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# 1307 04/22/2010 1 36 PM

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public

me	nai Revenue Ser	The organization may have to use a copy of this feturif to satisfy state repr	orung requirem	ents	inspection
<u>A</u>		alendar year, or tax year beginning , and ending		·	<del></del>
	Check if applicable	Please C Name of organization MERRIMACK VALLEY HOUSING		D Employ	er Identification number
$\sqcup$	Address change	label or PARINERSHIP INC		0.4	2050216
	Name change	print or Doing Business As		_	2950316
	Initial return	1 6 1	Room/suite	•	ne number
$\overline{\Box}$	Termination	Specific FO BOX 1042			-459-8490
=		Instructions City or town, state or country, and ZIP + 4  LOWELL MA 01853		G Gross receip	is \$ 169,595
$\equiv$	Amended return	F Name and address of principal officer		Ll(a) la thia a	aroun coburn for
Ш	Application pending	DAN O'BRIEN		affiliates	group return for? Yes X No
		C/O BUTLER BANK, 10 GEORGE STREET		H(b) Are all a included	ffiliates 🗂
		LOWELL MA 01852			attach a list (see instructions)
1	Tax-exempt statu			,	stabil a list (see histagerie)
		www.mvhp.org		H(c) Group e	xemption number
	Type of organization		ar of formation		State of legal domicile MA
******		ummary			
	<del></del>	lescribe the organization's mission or most significant activities			
	· ·	ASSIST LOW INCOME FAMILIES IN FINDING HOUSING			
8	10 1	ADDID! HOW INCOME PARTELLO IN PINDING MODELING			
ă					
ᇤ					
Š	2 Check th	his box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	of its assets		
ಷ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	16
Activities & Governance	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	16
Σį	5 Total nu	imber of employees (Part V, line 2a)		5	4
Act	6 Total nu	imber of volunteers (estimate if necessary)		6	<del></del>
_	7a Total gro	oss unrelated business revenue from Part VIII pe 22 column (C)		7a	
	b Net unre			7b	0
		m   D	Prior Year		Current Year
•	8 Contribu	utions and grants (Part VIII, line 1h)  service revenue (Part VIII, line 2g)  ent income (Part VIII, column (A), lines 3, 4, and 70)	352	,643	344,443
Revenue	9 Program	n service revenue (Part VIII, line 2g)			
ě			47	,967	-174,848
Œ	11 Other re	evenue (Part VIII, column (A), lines 5 6d, 8 000 1000 110 7			
	12 Total rev	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400	,610	169,595
	13 Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			
ø	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	154	,192	219,757
ZUNU Expenses	16a Professi	ional fundraising fees (Part IX, column (A), line 11e)			
₹\$.	b Total fur	ndraising expenses (Part IX, column (D), line 25)			
ű	17 Other ex	xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	94	,547	82,513
<b>₽</b>	18 Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25)	248	,739	302,270
(m2)		e less expenses Subtract line 18 from line 12	151	,871	-132,675
ances ances			Beginning of		End of Year
age and a second	20 Total as:	sets (Part X, line 16)	826	,704	<u>693,710</u>
© <u>₹</u> 8	21 Total lial	bilities (Part X, line 26)		323	4
و چي	22 Net asse	ets or fund balances Subtract line 21 from line 20	826	,381	693,706
<del>多</del> P	art II S	ignature Block			·····
Ž.	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and			
	an	nd belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all informat	ion of which prepa	arer has any مست	knowledge
<sup>⊎</sup> Sig	jn 📗	Danit AUBn		5/1	1/0010
He	re 🖊	Signature of office		Date	/
		Daniel J. O Basen Pass			
		Type or print name and title			
	р.	reparer's Date	Check if	<del></del>	Preparer's identifying number
Pai	M 1	gnature 4/22	self-		(see instructions) P00118769
Pre	eparer's	Rosatone & Bell, LLC	TO Employe	7- <del></del>	► 20-2019806
Us	· · · · · · ·		<del></del>	EIN	► 70-70T390P
	ıf s	self-employed). 116 Summer St  Idress, and ZIP+4 Haverhill MA 01830-6032		Phone	070 272 0000
		maverment, and order outside the		no 🕨	978-372-8222
		ss this return with the preparer shown above? (see instructions)		<u> </u>	Yes No Form <b>990</b> (2008)
DAA	FOR PRIVACY	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form MMU (2008)

