQ.       1.00       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (15) KAREN J. CAMBRAY       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00       X       X       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       X       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.	(13) REV. DAVID A CREGAN, OSA, PH.D.	1.00									
VICE CHAIRXXX0.0.(15) KAREN J. CAMBRAY1.00XX0.0.TREASURERXXX0.0.0.(16) JOANNE BENTLEY1.00XX0.0.0.TRUSTEEXX0.0.0.0.(17) BRUCE BOUCHARD1.00X0.0.0.0.TRUSTEEX0.0.0.0.0.	VICE CHAIR		Х		Х				0.	0.	0.
(15) KAREN J. CAMBRAY       1.00       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (16) JOANNE BENTLEY       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.	(14) MARYBETH MCINNIS, ESQ.	1.00									
TREASURER       X       X       X       X       0.       0.       0.         (16) JOANNE BENTLEY       1.00       X       0       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.         (17) BRUCE BOUCHARD       1.00       X       0       0.       0.       0.         TRUSTEE       X       0       0.       0.       0.       0.	VICE CHAIR		Х		Х				0.	0.	0.
(16) JOANNE BENTLEY     1.00     0.     0.       TRUSTEE     X     0.     0.       (17) BRUCE BOUCHARD     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.	(15) KAREN J. CAMBRAY	1.00									
TRUSTEE         X         0         0.	TREASURER		Х		Х				0.	0.	0.
(17) BRUCE BOUCHARD         1.00         0. </td <td>(16) JOANNE BENTLEY</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) JOANNE BENTLEY	1.00									
TRUSTEE X 0. 0. 0.	TRUSTEE		Х						0.	0.	0.
	(17) BRUCE BOUCHARD	1.00									
	TRUSTEE		Х						0.	0.	0.

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) MERRIMACK COI									04-21	0373	1	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			) (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck i		1 than c	one	Reportable	Reportable		Es	timate	ed
	hours per					s both pr/trus		compensation	compensatio	I		ount	of
	week			u u u			.00)	from	from related	I		other	
	(list any hours for	irecto						the	organizations			pensa om th	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1420)		•	d relate	
	below	dual t	Itiona	_	nploy	st cor	-	1000 1120)				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	in near	5110
(18) PETER CAULO	1.00		_	0	× ×	1 2 0	<u> </u>						
TRUSTEE		х						0.		٥.			Ο.
(19) ALVIN M. CHAPITAL, III	1.00												
TRUSTEE	1.00	х						0.		٥.			0.
(20) REV FRANCIS J HORN, OSA, J.C.D.	1.00									<u>.</u>			<u> </u>
TRUSTEE	1.00	х						0.		٥.			0.
	1 00	Δ						U.		0.			0.
(21) DENNIS LEONARD	1.00												0
TRUSTEE		Х						0.		0.			0.
(22) PAUL MUCCI	1.00												
TRUSTEE		Х						0.		0.			0.
(23) REV. ARTHUR PURCARO, OSA	1.00												
TRUSTEE		Х						0.		٥.			0.
(24) KEVIN RHODES	1.00												
TRUSTEE		Х						0.		0.			0.
(25) KEVIN ROUTHIER	1.00												
TRUSTEE		Х						0.		٥.			Ο.
(26) PATRICK J. SULLIVAN	1.00												
TRUSTEE		х						0.		0.			0.
1b Subtotal								4,081,195.		0.		580,	321.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								4,081,195.		0.		580,	321.
2 Total number of individuals (including but no								, ,	000 of reportable			,	
compensation from the organization		000	noco	u uo		,	010						164
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	h a		mnl	ove	o or	hia	hest compensated empl		ĺ			
line 1a? If "Yes," complete Schedule J for su	-			•							3		х
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>											-		
-	-		-						-		4	x	
and related organizations greater than \$150											4		
5 Did any person listed on line 1a receive or a											-		х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5		Δ
· · · · · · · · · · · · · · · · · · ·									100.000 (		. ,		
1 Complete this table for your five highest con	•	•							•	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.				
(A)	addraaa							(B)	an linea	0	(C		-
Name and business							_	Description of se	ervices	0	omper	Isation	<u> </u>
METEOR LEARNING INC., 301 EDGEWATER H	PLACE,										_		
SUITE 210, WAKEFIELD, MA 01880							_	PROFESSIONAL SERVI	CES		7,	969,	409.
ON-SITE MEDICAL SERVICES LLC													
71 BELKNAP AVENUE, NEWPORT, NH 03773							_	MEDICAL SERVICES			1,	040,	717.
PEACE PLUS MAINTENANCE CORP, 900													
CHELMSFORD ST., TOWER 3, 11TH FL., LO	OWELL,							JANITORIAL SERVICE	S		1,	027,	529.
CAGGIANO CONSULTING													
45 WASHBURN AVENUE, NEEDHAM, MA 02492	5 WASHBURN AVENUE, NEEDHAM, MA 02492-2315 MARKETING & DESIGN SERVICES										1,	023,	447.
EAB GLOBAL INC							T						
2445 M STREET NW, WASHINGTON, DC 2003	37							EDUCATION INSTITUT	IONS			802,	480.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mc	ore than				
\$100,000 of compensation from the organiz	0				4(								
SEE PART VII, SECTION A CONTINU		TS							<b>.</b>		Form	990 (2	2022)

Form 990MERRIMACK COL	LEGE								04-21037	/31
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	- direc				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			en sate				and related
	organizations	ul trus	nal tr		loyee	dmoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Inc		æ	Ke	Ξ̈́	Fo			
(27) JAMES E. SCAMMON	1.00									0
TRUSTEE	1 00	х						0.	0.	0.
(28) MARQUES TORBERT	1.00							0	•	0
TRUSTEE	1 00	X						0.	0.	0.
(29) VERY REV ROBERT HAGAN, OSA	1.00							0	•	0
TRUSTEE	1 00	Х						0.	0.	0.
(30) MICHAEL P. ARCIDI TRUSTEE	1.00	x						0.	0.	^
(31) MATTHEW CARPENTER-DENNIS, ESQ.	1.00	^						0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(32) LYNNE CHASE	1.00	А				-			· ·	0.
TRUSTEE	1.00	x						0.	0.	0.
(33) FRANCIS DUANE	1.00							<u>.</u>	<b>```</b>	
TRUSTEE	1.00	x						0.	0.	0.
(34) REV. KEVIN DEPRINZIO, OSA, PH.D	1.00									•
TRUSTEE		х						0.	0.	0.
(35) MICHAEL J. FRANCO, ESQ.	1.00									
TRUSTEE		х						0.	0.	0.
		1								
		•			•					
Total to Part VII, Section A, line 1c										
,,,,,								•		

232201 04-01-22

ar	t VIII									_
		Check if Schedule O	conta	ains a respo	nse	or note to any line		(D)	(0)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
iun	b	Membership dues								
m	с	Fundraising events				149,637.				
ar A		Related organizations								
mil		Government grants (contr				3,742,207.				
ŝ		All other contributions, gifts,								
the		similar amounts not included				9,127,591.				
Ö	g	Noncash contributions included in			6	5,240,075.				
and Other Similar Amounts	h	Total. Add lines 1a-1f					13,019,435.			
Τ						Business Code				
	2 a	TUITION AND FEES				611710	218,755,493.	218,755,493.		
	b	ROOM AND BOARD				721000	51,409,322.	51,409,322.		
Revenue	с									
eve	d									
ĕ	е									
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f					270,164,815.			
Τ	3	Investment income (includ								
		other similar amounts)	0				3,174,363.			3,174,3
	4	Income from investment of				I				
	5	Royalties	. <u></u>							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	)							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	25,865,2	217.					
	b	Less: cost or other basis								
2		and sales expenses	7b	26,130,3	45.					
	с	Gain or (loss)	7c	-265,1	.28.					
	d	Net gain or (loss)					-265,128.			-265,12
	8 a	Gross income from fundraisi	ng ev	ents (not						
5		including \$	149,	637. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a	67,990.				
	b				8b	46,799.				
	с	Net income or (loss) from	fund	raising ever	nts		21,191.			21,19
	9 a	Gross income from gamin	g ac	tivities. See		7				
		Part IV, line 19			9a					
	b				9b					
	с	Net income or (loss) from	gam	ing activities	s <u></u>					
	10 a	Gross sales of inventory, I	ess	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sale	s of invento	ry					
						Business Code				
e	11 a	DEFERRED CONTRACT R	EVE			900099	954,379.	954,379.		
nue	b	ICE RINK RENTALS				713940	658,987.		658,987.	
Revenue	с	ATHLETIC EVENT TICK	ET			900099	481,922.	481,922.		
œ	d	All other revenue				900099	3,032,227.	3,032,227.		
1		Total. Add lines 11a-11d					5,127,515.			
			_		_			274,633,343.	658,987.	2,930,42

MERRIMACK COLLEGE

04-2103731 Page 10

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 include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	rants and other assistance to domestic organizations				
	Id domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22	111,370,791.	111,370,791.		
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign	55 000	FF 000		
	dividuals. See Part IV, lines 15 and 16	55,000.	55,000.		
	enefits paid to or for members				
	ompensation of current officers, directors,	2 096 259	2 006 224	262 621	607 212
	ustees, and key employees	3,986,258.	3,096,324.	262,621.	627,313
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	61,321,577.	53,672,763.	6,469,084.	1,179,730
	ther salaries and wages	01,321,377.	55,072,705.	0,409,004.	1,179,730
	ension plan accruals and contributions (include	2 221 602	2 710 600	100 211	01 640
	ection 401(k) and 403(b) employer contributions)	3,331,683. 9,829,658.	2,740,690. 8,013,961.	499,344.	91,649 403,563
	ther employee benefits	9,829,658.		1,412,134.	403,563
	ayroll taxes	+,4/0,04/.	3,836,563.	517,919.	110,105
	ees for services (nonemployees):				
	anagement	286,775.	24,554.	262,221.	
		147,600.	24,334.	147,600.	
		147,000.		147,000.	
	bbbying				
	rofessional fundraising services. See Part IV, line 17	141,487.		141,487.	
	vestment management fees	141,407.		111,107.	
-	ther. (If line 11g amount exceeds 10% of line 25,	13,265,636.	11,031,131.	2,044,784.	189,721
	olumn (A), amount, list line 11g expenses on Sch 0.)	1,681,642.	1,581,348.	100,294.	105,721
	dvertising and promotion	2,219,433.	1,614,214.	487,241.	117,978
	ffice expenses formation technology	4,840,104.	1,328,402.	3,493,744.	17,958
		-,,			
	ccupancy	11,929,532.	11,490,279.	415,508.	23,745
		3,457,294.	3,005,651.	378,466.	73,177
	avelayments of travel or entertainment expenses	•, =•, , =• =•			,
	r any federal, state, or local public officials				
	onferences, conventions, and meetings	403,936.	361,910.	37,393.	4,633
	1	5,315,831.	5,203,098.	112,684.	49
	ayments to affiliates	,,			
	epreciation, depletion, and amortization	9,003,025.	8,345,966.	656,903.	156
		1,829,249.	1,696,607.	124,410.	8,232
	ther expenses. Itemize expenses not covered	, , -	, , , -		,
ab	ove. (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	DOD SERVICE EXPENSE	15,240,323.	14,532,335.	671,870.	36,118
	QUIP. RENTAL & MAINT.	5,235,357.	4,872,102.	341,203.	22,052
	PECIAL EVENT EXPENSES	2,335,986.	1,489,148.	770,279.	76,559
_	EASE & RENTAL EQUIP.	714,008.	526,904.	178,638.	8,466
e Al	l other expenses	6,101,406.	4,412,141.	1,674,914.	14,351
	otal functional expenses. Add lines 1 through 24e	278,514,238.	254,301,882.	21,200,741.	3,011,615
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

MERRIMACK COLLEGE

1 01	נא	Check if Schedule O contains a response or not	e to anv	line in this Part Y			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,393.	1	5,393.
	2	Savings and temporary cash investments	50,442,432.	2	55,334,845.		
	3	Pledges and grants receivable, net	2,383,106.	3	2,582,471.		
	4	Accounts receivable, net			6,940,063.	4	8,077,008.
	5	Loans and other receivables from any current or					
Assets		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	is		5	
	6	Loans and other receivables from other disqualit	fied perso				
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9				1,521,886.	9	1,953,892.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	343,943,507.			
	b	Less: accumulated depreciation		143,826,603.	183,358,578.	10c	200,116,904.
	11	Investments - publicly traded securities			61,091,562.	11	69,881,957.
	12	Investments - other securities. See Part IV, line 1			7,086,482.	12	9,048,595.
	13	Investments - program-related. See Part IV, line			i	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		23,247,521.	15	33,054,181.	
	16	Total assets. Add lines 1 through 15 (must equa		I	336,077,023.	16	380,055,246.
	17	Accounts payable and accrued expenses	18,466,647.	17	18,355,325.		
	18	Grants payable		18			
	19	Deferred revenue		I	10,673,429.	19	16,365,645.
	20	Tax-exempt bond liabilities			75,127,771.	20	107,066,016.
	21	Escrow or custodial account liability. Complete I		I		21	
6	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	F	51,319,676.	23	49,526,324.
	24	Unsecured notes and loans payable to unrelated			10,000,000.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	696,283.	25	681,291.		
	26				166,283,806.	26	191,994,601.
		Organizations that follow FASB ASC 958, che		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				106,916,490.	27	115,084,596.
Bal	28				62,876,727.	28	72,976,049.
pu		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in		Г		31	
Vet	32	Total net assets or fund balances			169,793,217.	32	188,060,645.
~	33				336,077,023.	33	380,055,246.

Form 990 (2022)

Form	1990 (2022) MERRIMACK COLLEGE	04-21037	31	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	291	,242,	191.
2	Total expenses (must equal Part IX, column (A), line 25)	2	278	,514,	238.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,	,727,	953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169	,793,	217.
5	Net unrealized gains (losses) on investments	5	5 ,	,830,	558.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-291,	083.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	188	,060,	645.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
0	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	eaule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			х	
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Δ	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			х	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u>^</u>	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# 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
20	22

**Open to Public** 

Inspect	ion
 i de setifie e tiere	

Name	of the	organization
------	--------	--------------

Name of t	the organization						Employer	identification number
		ACK COLLEGE						04-2103731
Part I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	IS.	
The organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	neck only (	one box.)			
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2 X	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
6 🗌	section 170(b)(1)(A)(iv).		antal unit described in	nantion 17	70/L\/4\/A\	()		
6 🛄 7 🗌	A federal, state, or local gov	0				.,		aublic deceribed in
1	An organization that norma	•	ntial part of its support if	om a gove	ernmentar	unit of from tr	ie general p	Sublic described in
8	section 170(b)(1)(A)(vi). (C A community trust describe		1)(A)(vi) (Complete Par	+ II )				
9	An agricultural research org				ad in coniu	inction with a	land-grant	college
•	or university or a non-land-g	-			-		-	-
	university:	grant conege of agric			lamo, ony	, and state of	the conege	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exem							
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50	)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (	Check the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
	the supported organization			majority o	f the direc	tors or truste	es of the su	upporting
	organization. You must o	-						
b 🗌	<b>Type II.</b> A supporting org					-		-
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s). You mus	-						-1 24b
c	J Type III functionally inte	• • • •					ly integrate	ea with,
a 🗆	its supported organization		-				tod organi-	ration(a)
d	_ Type III non-functionally that is not functionally int						-	
	requirement (see instructi	• •		•		-	i all allenin	7611655
e	Check this box if the orga		•					
U	functionally integrated, or					iype i, iype	n, rype m	
f Ente	er the number of supported of			0 0				
	vide the following informatior	• • • • • • • • • • • • • • • • • • • •						
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								

MERRIMACK COLLEGE

Schedule A (F	-orm 990) 2022	MERRIMACK COLLEGE	04-2103731
Part II	Support Schedule f	or Organizations Described i	n Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,691,834.	5,565,203.	16,159,644.	19,437,825.	13,019,435.	60,873,941.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,691,834.	5,565,203.	16,159,644.	19,437,825.	13,019,435.	60,873,941.
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)						9,565,964.
6	Public support. Subtract line 5 from line 4.						51,307,977.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6,691,834.	5,565,203.	16,159,644.	19,437,825.	13,019,435.	60,873,941.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,155,259.	2,088,058.	1,265,460.	1,477,638.	3,174,363.	10,160,778.
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.)	37,060.	51,340.	28,075.	41,030.	67,990.	225,495.
11	<b>Total support.</b> Add lines 7 through 10	,	,	,	,	,	, 71,260,214.
	Gross receipts from related activities,	etc. (see instructio	ins)			<b>12</b> <sup>1</sup>	,190,307,371.
	First 5 years. If the Form 990 is for th	-					, , ,
	organization, check this box and <b>stor</b>	•					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	72.00 %
	Public support percentage from 2021		-			15	77.68 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						T
b	<b>33 1/3% support test - 2021.</b> If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	-	-			7a and line 15 is 1	
U.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
10		I GIG HOL CHECK & L		, 100, 17a, 01 17D	, oneon unis DUX al		(Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

15550520 143399 393675

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5Amounts included on lines 1, 2, and3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	( ) 0010	(1) 0010	( ) 0000	( )) 0001	() 0000	(0 T + )
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opport this	fourth or fifth to a		(01(a)(2)	ization
14	First 5 years. If the Form 990 is for the	-			-		
Se	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2022 (			column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves					. <b>_</b>	
	Investment income percentage for <b>2</b> Investment income percentage from					17 18	<u>%</u> %
	<b>33 1/3% support tests - 2022.</b> If the					<u> </u>	
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
2320	23 12-09-22					Sched	ule A (Form 990) 2022
			17				

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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а	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec 1 a b	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions Check the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	).		
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1 b c 2 a	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i> <i>supported organizations played in this regard.</i> <b>tion E. Type III Functionally Integrated Supporting Organizations</b> <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instructions The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a governmental entity</i> (see in Activities Test. <b>Answer lines 2a and 2b below.</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</i> "Yes," <i>then in</i> <b>Part VI identify</b> <b>those supported organization</b> <i>supported organization how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	).		No
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1 b c 2 a	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i> <u>supported organizations played in this regard.</u> <b>tion E. Type III Functionally Integrated Supporting Organizations</b> <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year</i> (see instructions The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a governmental entity (see in</i> Activities Test. <b>Answer lines 2a and 2b below</b> . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and <b>explain</b> <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in <b>Part VI</b> <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i>	). Instruction		No
1 b c 2 a b	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	). Instruction		No
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1 b c 2 a b 3 a	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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 described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	). hstruction 2a 2b		No

2022.05090 MERRIMACK COLLEGE

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Yes No

# Schedule A (Form 990) 2022 MERRIMACK COLLEGE Part IV Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?
A person who directly or indirectly controls, either alone or together with persons described on lines.

chedule A (Form 990) 2022 MERRIMACK COLLEGE			04-2103731 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu		,	Part VI). See Instruction
All other Type in non-functionally integrated supporting organizations int		Bections A through E.	(B) Current Year
ection A - Adjusted Net Income		(A) Prior 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		
ection 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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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instructions).