	MERRIMACK VALLEY	HOUSING 04-	-2950316	Page 2
		ice Accomplishments (see instruction	ons)	
	ribe the organization's mission	TI TOO THE DESIDENCE MONOTH		
10 ASSI	ST LOW INCOME FAM	ILIES IN FINDING HOUSIN	G	
		rogram services during the year which were not	listed on	
•	rm 990 or 990-EZ?			Yes X No
	scribe these new services on Sched			
3 Did the orga	anization cease conducting, or make	e significant changes in how it conducts, any prog	gram	Yes X No
	scribe these changes on Schedule (			
		each of the organization's three largest program	services by expenses	
Section 501	(c)(3) and 501(c)(4) organizations a	nd section 4947(a)(1) trusts are required to repo	ort the amount of grants and	
allocations t	to others, the total expenses, and re	venue, if any, for each program service reported		
4- (0-4-			) (D	
4a (Code	) (Expenses \$	including grants of \$ DUCATE - LOW INCOME FAMIL	) (Revenue \$	
		AND ASSISTING LOW INCO		•
	ING SUITABLE HOUS			
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	,
4- (0-4-	\(\int_{\text{1.5}}\)		\ \( \text{D} \)	
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4d Other progra	am services (Describe in Schedule	0)		
(Expenses		<del></del>	(Revenue \$	)
4e Total progr	ram service expenses 🕨 \$	302,270 (Must equal Part IX, Lin	e 25, column (B) )	<del></del>
				Form <b>990</b> (2008)

	The state of the s			
			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	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	.		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			х
5	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_	İ	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	┪		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		J	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	1		
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	to defease any tax-exempt bonds?	24c		
d -25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
ı.	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25.		v
26	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	26		
••	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
	The state of the s			