Part V         Type III Non-Functionally Integrated 509(a) (3) Supporting Organizations (continued)           Section D - Distributions         Current Year           1         Amounts paid to partorm activity that directly furthers exempt purposes of supported organizations in excess of norms from activity and thered furthers exempt purposes of supported organizations in excess of norms from activity and thered furthers exempt purposes of supported organizations in excess of norms from activity and thered furthers exempt purposes of supported organizations in excess of norms from activity and the angunts in the support of angunt for the angunt sector in the angunt in the ang	Sche	dule A (Form 990) 2022 MERRIMACK COLLEGE				04 - 2103731	Page 7
1         Amounts paid to supported organizations to accomplish exempt purposes of supported organizations         1           2         Amounts paid to perform activity that directly furthers exempt purposes of supported organizations         3           3         Administrative expenses paid to accomplish exempt purposes of supported organizations         3           4         Amounts paid to acquire exemptuse assets         4           5         Outfield difficulties approval required - provide details in Part VI)         5           6         Other difficulties (accomplish exempt purposes of supported organizations         6           7         Total annual disributions. Add lines 1 through 6.         7           8         Distributions to attentive supported organizations to which the organization is responsive (accould details in Part VI). See instructions.         8           9         Duce 8 amount for 2022 from Section C, line 6         9           10         Line 8 amount for 2022 from Section C, line 6         10           11         Distributable amount for 2022 (reasonable complish exempt purpose)         10           11         Distributable amount for 2022 (reasonable complish exempt purpose)         10           12         Underdistributions, farm, for years prior to 2022 (reasonable complish exempt purpose)         10           12         Distributable amount for 2022 (reasonable complish exempt purpos	Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ıed)		
2     Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     2       3     Administrative expenses paid to accomplient swempt purposes of supported organizations     3       4     Amounts paid to acquire exempt use assets     4       5     Outlifed setaids amounts (for IRS approval requiredprovide details in Pert VI)     5       6     Other distributions (describe un Pert VI). See instructions.     7       7     Total amount distributions, add lines 1 through 6.     7       8     9     Distributions to attentive supported organizations to which the organization is responsive (non-distributions per term) (f)     6       9     Distribution additional distributions, add lines 1 through 6.     8       9     Distributions (per term) (f)     (fi)       9     Distributions (per term) (f)     (fi)       9     Distributions (per term) (f)     (fi)       9     Distributions (per version C, line 6     (fi)       2     Underdistributions (pr version per to 2022 from Section C, line 6     (fi)       2     Distributable amount for 2022 from Section C, line 6     (fi)       10     Underdistributions (pr version for term) (fi)     (fi)       11     Distributable amount for 2022 from Section C, line 6     (fi)       2     Hordistributions (pr version for term) (pr version for term)	Sect	ion D - Distributions		1		Current Y	'ear
a granizations, in excess of income from activity.     2       3. Administrative expenses paid to accomplish exempt purposes of supported organizations.     3       4. Amounts paid to acquire exemptuse assets     4       5. Outfield set-aside anounts (prior IRS approval required - provide details in Part VI).     5       6. Other distributions (decreption Part VI). Set instructions.     6       7. Total annual distributions. Add lines 1 through 6.     7       8. Distributions to atomite asymptored organizations to which the organization is responsive (provide details in Part VI). Set instructions.     8       9. Distributions to atomite asymptored organizations to which the organization is responsive (provide details in Part VI). Set instructions.     8       9. Distribution Allocations (see instructions)     (i)     (ii)       Section E - Distribution Allocations (see instructions)     Excess Distributions     0       10. Line 8 annount for 2022 from Section C, line 6     10     10       2. Underdistributions, if any, for years prior to 2022 (season-able cause required - acquired -	1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
3     Administrative excenses paid to accomplish exempt purposes of supported organizations     3       4     Amounts paid to acquire exempt use assets     4       5     Qualified set saide amounts (prior IRS approval required - provide details in Part VI)     5       6     Chter distributions (describe in Part VI). Se instructions.     6       7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.     9       10     Line 8 amount divided by line 9 amount     (i)     (ii)       9     Distributions     (iii)     Distributions       10     Line 8 amount for 2022 from Section C, line 6     9       2     Underdistributions, 1 any, tor years prior to 2022 (reason- able cause required - appling for VI), see instructions.     9       3     Excess distributions a prior to 2022 (reason- able cause required - appling for VI), see instructions.     9       4     From 2019	2	Amounts paid to perform activity that directly furthers exemp					
4       Amounts paid to acquire exempt use assets       4         5       Qualified set aside amounts (prior IRS approvale details in Part VI)       5         6       Other distributions (accounce, part VI). See instructions.       6         7       Total annual distributions (accounce, part VI). See instructions.       6         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       8         9       Distribution Allocations (see instructions)       10         10       Underdistributions (monother 2022 from Section C, line 6       9         11       Distributable amount for 2022 from Section C, line 6       9         2       Underdistributions, if any, to years prior to 2022 (preason-able cause required - acyptin in Part VI). See instructions.       10         3       Excess distributions of prior years       10       10         4       Gram 2019       10       10         5       From 2019       10       10         6       From 2021       10       10         7       Fotal of lines 3 through 3.0       11       10         7		organizations, in excess of income from activity		2			
5     Qualified set aside amounts (prior IFS approval required - provide details in Pert VI)     6       6     Other distributions (describe in Pert VI). See instructions.     7       7     Total annual distributions. Add lines 11 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (provide datails in Pert VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organization is responsive (provide datails in Pert VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations to which the organizations to attentive supported organizations to which the organizations to which the organizations to which the organizations to support to attentive supported organizations to which the organizations to which the organizations to support to attentive supported organizations to which the organizations to support to attentive supported organizations to which the organizations to support to attentive supported organizations to which the organizations to support organizations to support to attentive suport suport to attentite support to attentite supart support to at	3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
6     Other distributions (gescales in Part VI). See instructions.     6       7     Total annual distributions, Add lines 1 through 6.     7       8     Other distributions to attentive supported organizations to which the organization is responsive (gravitide details in Part VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organization is responsive (in private details in Part VI). See instructions.     8       9     Other distribution Allocations (see instructions)     10       9     (i)     (ii)       9     Underdistributions of privations (in Part VI). See instructions.     9       1     Distributable amount for 2022 from Section C, line 6     9       2     Underdistributions, if any, for years prior to 2022 (reasonable cause required - septials in Part VI). See instructions.     10       3     Excess distributions carryover, if any, to 2022     10     10       6     From 2017     10     10       6     From 2020     10     10       7     Total of lines 3 through 3e     10     10       9     In Total of lines 3 through 3e     10     10       10     Carryover from 2017 not applied dese instructions)     10     10       10     Carryover from 2017 not applied dese instructions)     10     10       11     Carryover from 2017 not applied dese	4	Amounts paid to acquire exempt-use assets			4		
7     Total annual distributions. Add lines 1 through 6.     7       8     Distributions to attentive supported organizations to which the organization is responsive (around adding in Part VI). See instructions.     8       9     Distributions to attentive supported organizations to which the organization is responsive (around adding in Part VI). See instructions.     8       9     Distributable amount for 2022 from Section C, line 6     9       10     Line 8 amount divided by line 9 amount     10       9     Distributable amount for 2022 from Section C, line 6     9       10     Distributable amount for 2022 from Section C, line 6     9       2     Underdistributions, if any, for years prior to 2022 (reason-able cause required - again, in Part VI). See instructions.     8       3     Excess distributions carryover, if any, to 2022     4       a From 2017     4     4       b From 2018     4     4       c From 2019     4     4       d From 2021     4     4       1     Carryover from 2017 roughed (see instructions)     4       1     Carryover from 2017 roughed (see instructions)     4       1     Total of lines 3a through 3e     5     4       2     Applied to addetisticutable amount     6     6       1     Carryover from 2017 roughed (see instructions)     4     6	5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
8       Distributions to attentive supported organizations to which the organization is responsive (gravide cifcials in Part VI). See instructions.       8         9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       Excess Distributions       (ii)         1       Distributable amount for 2022 from Section C, line 6       9         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.       3         3       Excess distributions canyover, if any, to 2022       4         4       From 2017       4         5       From 2018       6         6       From 2020       6         7       Total of lines 3a through 3e       6         9       Applied to underdistributions of prior years       6         10       Applied to underdistributions of prior years       6         11       Carryover from 2017 not applied (see instructions)       1       7         14       Poplied to underdistributions of prior years       6       6         15       Remaining underdistributions for years       6       6         16       Distributable amount       1<	6	Other distributions (describe in Part VI). See instructions.			6		
Image: constructions     8       9     Distributable amount for 2022 from Section C, line 6     9       10     Line 8 amount divided by line 9 amount     (i)     (ii)       Section E - Distribution Allocations (see instructions)     Excess Distributions     (iii)     Distributable Allocations       2     Underdistributions     Image: Constructions     (iii)     Distributable Allocations     (iii)       3     Excess distributions     Image: Constructions     Image: Constructions     Image: Constructions       3     Excess distributions carryover, if any, to 2022     Image: Constructions     Image: Constructions       4     From 2017     Image: Constructions     Image: Constructions       6     From 2018     Image: Constructions     Image: Constructions       6     From 2021     Image: Constructions     Image: Constructions       1     Form 2021     Image: Constructions     Image: Constructions       1     Form 2021     Image: Constructions     Image: Constructions       1     Form 2021     Image: Constructions     Image: Constructions       1     Constructions of prior years     Image: Constructions     Image: Constructions       1     Constructions for 2022 (stributable amount     Image: Constructions     Image: Constructions       1     Remaining underdistribution	7	Total annual distributions. Add lines 1 through 6.			7		
9       Distributable amount for 2022 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       10         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2022         1       Distributable amount for 2022 from Section C, line 6       (i)       (ii)         2       Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.       3         3       Excess distributions carryover, if any, to 2022       -       -         4       From 2017       -       -         5       From 2018       -       -         6       From 2020       -       -       -         9       -       -       -       -       -         10       Interface       -       -       -       -         10       From 2017       -	8	Distributions to attentive supported organizations to which the	ne organization is responsive				
10     Line 8 amount divided by line 9 amount     (i)     (ii)     (iii)       Section E - Distribution Allocations (see instructions)     Excess Distributions     (iii)     (iii)       1     Distributable amount for 2022 from Section C, line 6     Iiii)     (iii)     (iii)       2     Underdistributions, if my, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.     Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		(provide details in Part VI). See instructions.			8		
Image: Subtract lines 3g, 3g, and 3g from line 3f.         Image: Subtract lines 3g, 3g, and 3g from line 3f.         Image: Subtract lines 3g, 3g, and 3g from line 3f.           4         Distributions for 2022 from Section C, line 6         Image: Subtract lines 3g, and 4g from line 3f.         Image: Subtract lines 3g, and 4g from line 3f.           5         Excess distributions carryover, if any, to 2022 (reason-able cause required - acyclin in Part VI). See instructions.         Image: Subtract lines 3g, and and 3g from line 3f.         Image: Subtract lines 3g, and and 3g from line 3f.           6         From 2018         Image: Subtract lines 3g, and and 3g from line 3f.         Image: Subtract lines 3g, and and 3g from line 3f.           7         Distributions for 2022 from Section D, line 3f.         Image: Subtract lines 3g, and and 3g from line 3f.           4         Distributions of prior years         Image: Subtract lines 3g, and and 3g from line 3f.           4         Distributions of prior years         Image: Subtract lines 3g, and and 3g from line 3f.           5         Remainder: Subtract lines 3g, and and 3g from line 3f.         Image: Subtract lines 3g and 4g from line 2. For result greater than zero, explain in Part VI. See instructions.           7         Excess distributions carryover to 2022. Add lines 3g and 4g from line 3g.         Image: Subtract lines 3g and 4g from line 3g.           7         Excess from 2018         Image: Subtract lines 3g and 4g from line 3g.         Image: Subtract lines 3g and 4g from li	9	Distributable amount for 2022 from Section C, line 6			9		
Section E - Distribution Allocations (see instructions)     Excess Distributions     Underdistributions Pre-2022     Distributable Amount for 2022       1     Distributable amount for 2022 from Section C, line 6     Image: Construction of the	10	Line 8 amount divided by line 9 amount			10		
2       Underdistributions, if any, for years prior to 2022 (reason- able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions.         3       Excess distributions carryover, if any, to 2022         a From 2017	Sect	ion E - Distribution Allocations (see instructions)		Underdistribution	IS	Distributa	
able cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2022         a From 2017	1	Distributable amount for 2022 from Section C, line 6					
3       Excess distributions carryover, if any, to 2022         a       From 2017         b       From 2018         c       From 2019         d       From 2020         e       From 2021         f       Total of lines 3a through 3e         g       Applied to underdistributions of prior years         h       Applied to underdistributions of prior years         h       Applied to 2022 distributable amount         i       Carryover from 2017 not applied (see instructions)         i       Carryover from 2017 mot applied (see instructions)         i       Carryover from 2017 mot applied (see instructions)         i       Carryover from 2021 from section D,         line 7:       \$         a       Applied to underdistributions of prior years         b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         c       Remainder subtract lines 3g and 4a from line 4.         c       Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> than 2ero, <i>explain in</i> Part VI. See instructions.       S         c       Remaining underdistributions carryover to 2023. Subtract lines 3h and 4b from line 1.	2	Underdistributions, if any, for years prior to 2022 (reason-					
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b       From 2018         c       From 2020         d       From 2020         e       From 2021         f       Total of lines 3a through 3e         g       Applied to underdistributions of prior years         h       Applied to 2022 distributable amount         i       Carryover from 2017 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         4       Distributions for 2022 from Section D, line 7:         s       s         a       Applied to underdistributable amount         c       Remainder. Subtract lines 3g, and, and 3i from line 3f.         4       Distributions for 2022 from Section D, line 7:         s       s         a       Applied to underdistributions of prior years         b       Applied to underdistributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for 2022, if         any. Subtract lines 3g and 4a from line 4.       s         6       Remaining underdistributions for 2022. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in       Part VI. See instructions.         7       Excess fistributions carryover to 2023. Add lines 3j       a	3	Excess distributions carryover, if any, to 2022					
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e From 2021       f         f Total of lines 3a through 3e       g         g Applied to underdistributions of prior years       g         h Applied to 2022 distributable amount       i         i Carryover from 2017 not applied (see instructions)       j         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       g         4 Distributions for 2022 from Section D,       iine 7:         iine 7:       \$         a Applied to underdistributions of prior years       g         b Applied to 2022 distributable amount       c         c Remainder. Subtract lines 4a and 4b from line 4.       c         c Remaining underdistributions of prior years       g         b Applied to 2022 distributable amount       c         c Remaining underdistributions for years prior to 2022, if       any. Subtract lines 4a and 4b from line 4.         c Remaining underdistributions for 2022. Subtract lines 3h       and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         6 Remaining underdistributions carryover to 2023. Add lines 3j       and 4c.         8 Breakdown of line 7:       a         a Excess from 2018       a         b Excess from 2019       a         c Excess from 2020       a         d Excess from 2021       a	с	From 2019					
f Total of lines 3a through 3e	d	From 2020					
g Applied to underdistributions of prior years       Image: structure of the structur	е	From 2021					
h Applied to 2022 distributable amount       i         i Carryover from 2017 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       i         4 Distributions for 2022 from Section D,       i         line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2022 distributable amount       i         c Remainder. Subtract lines 4a and 4b from line 4.       i         5 Remaining underdistributions for years prior to 2022, if       any. Subtract lines 3g and 4a from line 2. For result greater         than zero, <i>explain in</i> Part VI. See instructions.       i         6 Remaining underdistributions for 2022. Subtract lines 3h       and 4b from line 1. For result greater than zero, <i>explain in</i> part VI. See instructions.       i       i         7 Excess distributions carryover to 2023. Add lines 3j       and 4c.         8 Breakdown of line 7:       i       i         a Excess from 2019       i       i         c Excess from 2019       i       i         d Excess from 2020       i       i	f	Total of lines 3a through 3e					
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4       Distributions for 2022 from Section D, line 7:       \$         a       Applied to underdistributions of prior years       >         b       Applied to 2022 distributable amount       >         c       Remainder. Subtract lines 4a and 4b from line 4.       >         5       Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       >         7       Excess distributions carryover to 2023. Add lines 3j and 4c.       >         8       Breakdown of line 7:       >         a       Excess from 2018       >         b       Excess from 2020       >         c       Excess from 2020       >	i	Carryover from 2017 not applied (see instructions)					
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a Applied to underdistributions of prior years	4	Distributions for 2022 from Section D,					
b       Applied to 2022 distributable amount         c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, if         any. Subtract lines 3g and 4a from line 2. For result greater       any. Subtract lines 3g and 4a from line 2. For result greater         than zero, explain in Part VI. See instructions.       6         6       Remaining underdistributions for 2022. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2020         c       Excess from 2020         d       Excess from 2021		line 7: \$					
c       Remainder. Subtract lines 4a and 4b from line 4.         5       Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	а	Applied to underdistributions of prior years					
5       Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2020	b	Applied to 2022 distributable amount					
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than zero, explain in Part VI. See instructions.       And the form line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	5	Remaining underdistributions for years prior to 2022, if					
6       Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		any. Subtract lines 3g and 4a from line 2. For result greater					
and 4b from line 1. For result greater than zero, explain in       Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021		than zero, explain in Part VI. See instructions.					
and 4b from line 1. For result greater than zero, explain in       Part VI. See instructions.         7       Excess distributions carryover to 2023. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2018         b       Excess from 2019         c       Excess from 2020         d       Excess from 2021	6	Remaining underdistributions for 2022. Subtract lines 3h					
Part VI. See instructions.       Image: Construction of line 3 in the second of line 3 in the second of line 3 in the second of line 7:       Image: Construction of line 7:         8       Breakdown of line 7:       Image: Construction of line 7:       Image: Construction of line 7:         a       Excess from 2018       Image: Construction of line 7:       Image: Construction of line 7:         b       Excess from 2018       Image: Construction of line 7:       Image: Construction of line 7:         c       Excess from 2019       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2020       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2020       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2020       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2020       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2020       Image: Construction of line 7:       Image: Construction of line 7:         d       Excess from 2021       Image: Construction of line 7:       Image: Construction of line 7:							
and 4c.     and 4c.       8 Breakdown of line 7:     a       a Excess from 2018     a       b Excess from 2019     a       c Excess from 2020     a       d Excess from 2021     a							
8     Breakdown of line 7:       a     Excess from 2018       b     Excess from 2019       c     Excess from 2020       d     Excess from 2021	7	Excess distributions carryover to 2023. Add lines 3j					
a Excess from 2018             b Excess from 2019             c Excess from 2020             d Excess from 2021	_	-					
a Excess from 2018             b Excess from 2019             c Excess from 2020             d Excess from 2021	8	Breakdown of line 7:					
b         Excess from 2019         Image: Constraint of the second	а						
c         Excess from 2020							
d Excess from 2021							

Schedule A (Form 990) 2022

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:

			Schedule A (Form 990) 2
)22 AMOUNT: \$	67,990.		
21 AMOUNT: \$			
20 AMOUNT: \$			
19 AMOUNT: \$	51,340.		
)18 AMOUNT: \$	37,060.		

## \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

04-2103731

Department	of the	Treasurv

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page <b>2</b>
Name of or	rganization		Employer identification number
MERRIMAC	X COLLEGE		04-2103731
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$1,243	,542. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$731	, 420. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3			,420. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$5,076	,734. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$864	,892. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$1,214	,197. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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B (Form 990) (2022)			Page 3
rganization		Employ	yer identification number
K COLLEGE		04	l-2103731
Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.	
(b) Description of noncash property given			(d) Date received
VARIOUS STOCK	-		
	\$5,075,	,734.	06/30/23
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	\$		
(b) Description of noncash property given			(d) Date received
	   \$		
(b) Description of noncash property given			(d) Date received
	K COLLEGE         Noncash Property (see instructions). Use duplicate copies of Part II         (b)         Description of noncash property given         (b)         Description of noncash property given	X       COLLEGE         (c)         (c)         (c)         PMV (or estimating the second property given         (c)         (c)	K     COLLEGE     Of       Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.       (c)       Description of noncash property given       (c)       (c)       FMV (or estimate) (See instructions.)       (c)       (c)       (c)       FMV (or estimate) (See instructions.)       (c)       FMV (or estimate) (See instructions.)       (c)       FMV (or estimate) (See instructions.)       (b)       Description of noncash property given       (c)       FMV (or estimate) (See instructions.)       (b)       Description of noncash property given       (c)       FMV (or estimate) (See instructions.)       (b)       Description of noncash property given       (c)       FMV (or estimate) (See instructions.)       (b)       Description of noncash property given       (c)       FMV (or estimate) (See instructions.)       (b)       Description of noncash property given

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page <b>4</b>
Name of o	rganization		Employer identification number
MERRIMAC	CK COLLEGE		04-2103731
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfor of sitt	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

Schedule B (Form 990) (2022)

(Form 990)	<b>F</b> au <b>O</b> un			Eq. (a) and a action 507	2022
	-	anizations Exempt From Incon if the organization is described			LULL
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for i			Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lir	ne 46 (Political Campaign /	Activities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below.	. Do not complete Part I-B.	
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.			
		Form 990, Part IV, line 4, or Fo			
		nave filed Form 5768 (election ur	( )/		1
		nave NOT filed Form 5768 (electi			•
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
	, or (6) organizat	ions: Complete Part III.			
Name of organization				Empl	oyer identification number
	MERRIMACK (				04-2103731
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 Political campaign	activity expendit	ation's direct and indirect politic ures gn activities		\$	
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(	3).	
1 Enter the amount o	f any excise tax	incurred by the organization und	er section 4955	\$	;
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
4a Was a correction m	ade?				Yes No
b If "Yes," describe ir	n Part IV.				
Part I-C Comple	ete if the org	anization is exempt und	er section 501(c),	except section 501(c	)(3).
1 Enter the amount d	irectly expended	by the filing organization for sec	ction 527 exempt funct	tion activities \$	
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	
exempt function ac	tivities			\$	
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,	,	
line 17b				\$	
4 Did the filing organi	zation file <b>Form</b>	1120-POL for this year?			Yes No
made payments. For contributions receive	or each organizat ved that were pro	nployer identification number (EII tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov	from the filing organiz separate political orga	zation's funds. Also enter the anization, such as a separat	e amount of political
(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
For Paperwork Reduct	ion Act Notice, s	see the Instructions for Form 9	90 or 990-EZ.		Schedule C (Form 990) 2022

**Political Campaign and Lobbying Activities** 

LHA

232041 11-08-22

SCHEDULE C

I

OMB No. 1545-0047

Schedule C (Form 990) 2022		K COLLEGE				103731 Pag	ge <b>2</b>
Part II-A Complete if the org	ganizatio	n is exempt i	under sectior	1 501(c)(3) and file	d Form 5768 (el	ection under	
section 501(h)).							
A Check if the filing organization	ation belong	s to an affiliated	group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,	
expenses, and sha	are of exces	s lobbying expen	ditures).				
B Check if the filing organization				visions apply.			
¥ ¥			•		(a) Filing	(b) Affiliated gro	bup
Lim (The term "expen		ying Expenditu			organization's	totals	•
(The term expen		eans amounts p	ald of incurred.)		totals		
1a Total lobbying expenditures to infl	luence publ	ic opinion (grass	roots lobbying)				
<b>b</b> Total lobbying expenditures to infl	-						
c Total lobbying expenditures (add l							
d Other exempt purpose expenditur							
e Total exempt purpose expenditure							
f_Lobbying nontaxable amount. Ent	ter the amou						
If the amount on line 1e, column (a)			nontaxable am				
Not over \$500.000			nount on line 1e.				
Over \$500,000 but not over \$1,00	0,000			ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000			ess 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 (er	nter 25% of	line 1f)					
<b>h</b> Subtract line 1g from line 1a. If ze		,					
i Subtract line 1f from line 1c. If zer							
j If there is an amount other than ze				•••••••			
reporting section 4911 tax for this						Yes	No
¥			ng Period Under				
(Some organizations t		-	-		f the five columns b	elow.	
	See	the separate in	structions for lir	nes 2a through 2f.)			
	Lobb	ying Expenditu	res During 4-Yea	ar Averaging Period		_	
Colondar year							
Calendar year (or fiscal year beginning in)	(a) 2	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total	
(c:							
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

232042 11-08-22

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	x			20,000.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		20,000.
		x			40,000.
	Other activities? Total. Add lines 1c through 1i				60,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		, .
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-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 politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
с					
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
_	expenditures next year?		4		
5 Dar	Taxable amount of lobbying and political expenditures. See instructions         t IV       Supplemental Information		5		
		Lath Date II	A 11		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	na 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. TII-B, LINE 1, LOBBYING ACTIVITIES:				
	. II B, HINE I, HOBBIING ACTIVITIES.				
THE	COLLEGE IS A MEMBER IN CERTAIN PROFESSIONAL ORGANIZATIONS INCLUDING				
THE	NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS,				
ASSO	CIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES IN MASSACHUSETTS,				
NAT	ONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES, AND				
OTHI	R REGIONAL ORGANIZATIONS. A PORTION OF THESE MEMBERSHIP DUES MAY				

232043 11-08-22

MERRIMACK COLLEGE

Part IV Supplemental Information (continued)

BE CONSIDERED LOBBYING EXPENSES, BUT THE COLLEGE HAS NOT MADE ANY

INTERNAL ALLOCATION OF SUCH DUES.

PART II-B, LINE 1G: DURING THE FISCAL YEAR, SALARIED STAFF SPENT TIME

ADVOCATING FOR NATIONAL HIGHER EDUCATION LEGISLATION IN ASSOCIATION

WITH OUR INDUSTRY REPRESENTATION AS WELL AS ADVANCING A MERRIMACK

INITIATIVE TO CREATE A THREE-YEAR DEGREE. ALLOCATED COSTS ARE REPORTED

ABOVE IN PART II-B, LINE 1G.

PART II-B, LINE 11: DURING THE FISCAL YEAR, SALARIED STAFF SPENT TIME

ADVOCATING FOR THE PASSAGE OF A REDEVELOPMENT PROPOSAL WITH THE TOWN OF

NORTH ANDOVER. THIS INCLUDED SPEAKING AT PUBLIC HEARINGS AND OTHER

FORMS OF OUTREACH TO THE COMMUNITY. ALLOCATED COSTS ARE REPORTED ABOVE

IN PART II-B, LINE 1I.

Schedule C (Form 990) 2022

232044 11-08-22

SCHEDULE [	)
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(Form 990)	
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

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

	ment of the Treasury I Revenue Service	A o to www.irs.gov/Form99	ttach to Form 990. D for instructions and	the latest inform	ation.	Open to Public Inspection
Nam	e of the organization					yer identification number
Dee		ACK COLLEGE				04-2103731
Pa		taining Donor Advised es" on Form 990, Part IV, lin		Similar Funds	s or Accounts	Complete if the
	organization answered Te		(a) Donor advis	ed funds	(b) Funds	and other accounts
4	Total number at and of year					
1	Total number at end of year					
2 3	Aggregate value of contributions					
3 4	Aggregate value of grants from (d Aggregate value at end of year					
4 5	Did the organization inform all do		writing that the accets h	old in donor advi	l sod funds	
5	are the organization's property, si		-			Yes No
6	Did the organization inform all gra					
Ŭ	for charitable purposes and not for					
					0	Yes No
Pa		nents. Complete if the org	anization answered "Y	es" on Form 990.	Part IV. line 7.	
1	Purpose(s) of conservation easen					
•		plic use (for example, recrea			of a historically im	oortant land area
	Protection of natural habita		Γ		of a certified histor	
	Preservation of open space					
2	Complete lines 2a through 2d if the		ied conservation contri	bution in the form	of a conservatior	easement on the last
	day of the tax year.	<b>.</b> .			He	eld at the End of the Tax Year
а	Total number of conservation eas	ements			2a	
b	Total acreage restricted by conse					
с	Number of conservation easemer	nts on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easemer	nts included in (c) acquired a	fter July 25,2006, and	not on a		
	historic structure listed in the Nat	ional Register			2d	
3	Number of conservation easement	nts modified, transferred, rele	eased, extinguished, or	terminated by th	e organization du	ring the tax
	year					
4	Number of states where property	subject to conservation eas	ement is located		-	
5	Does the organization have a writ	ten policy regarding the per	iodic monitoring, inspe	ction, handling of		
	violations, and enforcement of the					
6	Staff and volunteer hours devoted	d to monitoring, inspecting,	handling of violations, a	and enforcing cor	servation easeme	ents during the year
7	Amount of expenses incurred in r	nonitoring, inspecting, hand	ling of violations, and e	nforcing conservation	ation easements c	luring the year
•						
8	Does each conservation easemer					
0	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the orga	-		-		aa tha
	balance sheet, and include, if app organization's accounting for con		ole to the organization	S III anciai Staten	ients that describe	
Pa	t III Organizations Main	taining Collections of	Art. Historical Tr	easures, or O	ther Similar A	ssets.
		on answered "Yes" on Form		-		
1a	If the organization elected, as per	mitted under FASB ASC 95	8, not to report in its re	venue statement	and balance shee	t works
	of art, historical treasures, or othe	er similar assets held for pub	lic exhibition, educatio	n, or research in f	urtherance of pub	lic
	service, provide in Part XIII the te	xt of the footnote to its finar	icial statements that de	scribes these iter	ns.	
b	If the organization elected, as per	mitted under FASB ASC 95	8, to report in its reven	ue statement and	balance sheet wo	orks of
	art, historical treasures, or other s					
	provide the following amounts rel	ating to these items:				
	(i) Revenue included on Form 99	90, Part VIII, line 1			\$_	
	(ii) Assets included in Form 990,					
2	If the organization received or hel					
	the following amounts required to	be reported under FASB A	SC 958 relating to thes	e items:		
а	Revenue included on Form 990, F	Part VIII, line 1			\$_	
b	Assets included in Form 990, Par					
LHA	For Paperwork Reduction Act N	lotice, see the Instructions	for Form 990.		Sc	hedule D (Form 990) 2022

232051 09-01-22

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 make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>d</li> <li>Loan or exchange program</li> <li>e</li> <li>Other</li> <li>c</li> <li>Preservation for future generations</li> <li>d</li> <li>Loan or exchange program</li> <li>e</li> <li>Other</li> <li>e</li> <li>Other</li> <li>e</li> <li>Other server the organization is collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> <li>During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>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 answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Ta is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Moe if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21.</li> <li>The diversimated</li>		age <b>2</b>							
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Similar	<sup>r</sup> Assets	(contin		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the t	ollowing that mak	ke significant ι	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other	0.0					
с									
-	6	ollections and explain	how they further th	e organization's e	exempt purpos	se in Part	XIII.		
•							Yes		No
Par						Part IV			
			to in the organizatio			, i aiciv, i			
12			any for contribution	s or other assets i	not included				
ia							Ves		
h						······ L			
b		and complete the foll	owing table.				Amount	 t	
-					4.		Amoun		
a									
e									
							7		<del>.</del>
	-						_ Yes		」NO □
Fai						aara baali	(a) [aur		haali
1a		, ,		, ,					
		· · ·	, ,			,		,	
С									
		1,512,748.	1,454,490.	1,547,34	9. 1,4	57,347.	1,	380,	702.
е	Other expenditures for facilities								
	and programs	1,762,589.	1,566,243.	1,337,55	9. 1,4	05,788.	1,	332,	012.
f	Administrative expenses								
g	End of year balance	76,251,129.	65,709,445.	74,119,23	5. 55,6	66,092.	58,	940,	409.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	20.1900	_%						
b	Permanent endowment 79.8100	%							
с	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered fo	or the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
							3a(ii)		х
b							3b		
4									
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	c) Accumulate	d	(d) Bool	k valu	e
		1	• •	· · ·	depreciation		(4) 2000	, realized	-
1a	Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)           3         Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection its acquisition is acquisition, accession, and other records, check any of the following that make significant use of its collection its interms (check all that apply):         d         Loan or exchange program           b         Scholarly research         e         Other         Other           1         Bordolarly research         e         Other         Yee         No           2         Dring the year, did the organization's collections and explain how they lurther the organization's exempt purpose in Part XIII.         Solard the year, did the organization scollection?         Yee         No           Part IV         Excow and Custoficial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.         To see the organization and and the recording the year reported an amount on Form 990, Part X, line 21.         In the organization include an amount on Form 990, Part X, line 21.         Yes         No           b         Brothours attrans the arrangement in Part XIII. Check here if the organization include on or methy part X.         In the 21.         Amount         In the organization include an amount on Form 990, Part X, line 21.         In the organization include an amount on Form 990, Part X, line 21.         Amount         In the organization include an amount								
					77 146	044.	,	,	
				, , , , , , ,	,,		,		
			59	820 269	50 516	537.	9	303	732
				· ·	, ,		,		
				, ,	, ,				
rota	Aud lines ta through te. (Column (d) must e	<u>qual Form 990, Part )</u>	<u>x, column (B), line 1</u>	<u>UC.)</u>			,	,	
						Schedule	e (Form	i aan)	2022