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х

Form **990** (2008)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	Pa	R V Statements Regarding Other IRS Fillings and Tax Compliance				
U. S. Information Returns Enter-O- if not applicable be Enter the number of Forms W-SC cincluded in the 1a Enter-O- if not applicable 1b b	4.	5 to the control of Ferry 1000 Acrost Commence and Transmitted of			Yes	No
be Enter the number of Forms W-2G included in line 1s Enter-0-1 and applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  5 Statements, Red for the calendary are anding with or within the year covered by this return.  5 It at least one is reported on line 22, did the organization file all required federal employment tax returns?  5 Note. If the sum of lines 1 and 25 as greater han 250, you may be required to -file this return (see instructions)  5 Id the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  5 If Y'es', has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, has it filed a Form 990-T for this year? If No.* provide an explanation in Schedule O  5 If Y'es, and the name of the foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  6 If Y'es, explain a party to a prohibited tax sheller transaction at any time during the tax year?  7 If Y'es, if we deep employed and the securities of the organization and the securities of the organization and the securities of the organization and the securities of the organization and the organization and the securities of th	та		40			
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wereings to prize winches?  28 Elited than number of employees reported on Form W-3, Transmital of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return  29 If at least one is exported on the 24 off the organization field in required federal employment tax returns?  20 If a title state or is exported on the 24 off the organization field in required federal employment tax returns?  20 If the organization have unrelated business gross income of \$1,000 or more duming the year covered by this return.  20 If Yes,* has it filed a Form 990-T for this year? If Yo,* provide an explanation in Schedule O  31 A any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ✓ Level as a bank account, securities account, or other financial accounts.  32 If Yes,* enter the name of the foreign country ✓ Level as a bank account, securities account, or other financial accounts.  33 If Yes, a financial accounts in a fine group country ✓ Level as a bank account, as other authority over, a financial accountry.  34 If Yes,* enter the name of the foreign country ✓ Level as a bank account, and the security of the security of the properties account, or other financial accounts.  35 East the matricones for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  36 Was the organization should five from 808-7. Disclosure by Tax-Exempt Entity  37 Reporting Prohibited Tax Shelter Transaction?  38 Uses the emplacention should any organization had a was or as a party to a prohibited tax shelter transaction?  39 Uses the propertion of special being organization or the state deductible?  30 Uses the organization organization include with every solicitation an express statement that such conhobitions or growing the second orga	L	• •		-		
aming (gambling) winnings to prize winners?  Either the number of employees reported on Form W-3, Transmittal of Wage and Tax  Stemeners, fleed for the calendary year anding with or within the year covered by this return  If at least one is reported on fine 2 a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of the start of the sum of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of the start of the sum of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 and 2 as igreater than 250, you may be required to e-file this return (see incompanion of lines 1 as a significant of lines 2 as a significant of lines				-		
2a 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 ecovered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file the return (see instructions)  and the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No", provide an explanation in Schedule O  3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts or exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5c Wes the organization a printy to a prohibited tax sheller transaction?  5c Wes the organization appray to a prohibited tax sheller transaction?  5c Wes the organization appray to a prohibited tax sheller transaction?  5c If "Yes," to question 8 or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibed Tax Sheller Transaction?  5c If "Yes," to question 8 or 5b, did the organization file Form 8896 at the organization count of the organization counted with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization provide goods or services in exchange for any quid pro quo contributions or gifts were not tax deductible?  6d If "Yes," did the organization morthly the donor of the value of the goods or services provided?  6d If "Yes," and file the organization on the year and y	C		able	4.	v	
Statements, flied for the calendary war ending with or within the year covered by this return	2-		1	10		
bill fat least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-file this return (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  A la ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  Beet the matricions of exceptions and filing requirements for Form TDF 80-22 1, Report of Foreign Bank and Financial Accounts  Beet the matricions and security in the organization and any time during the tax year?  See the matricions and filing requirements for Form TDF 80-22 1, Report of Foreign Bank and Financial Accounts  Use of the organization aparty to a prohibited tax sheller transaction?  Bear of the organization aparty to a prohibited tax sheller transaction?  Bear of the organization aparty to a prohibited tax sheller transaction?  Bear of the organization and the organization the Form 8886-7, Declosure by Tax-Exempt Entity  Regarding Prohibited Tax Shelfer Transaction?  Bear of the organization provide goods or services in exchange for any quid prior quio contributions or grifts were not tax deductible?  Organization shet many receive deductible contributions under section 170(c).  Did the organization provide goods or services in exchange for any quid prior quic contributions or filing the very organization and the value of the goods or services provided?  The organization for the transaction?  The organization provide goods or services in exchange for any quid prior quic contributions or filing the prior that such contributions or qualified intellectual property, did the organization of filing the prior that such contributions or	za		20 1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4a At any time during the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," enter the name of the foreign country   Note of the intervention of the substitutions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5b Was the organization applied party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization applied party to a prohibited tax shelter transaction?  5d Was the organization scholar study of the organization file Form 886-7, Disclosure by Tax-Exempt Entity  Regarding Prohibited Tax Shelter Transaction?  5c Did the organization scholar study contributions that were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5c Organizations that may receive deductible contributions under section 170(c).  5c Organizations that may receive deductible contributions under section 170(c).  5d Ut the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757  7d Vest, "did the organization new provide goods or services in exchange for any quid pro quo contribution of more than \$759  5d Ut the organization seller, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822  7e Did the organization and the provide goods or services in exchange for any quid pro quid contributions of a personal benefit contract?  7d Was provided the number of Forms 8282 filed during the year  9 Did the	_		Za   ¬	վ "լ	v	
an structions) a Did the organization have unrielated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  A lany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  Yes, "In a file of the foreign country (such as a bank account, securities account, or other financial accounts account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to question 5e or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Scheller Transaction?  5c If "Yes," to question 5e or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Scheller Transaction?  5c If "Yes," to question 5e or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  5c If year, and the organization provide goods or services an exchange for any quid pro quo contribution of more than \$750.  5c If "Yes," did the organization notify the dinor of the value of the goods or services provided?  5c If If Yes, "did the organization offity the dinor of the value of the goods or services provided?  5c If Yes," did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to the Form 8282? filed during the year.  5c If If Yes, "did t	D	· · · · · · · · · · · · · · · · · · ·		20	1	
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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the communications, processes, or changes in Schedule C. See instructions  1a. Enfet the number of volange members of the governing body  b. Enter the number of volange members of the governing body  c. Did any officiant, dericals, trustee, or key employees here a family relationship or a business relationship with any other officer, director, trustee, or key employees be a management of the direct or the communication of officers, director, trustee, or key employees to a management of company or other person?  3. X. Did the organization delegate control over management duties customarily performed by or under the direct a supervision of officers, directors or trustees, or key employees to a management company or other person?  3. X. Did the organization make are specificated changes to a to granazational documents since the pen of form 990 ws. filed?  4. X. S. Did the organization have members or stockholiders or to see the organization have members or stockholiders?  5. Does the organization have members or stockholiders, or other persons who may elect one or more members  5. Did the organization nature members or stockholiders, or other persons who may elect one or more members  5. Did the organization nature members or stockholiders, or other persons who may elect one or more members  5. Did the organization nature members or stockholiders, or other persons who may elect one or more members  6. X. X. Section 1. The persons who may elect one or more members  7. Did to a special persons of the government body subject to approve by members, stockholiders, or other persons?  7. Did to the organization nature members or stockholiders or other persons?  7. Did to the organization nature members or stockholiders, or other persons or undertaken duming  8. Did the organization nature members of the organization or other persons?  9. Did the organization nature members or the organization or persons organization orga	Sec	tion A. Governing Body and Management						
commissiones, processes, or changes in Schedular O. See instructions  Enter the number of viving members of the governing body  Enter the number of viving members that are independent  2					F		Yes	No
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available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. X. Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JAMES WILDE  PO BOX 1042	17	• •						
Own website	18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)	s only)				
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JAMES WILDE</li> <li>PO BOX 1042</li> </ul>								
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JAMES WILDE PO BOX 1042		Own website Another's website X Upon request						
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JAMES WILDE PO BOX 1042	19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ct of 11	nterest				
organization ▶ JAMES WILDE PO BOX 1042		policy, and financial statements available to the public						
	20	State the name, physical address, and telephone number of the person who possesses the books and re	cords	of the				
LOWELL MA 01853 978-459-8490		organization ▶ JAMES WILDE PO BOX 1042						
	_L(	DWELL M	A 0	1853	978	<u>-45</u>	<u>9 - 8</u>	<u>490</u>