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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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 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 ESCROW DEPOSITS 127,853. (1) DEPOSITS WITH BOND TRUSTEES 32,616,229 (2) RIGHT OF USE ASSET 310,099 (3) (4) (5) (6) (7) (8) (9) 33,054,181. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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. (a) Description of liability (b) Book value 1 (1) Federal income taxes REFUNDABLE ADV. U.S GOV'T GRANTS 681,291. (2)(3) (4) (5) (6) (7)(8) (9) 681,291. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 MERRIMACK COLLEGE				.03731 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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	185,261,187.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	5,830,558.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-111,716,874.		
е	Add lines 2a through 2d			2e	-105,886,316.
3	Subtract line 2e from line 1			3	291,147,503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	141,487.		
b	Other (Describe in Part XIII.)	4b	-46,799.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	94,688.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	291,242,191.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses per R	eturn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	1 Expenses per R	eturn.	
Pa 	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	1 Expenses per R	eturn.	166,993,759.
	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	1 Expenses per R		166,993,759.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	1 Expenses per R		166,993,759.
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	1 Expenses per R		166,993,759.
1 2 a	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents With 	n Expenses per R		166,993,759.
1 2 a b	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	1 Expenses per R		i
1 2 a b c	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per R		46,799.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	1 Expenses per R 46,799.	1	i
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per R	1 2e	46,799.
1 2 b c d 3	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d 2d 2	141,487.	1 2e	46,799.
1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 2d 4a	1 Expenses per R	1 2e	46,799.
1 2 a b c d e 3 4 a	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	141,487. 111,425,791.	1 2e	46,799.
1 2 a b c d e 3 4 a b c 5	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2b           2c           2d	141,487. 111,425,791.	1 2e 3	46,799. 166,946,960.

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

232054 09-01-22

### 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:

CHANGE IN NET VALUE OF SPLIT INTEREST OBLIGATIONS

UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT

DEBT SERVICE RESERVE TERMINATION PAYMENT

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII -46,799.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED ON FORM 990, PART VIII

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT 111,425,791.

Schedule D (Form 990) 2022

232055 09-01-22

15550520 143399 393675

23,917.

-315,000.

46,799.

-111,425,791.

-111,716,874.

### SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Part I

## Schools

OMB No. 1545-0047

**Open to Public** 

22

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MERRIMACK COLLEGE

Employer identification number

Inspection

2

04-2103731
01 2100/01

1       Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, by laws, other operination in a resolution of its governing body?       I       X         2       Does the organization include a statement of its acially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       I       X         3       Has the organization publicy dicessible internet homopage, or through newspace or broadcast media during through operiod of solicitation for students, or during the nonespace, or through newspace or broadcast media during the period of solicitation for students, or during the nonespace, super the general community it serve? If 'Yes,' please describe. If 'No,'' please explain. If you need more space, use Part II       3       X         4       Does the organization publicy docessible internet homopage, and the racial composition of the student body, faculty, and administrative statf?       4a       X         4       Does the organization publicy accessible internet internet's				YES	NO
2       Does the organization include a statement of its racially nondiscriminatory policy toward students in all its horburse, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       Image: Comparison of Comparison o	1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
2       Does the organization include a statement of its racially nondiscriminatory policy toward students in all its horburse, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       Image: Comparison of Comparison o			1	х	
a catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?       2       X         3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible internet homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II       3       X         4       Does the organization maintain the following?       a Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         5       Does the organization discriminate by race in any way with respect to:       3       X       4d       X         6       Does the organization discriminate by race in any way with respect to:       3       X       5         5       Does the organization discriminate by race in any way with respect to:       5a       X       5a       X         6       Dues of hoursphiles?       5a       X       5a       X       5a       X         6       Does the organization discriminate by race in any way with respect to:       3       X       5a       X         6       Does the organization discriminate by race in any way with respect to:       5b       X	2				
3       Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community is ency if IV-res, 'please describe. If 'No,' please explain. If you need more space, use Part II       3       X         4       Does the organization maintain the following?       4a       X       4         5       Does the organization signed by the organization or on its behalf to solicit contributions?       4d       X         4       Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         4       Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         6       Does the organization discriminate by race in any way with respect to:       5a       X         6       Does the organization discriminate staff?       5a       X         6       Does the organization discriminate staff?       5a       X         6       Does the organization discriminate staff?       5a       X         6       Does the organization discriminate syrace in any way with respect to:       5a       X			2	Х	
homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II       3       X         4       Does the organization maintain the following?       4a       X         4       Does the organization maintain the following?       4a       X         5       Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?       4d       X         6       Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         6       Does the organization discriminate by race in any way with respect to:       5a       X         6       Does the organization discriminate by race in any way with respect to:       5a       X         6       Does the organization discriminate by race in any way with respect to:       5b       5c       X         7       Use of facilities?       5a       X       5a       X         7       Does the organization discriminate by race in any way with respect to:       5a       X       5a       X         8       Scholarships o	3				
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if has no solicitation program, in a way that makes the policy known to all parts of the general community its erves if 1* (%**********************************					
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					
SEE SUPPLEMENTAL PACE       3       X         4       Does the organization maintain the following?       4a       X         4       Does the organization maintain the following?       4a       X         5       Records indicating the racial composition of the student body, faculty, and administrative staff?       4d       X         4       Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4d       X         4       Copies of all material uses by the organization or on its behalf to solicit contributions?       4d       X         1       If you answered "No" to any of the above, please explain. If you need more space, use Part II.       5       5         5       Does the organization discriminate by race in any way with respect to:       5a       X         6       Acholarships or other financial assistance?       5c       X         5       Does the organization discriminate by race in any way with respect to:       5b       X         5       Does the organization of the utility or administrative staff?       5c       X         6       Acholarships or other financial assistance?       5c       X         5       Does the organization apolicies?       5d       X         6       Due sthe organiz					
SEE SUPPLEMENTAL PAGE         4       Does the organization maintain the following?         a Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         b Records indicating the racial composition of the student body, faculty, and administrative staff?       4b       X         c Copies of all catalogues, brochures, and other written communications to the public dealing with student admissions, programs, and scholarships?       4c       X         d Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         if you answerd 'No' to any of the above, please explain. If you need more space, use Part II.       5a       X         c Employment of faculty or administrative staff?       5a       X         d Scholarships or other financial assistance?       5a       X         e Educational policies?       5a       X         g Athletic programs?       5a       X         h Other extracurciular activities?       5g       X         if you answered 'Nes' on on yof the above, please explain. If you need more space, use Part II.       5a       X         d Scholarships or other financial assistance?       5a       X       5a       X         g Athletic programs?       5a       X       5a       X       5a       X <tr< th=""><td></td><td></td><td>3</td><td>х</td><td></td></tr<>			3	х	
a Records indicating the racial composition of the student body, faculty, and administrative staff?       4a       X         b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?       4b       X         c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?       4c       X         d Copies of all material used by the organization or on its behalf to solicit contributions?       4d       X         if you answered "No" to any of the above, please explain. If you need more space, use Part II.       5a       X         5       Does the organization discriminate by race in any way with respect to:       5a       X         6 Employment of faculty or administrative staff?       5c       X         d Scholarships or other financial assistance?       5d       X         g Athitic programs?       5d       X         h Other extracurricular activities?       5d       X         g Athelic programs?       5h       X         h Other extracurricular activities?       5h       X         g Athelic programs?       6a       X         h Other extracurricular activities?       5h       X         g Athelic programs?       6a       X         h Other extracurricular activities? </th <th></th> <th></th> <th></th> <th></th> <th></th>					
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		racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990) 2022

232061 10-18-22

Schedule E (Form 990) 2022 MERRIMACK CC		04-2103731	Pag
Part II Supplemental Information. Provid	e the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as		
applicable. Also provide any other addition	al information. See instructions.		
SCHEDULE E, PART I, LINE 3			
MERRIMACK COLLEGE DOES NOT DISCRIMINATE I	N ADMISSION OF ACCESS TO ANY		
MERCIMACK COLLEGE DOES NOT DISCRIMINATE I	ADMISSION OF ACCESS TO ANT		
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 MON	IES FROM THE UNITED STATES		
DEPARTMENT OF EDUCATION AS WELL AS FROM V	ARIOUS STATE AGENCIES.		
232062 10-18-22		Schedule E (Form	n 990)
50520 143399 393675	38 2022.05090 MERRIMACK COLLEC	ЭЕ	393

MERRIMACK COLLEGE				04-2103731	
Part I General Info	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part IV					
			ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's r	procedures for monitoring the use of its	orants and other assistance outside	de the
United States.				<b>3</b>	
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
	offices	agents, and	(by type) (such as, fundraising, pro-	is a program service, describe specific type	for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	of service(s) in the region	investments
		in the region			in the region
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTMAKING		55,000.
· · · · · · · · · · · · · · · · · · ·					
EUROPE (INCLUDING				STUDY ABROAD	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRIPS/PROGRAMS	250,000.
3 a Subtotal	0	0			305,000.
<b>b</b> Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a					

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

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

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Schedule F (Form 990) 2022

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and 3b)

305,000.

Statement of Activities Outside the United States	OMB No. 1545-0047
Statement of Activities Outside the Onited States	0000
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.	2022
Attach to Form 990.	Open to Public
Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

	(i) Method of valuation (book, FMV, appraisal, other)					
	(h) Description of noncash assistance					
	(g) Amount of noncash assistance					
gai iizatiori ariswerec	(f) Manner of cash disbursement					ecognized as a tax
eded.	(e) Amount of cash grant					foreign country, r
draits and Uniter Assistance to Organizations of Entrues Outside the United States. Comprete in the organization answered integration as on Form 390, Factor, mile 10, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>(d)</b> Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					listed above that are re
eived more than \$5,00	(b) IRS code section and EIN (if applicable)					recipient organizations
recipient who rec	1 (a) Name of organization					Enter total number of

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)	FMV					Schedule F (Form 990) 2022
	IV, line 16.	<b>(g)</b> Description of noncash assistance	CREDIT TO STUDENT ACCOUNT					Schedu
04-2103731	n Form 990, Part	(f) Amount of noncash assistance	55,000.					_
60	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	<b>(e)</b> Manner of cash disbursement						
		<b>(d)</b> Amount of cash grant	0.					-
	the United Stat	<b>(c)</b> Number of recipients	11					_
MERRIMACK COLLEGE	e to Individuals Outside	(b) Region	EUROPE (INCLUDING ICELAND & GREENLAND )					
Schedule F (Form 990) 2022 MI	Part III         Grants and Other Assistance to Individuals Outside the United States.           Part III         can be duplicated if additional space is needed.	(a) Type of grant or assistance						

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

#### 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.

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232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury Internal Revenue Service	_	Attach to Form 990						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information	n.	Employer i	dentification number
i i i i i i i i i i i i i i i i i i i	MERRIMACK (	COLLEGE					04-2103	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<u> </u>	<b>'es No</b> be
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No	-			
Total								
3 List all states in who or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

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MERRIMACK COLLEGE

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>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF TOURNAMENT			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	217,627.			217,627.
:	2	Less: Contributions	149,637.			149,637.
;	3	Gross income (line 1 minus line 2)	67,990.			67,990.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	46,577.			46,577.
rect Ex	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	222.			222.
1	10	Direct expense summary. Add lines 4 through	O in column (d)			46,799.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			21,191
Par	t İ	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			•	
				(b) Pull tabs/instant		(d) Total gaming (add

anue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── 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)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

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Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	MERRIMACK COLLEGE	04-2	103731	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	%
				13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and record	ds:		
	Name				
	Address				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue? $\dots$		Yes	No No
b	If "Yes." enter the amount of gam	ng revenue received by the organization \$ and the arr	lount		
		e third party \$			
с	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Carning manager compensation	Ψ			
	Description of services provided				
	· · ·				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
а	• ·	state law to make charitable distributions from the gaming proceeds to		Yes	
				L Yes	
D		required under state law to be distributed to other exempt organizations or spent i	n the		
Pa	organization's own exempt activit rt IV Supplemental Infor	es during the tax year   \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Par	t III lines 9	9b 10b
		applicable. Also provide any additional information. See instructions.	, and r a	,	00, 100,
		··· · ·			
_					
23208	33 10-27-22		Schedu	ule G (Form	990) 2022

MERRIMACK COLLEGE

dule G (Form 990) MERRIMACK COLLEGE	04-2103731	Page
rt IV Supplemental Information (continued)		
(continued)		
	Schedule G (	Form 9

232084 04-01-22

SCHEDULE I (Form 990)		Complex Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	er Assistand d Individual answered "Yes"	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047	1
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the Is	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ition.		Open to Public Inspection	
Name of the organization	ion MERRIMACK COLLEGE	EGE					ш	Employer identification number 04-2103731	Ι.
Part I General Ir	General Information on Grants and Assistance	d Assistance							I.
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		I .
Criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the I Inited States	ance?	oring the use of grant f	hetin I ett i shur	States				~
art II	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.	omestic Organiz	cations and Domestic be duplicated if additio	omestic Governments. Con	omplete if the orga ed.	Inization answered "Y	es" on Form 990, Part IV	/, line 21, for any	1
1 (a) Name and ac or go	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	I
									I
									I
									I
									1
									1
									I
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government org	anizations listed in the	line 1 table					1 1
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.	-	-			Schedule I (Form 990) 2022	I

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Schedule I (Form 990) 2022 MERRIMACK COLLEGE					04-2103731 Page 2
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.	Complete if the	organization answe	red "Yes" on Form 99	00, Part IV, line 22.	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
מתווחשאתוו אסכעדסמ	1823	c		2040.2	иотштин ит иотшлиста
					NOTITOL NT NOTION
Part IV Supplemental Information. Provide the information required in P	uired in Part I, line	2; Part III, column	art I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
A REPORT IS RUN AT THE END OF EACH SEMESTER TO REVI	TO REVIEW EACH STUDENT'S	INT'S			
CUMULATIVE GPA AND PROGRESS TOWARD THEIR DEGREE. ST	STUDENTS RECEIV	RECEIVING MERIT			
AWARDS WHO FAIL TO ACHIEVE GOOD ACADEMIC STANDING ARE	RE REVIEWED FOR	ror			
ALTERNATIVE INSTITUTIONAL FUNDING, EVERY EFFORT IS MADE		TO FIND ALTERNATIVE			
FUNDING FOR STUDENTS NOT MEETING GOOD ACADEMIC STANDING	IDING.				

(Form 990)       For contain Officers, Dreators, Tructes, Key Employees, and Highest Component of Employee (Derived Network 2000)       Description of the Second S	SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
Description         Complete fit the organization answered "Yes" on Form 990, Part IV, line 23, Mane of the organization         Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	(Fo	rm 990)			20	22	
Department of the Towary         Department of the organization         Department organization         Department organizat					20	22	
Name of the organization         MERLINACK COLLAGE         Employer identification number 04-2103731           Part I         Questions Regarding Compensation         Vestions Regarding Compensation         04-2103731           Image: Second Seco	Depar	tment of the Treasury	Attach to Form 990.		-		ic
MBRI HACK. COLLEGE         04-2103731           Part I         Questions Regarding Compensation         Yes         No           1a         Check the appropriate box(e) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these terms.         Yes         No           2a         Travel for companions         2a health or social club dues or initiation fees         Deprecision of the organization and gross up payments         2a health or social club dues or initiation fees         Deprecision and gross up payments         2a health or social club dues or initiation fees           2b         User othorway spending account         2a read organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Direct cork all that apply. Do not check any boxes for methodus used by a reliated organization is CEO/Executive Direct cork all that apply. Do not check any boxes for methodus used by a reliated organization is establish the compensation committee         1b         X           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a supplementation and produced reamization and produced reamization are allowed organization or a reliated organization?         4a         X           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee         7a	-			<b>F</b> aran la van i da			
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         X:       Tracel for companions       Partyments for business use of personal residence         Y:       Travel for companions       Partyments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chauffeur, cheft)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all differcts, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       to         2       Did the organization regult base of personal residence       X         3       indicate which, if any, of the following the organization used to establish the compansation of the organization to establish comments using a network or study       Z         3       indicate which, if any, of the following the organization used to establish on survey or study       Z         4       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:       4a       X         4       During the year, did any person l	Nam	le of the organization				on nui	mber
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         1a       Check the appropriate box(es) if the organization provided any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         1b       First class or charter travel       Image: Complete Part III to provide any relevant information regarding the second a class or prosonal residence or presonal second class or provide any relevant second second and class or provide part Wile complexition follow a written policy regarding payment or reimbursement or provision of all of the expenses described adver? If 'No,' complete Part III to provide any relevant or present or provision of all of the expenses described adver? If 'No,' complete Part III to provide any relevant or end to present or provision of all of the expenses described adver? If 'No,' complete Part III to provide any relevant or end to present or present provision to establish compensation or the CEO/Executive Director, but explain in Part III.       Image: The present second adverse or present second adverse or relevant or contract         1       No ompensation committee       Image: The present second adverse or relevant or contract       Image: The present second adverse or relevant or contract         2       No ompensation committee       Image: The present second adverse or relevant or compensation committee         4       During the year, did any person listed on	Da			04-210	3/31		
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         X       First-tasks or charter travel       X         A       First-tasks or charter travel       X         Discretionary spending account       Personal services (such as maid, chauffeur, cheft)       Ite X         D       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       1b       X         2       Did the organization require substantiation protor to reimbursympose incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the companization 's CEO/Executive Director, Use any boxes for methods used by a related organization to establish compensation consultant       X       Ouring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations?       2       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization c	Га		s negaraling compensation			Vee	Na
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the companion of the corecompanion of the companion of the companizati	10	Chock the appropri	ate hex(es) if the organization provided any of the following to or for a person listed on Form	000		res	NO
X       First-class or charter travel       X       Housing allowance or residence for personal use         X       Travel for companions       Payments for business use of personal residence         Tax indemntication and gross-up payments       Personal services (such as maid, chauffeur, chef)       Item the substantiation for social (tub dues or initiation fees)         D If the optication requires ubstantiation prior to reinburging or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Ite X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       X       Itel X         4       Compensation committee       X       Witten employment contract       Itel X         Indicate which, if any, of the following the organization used to establish the compensation of the compensation or the CEO/Executive Director, but explain in Part III.       X       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization requery payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation committee       4a       X         5       For persons listed on Form 990, Part VII, Section A, lin	ld			990,			
Image: Trave for companions       Payments for business use of personal residence         Image: Trave indemnification and gross up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       1b       X         Imdicate which, if any, of the following the organizations       Imdicate which any boxes for methods used by a related organization to establish compensation consultant       Imdicate which any boxes for methods used by a related organization to establish compensation consultant       Imdicate which any boxes for methods used by a related organization to establish compensation consultant       Imdicate which apply comparization and the apply of the organization and any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Imdicate which apply compensation and provide the applicable amounts for each item in Part III.       Imdicate which apply compensation and provide the applicable amounts for each item in Part III.       Imdicate which apply apply VII, Section A, line 1a, did				معبياهم			
Tax indemnification and gross-up payments       X       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)       Ib         b       If any of the boxes on line 1 a 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       Tb       X         2       Did the organization requires substantiation prior to reimburging or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       X         Indicate which, if any, of the following the organization       X       Compensation committee       X       Written employment contract         Independent compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation a upprovent from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from							
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       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?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       X       Z       X         INDigeneration compensation consultant       X       Compensation committee       X       Indicate which, if any, of the following the organization S       CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Indicate organization:       X       X         X       Compensation committee       X       Compensation committee       X<							
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       1b       X         2       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?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Witten employment contract         Imdependent compensation consultant       X       Oppendent compensation committee       X       Witten employment contract         4       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:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are aveptiment from a supplement from an equity-based compensation arrangement?       4a       X         4       During the year, list any of lines 4ac, list the persons and provide the applicable amounts for each term in Part III.       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay		—					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       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?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         4       Compensation committe       X       Written employment contract       Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       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:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       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:       5a       X         c       For persons listed on Form 990, Part VII.       Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenue				,,			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       X         2       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?       2       X         3       Indicate which, if any, of the following the organization used to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         4       Compensation committe       X       Written employment contract       Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Form 990 of other organization:       X       Approval by the board or compensation committee       4a       X         4       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:       4a       X         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         6       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:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on th	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
2       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?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       X       X         4       Compensation committee       X       Written employment contract       X       X         5       Form 990 of other organizations       X       Approval by the board or compensation committee       X       X         4       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       X       X         5       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X       X         6       Participate in or receive payment from an equity-based compensation arrangement?       4b       X       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:       5a       X       X					1b	х	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       X       V       X         Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       X       Written employment contract       X       V       X       V       X         Independent compensation committee       X       Written employment contract       X       Compensation committee       X       V       X       X       V       X       V       X       V       X       V       X       V       X       V       X       X       V       X       V <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2						
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committe       Image: Compensation organization to establish compensation committee         3       Indicente which, if any, of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       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:       Image: Compensation argument?       Image: Compensation argument?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ration areaugement?       Image: Compensation argument?       Image: Compensation argument?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         5       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:       Image: Compensitee Compensation Part III       Image: C						х	
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.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee         Image: Compensation or arelated organizations       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Receive a severance payment from a supplemental nonqualified retirement plan?       Image: Compensation committee         Image: Compensation SD1(c)(3), 501(c)(4), and 501(c)(29) organization may complete lines 5-9.       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:       Image: Compensation commensation contingent on the revenues of:         Image: Compensistie on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rearnings of:       Image: Compensation pay or accrue any compensation commensation contingent on the rearnings of:         Image: The organization?       Image: Compensistien compensition commission contingent on the rearnings of:       Image: Compensistien compensition commensation contingent on the rearnings of:         Image: The organization?       Image: Compensistien compensition commission continges							
establish compensation of the CEO/Executive Director, but explain in Part III.       X       Compensation committee       X       Written employment contract         independent compensation consultant       X       Compensation survey or study       Compensation committee         4       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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       5b       X         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:       5a       X         a       The organization?       5a </td <td colspan="4">3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's</td> <td></td> <td></td> <td></td>	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
X       Compensation committee       X       Written employment contract         Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       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:       4a       X         a       Receive a severance payment or change of control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a       The organization?       5a       X       5b       X         f" Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b       Any related organization?       6a							
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation consultant       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or receive payment from an equity-based compensation arrangement?       Image: Compensation contingent on the revenues of:         Image: Compensation on the revenues of:       Image: Compensation contingent on the revenues of:       Image: Compensation contingent on the revenues of:         Image: Compensation?       Image: Compensation contingent on the reterming of:       Image: Compensation contingent on the reterming of:       Image: Compensation contingent on the reterming of:         Image: Compensation contingent on the ret arrange of:       Image: Compensation contingent on the reterming of:       Image: Compensation contingent on the reterming of:         Image: Compensite do n Form 990, Part VII, Section A, line 1a, did the organiza							
Image: Section Composition Composition Committee         Image: Composition Composition Committee         Image: Comparization Committee         Image: Committee		X Compensation	committee X Written employment contract				
4       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: <ul> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:             <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII.</li> <li>Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                     <ul> <li>The organization?</li> <li>For persons listed on Form 990, Part VII.</li></ul></li></ul></li></ul>		Independent c	ompensation consultant X Compensation survey or study				
organization or a related organization:       Image: Severance payment or change-of-control payment?       Image: Severance payment or change-of-control payment?       Image: Severance payment or change-of-control payment?       Image: Severance payment from a supplemental nonqualified retirement plan?       Image: Severance payment from a supplemental nonqualified retirement plan?       Image: Severance payment from a nequity-based compensation arrangement?       Image: Severance payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       Image: Severance payment from an equity-based compensation pay or accrue any compensation contingent on the ret earnings of:       Image: Severance payment from an equity-based compensation from gay pay and pay or accrue any compensation contingent on the net earnings of:       Image: Severance payment from an equity-based compensation from gay pay and payments from gay pay and pay or accrue any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Y		X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a The organization?       5a       X       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       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:       6a       X         a The organization?       6a       X       X       X         6b       X       X       X       X         9       If "Yes" on line 6a or 6b, describe i							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 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:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         c The organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III. <td>4</td> <td>During the year, did</td> <td>any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing</td> <td></td> <td></td> <td></td> <td></td>	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
a hotcing of the rescive payment from a supplemental nonqualified retirement plan?       a         b Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a The organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 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:       5b       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid		organization or a re	lated organization:				
c       Participate in or receive payment from an equity-based compensation arrangement?       1       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6c       X         6       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:       5a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         7       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.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was sub					4a		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: the image: th					4b	X	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         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:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 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:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       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       7       X         8       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       8       X </td <td>С</td> <td>•</td> <td></td> <td></td> <td>4c</td> <td></td> <td>X</td>	С	•			4c		X
5       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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       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.       7       X         7       For persons listed 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       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5       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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       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.       7       X         7       For persons listed 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       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 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.       7       X         8 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.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	_						
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe 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.       7       X         8 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.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9	5	-		n			
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       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       7       X         8       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       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	_	•					v
b       Any related organization?         If "Yes" on line 5a or 5b, describe in Part III.         6       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:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       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.         7       For persons listed 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.         8       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
6       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       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       7       X         8       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       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	a				50		A
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 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       7       X         8 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       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I	~			2			
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 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       7       X         8 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       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6			n			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 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       7       X         8 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       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	~	e e			60		x
If "Yes" on line 6a or 6b, describe in Part III.         7       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         8       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         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a b						
<ul> <li>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</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	U				do		
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       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       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9       4	7			1			
<ul> <li>8 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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	'				7	x	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	8				,		
9     If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?     9	5	-			8		x
Regulations section 53.4958-6(c)?	9						
	5				9		
	LHA					n 990	2022

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Schedule J (Form 990) 2022 MERRIMACK COLLEGE	CK	JOLLEGE			04-2103731			Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.	nplo	yees, and Highest C	ompensated Emple		Use duplicate copies if additional space is needed	pace 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.	oe rep orm 9	vorted on Schedule J 90, Part VII.	, report compensati	on from the organiza	tion on row (i) and fror	n related organization:	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	d ind	lividual must equal th	ie total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	vidual.
		(B) Breakdown of W-2 and com	-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER E. HOPEY, PH.D.	e	743,000.	149,000.	238,736.	109,258.	35,525.	1,275,519.	225,000.
PRESIDENT		.0	•0	0.	0.	0.	0.	0.
(2) JEFFREY DOGGETT, ED.D.	Ξ	555,550.	70,000.	8,000.	49,427.	32,675.	715,652.	.0
EVP/CFO & COO	(ii)	• 0	• 0	0.	0.	0.	.0	0.
(3) LEILA C. RICE	Ξ	280,973.	52,750.	1,290.	24,588.	31,670.	391,271.	0.
VP, DEVELOPMENT & ALUMNI RELATIONS	(ii)	.0	• 0	0.	.0	.0	.0	0.
(4) JOHN CONDON, PH.D.	Ē	267,048.	40,778.	12,690.	23,666.	31,838.	376,020.	0.
VP, ACADEMIC AFFAIRS & PROVOST	(ii)	.0	• 0	0.	.0	.0	.0	0.
(5) JEREMY GIBSON	(i)	271,776.	21,920.	7,137.	23,756.	31,524.	356,113.	0.
DIRECTOR OF ATHLETICS		.0	0.	0.	0.	0.	.0	0.
(6) PATRICIA A SENDALL	Ξ	117,312.	.0	192,198.	10,239.	26,973.	346,722.	0.
PROFESSOR EMERITA		.0	0.	0.	0.	0.	.0	0.
(7) ANDREW MAYLOR	Ξ	165,828.	.0	127,236.	5,531.	44,816.	343,411.	0.
VP & CHIEF BUSINESS OFFICER		.0	•0	0.	0.	0.	0.	0.
(8) NICHOLAS MCDONALD, ESQ.	Ξ	272,500.	39,750.	300.	23,163.	0.	335,713.	0.
SECRETARY/VP/GENERAL COUNSEL	E	.0	.0	0.	0.	0.	.0	0.
(9) NAIRA CAMPBELL-KYUREGHYAN	Ξ	110,400.	0.	188,110.	9,754.	23,400.	331,664.	0.
PROFESSOR		.0	0.	0.	0.	0.	.0	0.
(10) CAITLYN BOSWORTH	9	131,666.	15,000.	247.	10,576.	31,942.	189,431.	.0
ACTING/ASST SECRETARY (EFF JUNE 23)	(ii)	• 0	• 0	0.	0.	• 0	0.	.0
	(i)							
	(ii)							
	(j)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
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	(ii)							
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Schedule J (Form 990) 2022 MERRIMACK COLLEGE	04-2103731 Page 3	<b>0</b>
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.	ete this part for any additional information.	
PART I, LINE 1A:		
THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENT MAY UTILIZE FIRST CLASS		
TRAVEL AND TRAVEL WITH COMPANIONS UNDER THE TERMS OF THEIR RESPECTIVE		
EMPLOYMENT CONTRACTS.		
SOCIAL CLUB DUES WERE PAID FOR ON BEHALF OF THE PRESIDENT, EXECUTIVE VICE		
PRESIDENT, AND DIRECTOR OF ATHLETICS. THIS EXPENSE WAS INCURRED PRIMARILY		
FOR BUSINESS PURPOSES; ANY PERSONAL USE WAS TREATED AS TAXABLE INCOME.		
THE VP & CHIEF BUSINESS OFFICER RESIDED IN A COLLEGE-OWNED HOUSE IN		
CALENDAR YEAR 2022, FROM JANUARY THROUGH JUNE. THE FAIR MARKET VALUE RENTAL		
VALUE WAS TREATED AS A NON-TAXABLE BENEFIT AND WAS INCLUDED IN SCHEDULE J,		
PART II, COLUMN D.		
PART I, LINES 4A-B:		
SCHEDULE J, PART I, LINE 4A		
SEVERANCE ARRANGEMENT		
	Schedule J (Form 990) 2022	022

Schedule J (Form 990) 2022 MERRIMACK COLLEGE	04-2103731	Page 3
Part III Supplemental Information		5
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 for any additional information.	
THE PRESIDENT'S EMPLOYMENT CONTRACT INCLUDES A SEVERANCE PROVISION THAT		
PROVIDES UP TO TWELVE MONTHS OF 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 NINE MONTHS OF BASE SALARY. NO AMOUNTS WERE PAID		
UNDER THIS PROVISION DURING THE CURRENT YEAR.		
SEVERANCE PAYMENTS WERE MADE IN CALENDAR YEAR 2022 TO FORMER EMPLOYEES IN		
THE AMOUNT OF \$505,137.		
SCHEDULE J, PART I, LINE 4B		
DEFERRED COMPENSATION		
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		
COMPENSATION ACCOUNT EACH FISCAL YEAR. THE COLLEGE CREDITED \$83,333 TO		
	Schedule J (Form 990) 2022	990) 2022

Schedule J (Form 990) 2022 MERRIMACK COLLEGE	04-2103731	Page 3
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.	is part for any additional information.	
PRESIDENT HOPEY'S DEFERRED COMPENSATION ACCOUNT IN CALENDAR YEAR 2022 WHICH		
IS REPORTED IN SCHEDULE J, PART II, COLUMN C.		
THE EXECUTIVE VICE PRESIDENT PARTICIPATES IN A NONQUALIFIED DEFERRED		
COMPENSATION ARRANGEMENT UNDER INTERNAL REVENUE CODE SECTION 457(F).		
PROVIDED THE EXECUTIVE VICE PRESIDENT IS EMPLOYED BY THE COLLEGE, THE		
COLLEGE WILL CREDIT A DEFERRED COMPENSATION ACCOUNT EACH FISCAL YEAR. THE		
COLLEGE CREDITED \$23,077 TO THE EXECUTIVE VICE PRESIDENT'S DEFERRED		
COMPENSATION ACCOUNT IN CALENDAR YEAR 2022 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. WHEN APPLICABLE, THE		
BONUSES ARE PROVIDED AT THE DISCRETION OF THE PRESIDENT AND THE VICE		
PRESIDENTS.		
THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE BONUSES OF		
	Schedule J (Form 990) 2022	990) 2022

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Schedule J (Form 990) 2022 MERRIMACK COLLEGE	04-2103731	Page 3
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.	art for any additional information.	
MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM.		
	Schedule J (Form 990) 2022	990) 2022

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptic explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information	Supplemental Information on Tax-Exempt Bon ganization answered "Yes" on Form 990, Part IV, line 24a. explanations, and any additional information in Part VI. 990. Go to www.irs.gov/Form990 for instructions and the	iental Information on Tax-Exempt Bonds answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, titions, and any additional information in Part VI. www.irs.gov/Form990 for instructions and the latest information.	ax-Exemρ 90, Part IV, lii formation in nstructions ε	ot Bonds ne 24a. Prov Part VI. ind the lates	ide descriptio t information.	ns,			OMB No. 1545-0047 2022 Open to Public Inspection	15-0047 Dublic n	
iization MERRIMACK COLLEGI	5							Employe 04-2	oloyer identifi 04-2103731	Employer identification number 04-2103731	Inmbei	er
Part I Bond Issues												
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	e price	(f) Description of purpose	n of purpose	(g) Defeased (h) On behalf of issuer	ed <b>(h)</b> Or of is		(i) Pooled financing	ed
								Yes No	o Yes	٩	Yes N	No
MASSACHUSETTS DEVELOPMENT FINANCE												
	04-3431814	57583UL48	07/10/14	21,8:	817,579. COI	CONSTRUCTION PROJECTS	PROJECTS	×		×	×	×
MASSACHUSETTS DEVELOPMENT FINANCE D AGENCY	04-3431814	57584X087	05/24/17	30.80	802 795 COI	CONSTRUCTION	PROJECTS	×		×	×	×
		ı		<b>_</b>								
C AGENCY	04-3431814	57584YN70	06/20/21	26,4	458,066. COI	CONSTRUCTION	PROJECTS	X		x	×	X
MASSACHUSETTS DEVELOPMENT FINANCE												
D AGENCY	04 - 3431814	57584Y4J5	12/22/22	33,1	153,447.CO	447. CONSTRUCTION PROJECTS	PROJECTS	X		х	X	X
Part II Proceeds												
			A		8		U			٥		
1 Amount of bonds retired				,790,000.		835,000.						
2 Amount of bonds legally defeased												
3 Total proceeds of issue				,868,813.	32	32,021,831.	26,	458,066.		33,1!	153,447	±7.
4 Gross proceeds in reserve funds										I		
5 Capitalized interest from proceeds				,345,846.		288,970.		928,102.		2,5:	519,77	775.
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds				416,638.		514,487.		473,537.		5	558,69	698.
8 Credit enhancement from proceeds												
9 Working capital expenditures from proceeds			:									
10 Capital expenditures from proceeds			20	,053,	30	,518,	25,	0		3,0(		0
11 Other spent proceeds				53,128.	1	,398,374.		55,624.			74,974.	74.
12 Other unspent proceeds										27,000,	00,00	.000
13 Year of substantial completion				2015		2020		2023				
			Yes	No	Yes	No	Yes	No	Yes	-	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	ssue of tax-exempt t	onds (or,										
if issued prior to 2018, a current refunding issue)?	e)?		:	x		x		x			×	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if	ssue of taxable bond	ls (or, if				1		1			1	
issued prior to 2018, an advance refunding issue)?	re)?		:	x		x		x		+	×	
16 Has the final allocation of proceeds been made?	5		× :		X		x				×	
17 Does the organization maintain adequate books and records to support th final allocation of proceeds?	s and records to sul	pport the	Х		Х		×		X			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for F	orm 990.	_					Sch	nedule h	Schedule K (Form 990) 2022	90) 20	022

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Schedule K (Form 990) 2022 MERRIMACK COLLEGE Part III Private Business Use			04-2	04-2103731				Page 2
	V					0		
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х		Х		Х		х
2 Are there any lease arrangements that may result in private business use of hond-financed property.		X		X		×		×
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Х			Х		х		Х
<b>b</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?	Х							
<b>c</b> Are there any research agreements that may result in private business use of								
bond-financed property?		Х		Х		х		х
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?								
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		.17 %		.00 %		.00		.00
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		.00 %		.00		.00		.00 %
6 Total of lines 4 and 5		.17 %		°00.		°00 %		°00.
7 Does the bond issue meet the private security or payment test?		Х		Х		х		х
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-								
		Х		Х		Х		х
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		X	
Part IV Arbitrage								
	<			8		0		0
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х		х		х		х
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		х		x		×		X
b Exception to rebate?		х		х		x		X
c No rebate due?	Х		Х		Х		Х	
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?		х		х		X		X
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Schedule K (Form 990) 2022 MERRIMACK COLLEGE			04-2	04-2103731				Page <b>3</b>
Part IV Arbitrage (continued)								
		A		В		c		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified	Yes	No ×	Yes	No ×	Yes	No	Yes	No
b Name of provider		:		;		:		:
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		х
b Name of provider								
c Term of GIC								
<b>d</b> 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?		Х		Х		х		x
7 Has the organization established written procedures to monitor the	Х		X		×		Х	
Part V Procedures To Undertake Corrective Action	1		1					
1						C		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		Х		Х		Х	
Part VI Supplemental Information. Provide additional information for responses to questions on	on Schedule	K. See instructions.	uctions.					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2023								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2023								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2023								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2023								
SCHEDULE K, PART II, LINE 3:								
RIE								
INVESTMENT EARNINGS OF \$51,234.								
SSUE B (SERIE								
INVESTMENT EARNINGS OF \$700,198.								

Schedule K (Form 990) 2022

SCH	EDU	ILE	L

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB	No.	1545-0047

2022
Open To Public

Name of the organization MERRIMACK COLLEGE	Empl			Speci		
	MERRIMACK_COLLEGE       04-2103731         Cess Benefit Transactions       (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).         nplete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         disqualified person       (b) Relationship between disqualified person and organization         (c) Description of transaction       (c) Description of transaction         nount of tax incurred by the organization managers or disqualified persons during the year under       \$         8       \$         nount of tax, if any, on line 2, above, reimbursed by the organization       \$         mount of tax, if any, on line 2, above, reimbursed by the organization       \$         mount on Form 990, Part X, line 5, 6, or 22.       Part V, line 38a or Form 990, Part IV, line 26; or if the organization the organization or of log loan amount on Form 990, Part X, line 5, 6, or 22.         ne of person       (b) Relationship       (c) Purpose of loan       (c) Coriginal principal amount       (f) Balance due       (g) In default?       (h) Appro by baard committee organization	ificati	on nu	mber		
	rt V, IIn	ne 40	D.	(d)	Corre	ected?
	action	۱			es	No
				_		
				_		
				_		
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under		¢			1	
		Ψ				
Part II Loans to and/or From Interested Persons.						
	26; or	r if th	e orga	nizatio	on	
reported an amount on Form 990, Part X, line 5, 6, or 22.	()	10	(h) AD	proved	(:) V	Vritten
interested person with organization of loop from the principal amount			by bo	ard or	agree	ement?
	Yes	No	1	No	Yes	No
						+
						+
Total \$						
Total         \$         \$           Part III         Grants or Assistance Benefiting Interested Persons.         \$						
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.						
(a) Name of interested person (b) Relationship between interested person and assistance assistance the organization (c) Amount of (d) Type of assistance assistance assistance assistance (c) Amount of (d) Type of assistance (c) Amount of (c)				) Purp assist		ſ
68,000. MERIT SCHOLAR	2					
	-					
		+				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	9	Sche	dule L	. (Fori	n 990	) 2022

SEE PART V FOR CONTINUATIONS

15550520 143399 393675

Schedule L (Form 990) 2022 M	IERRIMACK	COLLEGE		04-21037	31	Page 2
	s Involvir	ng Interested Persons.				<u> </u>
Complete if the organization	answered "	Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
					<u> </u>	<u> </u>
					<u> </u>	
					+	
					+	+
					+	<u> </u>
Part V Supplemental Informa						
Provide additional informatio	on for respor	nses to questions on Schedule L (see	instructions).			
CH L, PART III, GRANTS OR ASSI	GTANCE B	WEETWAING INVERENED DEDGON				
Ch I, FARI III, GRANIS OR ASSI	STANCE D	ENERTITING INTERESTED FERSON				
C) AMOUNT OF GRANT \$ 68,000.						
D) TYPE OF ASSISTANCE: MERIT S	CHOLARSH	IP				

Schedule L (Form 990) 2022

232132 11-01-22

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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 for instructions and the latest information.

22 ΖU **Open to Public** Inspection

Name of the organization

MERRIMACK COLLEGE

Employer identification number 04 - 2103731

C

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contrib amounts reporte		Method of de		•	
		applicable		Form 990, Part VIII		noncash contribu	tion an	nounts	,
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	x	6	5 1 2	1 6 1 9	EM17			
9	Securities - Publicly traded	Δ	0	5,12	1,648.	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 (PIANOS )	Х	2	11	4,450.	FMV			
26	Other (AUCTION ITEMS )	Х	3		3,977.	FMV			
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organize	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828		•		29			0	
		, i ait v, E	once / totthe wiedg		20			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines	1 throug	ih 28. that it		100	110
004	must hold for at least 3 years from the date of the		•••••		-				
	exempt purposes for the entire holding period?		,	•			30a		х
h							30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	quires the review	of any nonstandard	contribut	tions?	24	x	
31	• • •			2			31		
32a	Does the organization hire or use third parties of		-						v
-	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r tor which column (	a) is cheo	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	).		Schedule N	I (Forn	1 <b>990</b> )	2022

Schedule M	/ (Form 990) 2022 MERRIMACK COLLEGE	04-2103731 P
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines is reporting in Part I, column (b), the number of contributions, the number of items r this part for any additional information.	s 30b, 32b, and 33, and whether the organization
SCHEDULE	M, PART I, COLUMN (B):	
AMOUNTS 1	IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.	

Schedule M (Form 990) 2022

232142 09-09-22

Page **2** 

SCHEDULE O Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	**	Employer	identification number
	MERRIMACK COLLEGE	04-21	03731
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
ACADEMIC SUPPORT -	MERRIMACK COLLEGE PROVIDES ACADEMIC SUPPORT SERVICES		
TO ITS STUDENTS AND	D FACULTY INCLUDING A COMPREHENSIVE LIBRARY, ART		
GALLERY, CREATIVE	WRITING VENUE, ACADEMIC COMPUTING SERVICES, AND		
ACADEMIC TUTORING.			
EXPENSES \$ 17,593,	064. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.		
FORM 990, PART VI,	SECTION A, LINE 3:		
MERRIMACK COLLEGE	HAS A MANAGEMENT AGREEMENT WITH R GALLANT ASSOCIATES LLC		
JNDER WHICH R GALL	ANT ASSOCIATES LLC IS RESPONSIBLE FOR MANAGING THE		
OPERATION OF ICE R	INK PREMISES ON THE COLLEGE CAMPUS. NO COMPENSATION WAS		
PROVIDED BY THE MAN	NAGEMENT COMPANY TO ANY OF THE COLLEGE'S CURRENT OR		
FORMER OFFICERS, D	RECTORS, TRUSTEES, KEY EMPLOYEES OR HIGHEST COMPENSATED		
EMPLOYEES LISTED I	N PART VII, SECTION A. THE AGREEMENT WAS MADE AT ARM'S		
LENGTH.			
FORM 990, PART VI,	SECTION B, LINE 11B:		
INFORMATION FOR FO	RM 990 IS GATHERED AND COMPILED BY THE DEPARTMENT OF		
FISCAL AFFAIRS AND	USED TO POPULATE THE RETURN IN CONJUNCTION WITH TAX		
ADVISORS FROM A NA	FIONAL ACCOUNTING FIRM. THE RESULTING DRAFT FORM 990 IS		
FORWARDED TO THE P	RESIDENT, EXECUTIVE VICE PRESIDENT, IN HOUSE LEGAL		
COUNSEL, AND THE A	JDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF		
TRUSTEES FOR THEIR	REVIEW BEFORE FILING. A COPY OF THE FORM 990 IS PROVIDED		
TO EVERY VOTING BO	ARD MEMBER PRIOR TO FILING WITH THE IRS.		

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization MERRIMACK COLLEGE	Employer identification number 04-2103731
THE COLLEGE REQUIRES THE PRESIDENT AND BOARD MEMBERS TO COMPLETE A CONFLICT	
OF INTEREST QUESTIONNAIRE. THESE DOCUMENTS ARE REVIEWED BY THE OFFICE OF	
GENERAL COUNSEL AND ARE ADDRESSED AS NECESSARY. ALL TRUSTEES SHALL DISCLOSE	
TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICABLE	
TIME. NO TRUSTEE SHALL VOTE ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR	
COMMITTEE MEETING IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST. THE	
MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT	
THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY	
TRUSTEE WHO IS UNCERTAIN WHETHER THEY HAVE A CONFLICT OF INTEREST IN ANY	
MATTER MAY REQUEST THE BOARD OR COMMITTEE TO DETERMINE WHETHER A CONFLICT	
OF INTEREST EXISTS. THE BOARD OR COMMITTEE SHALL RESOLVE THE QUESTION BY	
MAJORITY VOTE. VIOLATION OF THIS POLICY MAY RESULT IN REMOVAL FROM OFFICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
FORM 990, PART VI, LINE 15A:	
ACCORDING TO ARTICLE VII, SECTION 7 OF THE MERRIMACK COLLEGE BY-LAWS, THE	
COMPENSATION COMMITTEE SHALL REVIEW THE COMPENSATION AND BENEFITS OF THE	
OFFICERS OF THE CORPORATION WHO ARE EMPLOYEES OF THE COLLEGE AND MAKE	
RECOMMENDATIONS FOR ACTION BY THE BOARD.	
THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE USES A PUBLISHED SALARY	
SURVEY TAKEN FROM REGIONAL ACADEMIC INSTITUTIONS COMPARABLE TO MERRIMACK TO	
BENCHMARK THE PRESIDENT'S SALARY UTILIZING THE COLLEGE AND UNIVERSITY	
PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) AND OTHER INDUSTRY	
STANDARDS DATA.	
IN ADDITION TO RECEIVING SALARY DATA. THE COMPENSATION COMMITTEE CONDUCTS A	
,,, _,, _	

PRESIDENTAL EVALUATION PROCESS IN WHICH ALL MEMBERS OF THE BOARD OF

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
MERRIMACK COLLEGE	04-2103731
TRUSTEES ARE ASKED TO INPUT THEIR OPINIONS REGARDING THE PRESIDENT'S	
ACHIEVEMENT TOWARDS GOALS AND EXPECTATIONS ESTABLISHED ANNUALLY BY THE	
BOARD. ONCE CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR	
DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ACHIEVEMENTS AND	
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	
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.

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization MERRIMACK COLLEGE	Employer identification number 04-2103731
	04 2103731
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, THE MASSACHUSETTS ATTORNEY GENERAL'S	
WEBSITE, AND THE COLLEGE'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN NET VALUE OF SPLIT INTEREST OBLIGATIONS 23,917.	
DEBT SERVICE RESERVE TERMINATION PAYMENT -315,000.	
TOTAL TO FORM 990, PART XI, LINE 9 -291,083.	
	Sobodula O /Farm 000) 0000
232212 10-28-22	Schedule O (Form 990) 2022

15550520 143399 393675

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Pal ed "Yes" on Form 990, Part IV, lin Attach to Form 990. 90 for instructions and the latest	<b>tnerships</b> e 33, 34, 35b, 36, information.	or 37.	1	OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization MERRIMACK COLLEGE					Employer identification number 04-2103731	iication number 1
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	lete if the organization answered "Yes" of	on Form 990, Part IV, line 33				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	le End-of-year assets		(f) Direct controlling entity
MERRIMACK METEOR INVESTMENT LLC 315 TURNFIKE STREET NORTH ANDOVER, MA 01845	INVESTMENT	DELAWARE	127,513.		5,332,691. MERRIMACK COLLEGE	COLLEGE
<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	zations. Complete if the organization a	nswered "Yes" on Form 990	Part IV, line 34, be	ecause it had one o	r more related tax-ex	empt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule F	Schedule R (Form 990) 2022

232161 09-14-22 LHA

Schedule R (Form 990) 2022 MERRIMACK COLLEGE	COLLEGE								04-2103731	03731		Page 2
Part III         Identification of Related Organizations Taxable as a Partnership.           organizations treated as a partnership during the tax year.	zations Taxable as ship during the tax	<b>s a Partner</b> t year.		the organiza	Complete if the organization answered "Yes"	Yes" on Form 9	90, Part IV, li	ne 34, becau	on Form 990, Part IV, line 34, because it had one or more related	more rela	ited	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	-	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	zations Taxable as ation or trust during	s a Corpor g the tax ye	or Trust.	omplete if the	organization ar	nswered "Yes" (	on Form 990,	Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or	more re	elated
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	g Type of entity (C corp, S corp, or trust)		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
CHARITABLE REMAINDER TRUST (1)				MA	N/A						×	
232162 09-14-22				α Υ					Schee	Schedule R (Form 990) 2022	orm 99	0) 2022

Schedule R (Form 990) 2022 MERRIMACK COLLEGE

Page 3 04 - 2103731

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 N	No No
1 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?	s with one or more rel	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			<b>1</b> a	X	×
<b>b</b> Gift grant or capital contribution to related organization(s)				÷	×	×
				2 -	×	~
				<u>د</u>		,
d Loans or loan guarantees to or for related organization(s)				1d	~	×
e Loans or loan guarantees by related organization(s)				1e	×	×
f Dividends from related organization(s)				1f	X	×
<b>a</b> Sale of assets to related organization(s)				1a	X	×
Durchase of assets from related organization(s)				¢ ÷	×	<u>~</u>
				;		
				-	4	ہ
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×	×
k Lease of facilities. equipment, or other assets from related organization(s)				¥	×	м
	nization(s)			=	×	M
_	nization(s)			<u></u>	×	M
B Sharing of facilities equipment mailing lists or other assets with related organization(s)	on(s)			÷	×	×
				ç	×	<u>~</u>
				2	-	
<b>b</b> Reimbursement paid to related organization(s) for expenses				6	×	м
Reimbursement paid by related organization(s) for expenses				10	×	м
				-		
r Other transfer of cash or property to related organization(s)				+	×	м
(s)				1s	×	<b>_</b>
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.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	ivolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
232 163 09-14-22	69		Schedul	Schedule R (Form 990) 2022	90) 20	322

Selecter Pi form 1600 poor Transfer Serence No. 2013 Entry Understed Organization Transfer as a Primary lange of complete the organization arraward "Ver" or Form 300. Part IV, Ira 37. For the array of complete Transfer as a Primary and as a primary lange of complete the organization arraward "Ver" or Form 300. Part IV, Ira 37. For the array of complete Transfer array restriction array and the primary lange of the array of the a

232164 09-14-22

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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