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	ganization did not compens (B)				c)		.,	(D)	(E)	(F)
Name and Title	Average hours per week			check	all ti	nat ap	ply)	Reportable compensation from	Reportable compensation from related	Estimated amount of
	WOON	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES WILDE	40							95 500	0	
EXEC DIRECT SEE ATTACHED			-	<u> </u>				85,500		<u> </u>
-					_			0	0	0
		_	_		_	_				
			_	ļ	_					
	<del></del>				<b></b>					
							-			
-		-								
		_			_		_			
		_			_					
		_								

ļ

Pal	rt VII Section A	. Officers, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A)	(B)	Bos.	tion (		C)	nat ap	\	(D)	(E)		(F)		
	Name and title	Average hours per week	or director	_	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co o a	Estima amoun othe empens from t rganiza and rela	t of r ation he ation ated	
														_
								_						
								<u> </u>						
	·····								-					
			_											
			-											
			_											
								-						
-					-			-						
1b	Total	1		L	L	Ĺ	l	<u> </u>	85,500					
2	Total number of indivorganization ▶ 0	viduals (including those in 1	a) wl	ho re	ceiv	ed m	ore 1	than	\$100,000 in reportable com	pensation from the				
3									ee, or highest compensated				Yes	No
4	For any individual list		f repo	ortab	le co	mpe	ensat	tion a	and other compensation from complete Schedule J for su			3		Х
5	individual Did any person listed	d on line 1a receive or accru	ле со	mpe	nsat	on f	rom a	any i	unrelated organization for			4		X
Sec	tion B. Independent											5		X
1	Complete this table f compensation from t	he organization	nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more that				(C)	
		(A) Name and business address						-	Descrip	(B) tion of services		Co	(C) mpensat	tion
								-						
	<del> </del>							$\vdash$						
										<del>-</del>		<u> </u>		
		· · · · · ·		•	-								•	-
2	Total number of inde	pendent contractors (including the organization ▶	ling t	hose	ın 1	) wh	o rec	eive	ed more than \$100,000 in			0		
	-		_										200	/0000

Pa	rt V	<u>III Staten</u>	nent of Rev	enue						
							(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
								function revenue	revenue	under sections 512, 513, or 514
इ इ	1a	Federated can	npaigns	1a					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 5		Membership di		1b						<b>‡</b>
PE		Fundraising ev	f	1c						1
뙕빏		Related organi		1d						1
S.E	9	Government grants	ī	1e						1
<u>s</u> . <u>s</u>		All other contribution	· •	<del>-'°</del> +						•
Contributions, gifts, grants and other similar amounts	•	and similar amounts		1f	3	44,443				
50	~	Noncash contribution	J ne included in lines 1:			11/115				
S E	9	Total. Add line		Q-11 4	,		344,443			
_		Total. Add lifte	3 12-11			Busn. Code	344,443		***************************************	
E I	2a					Busil. Code				<u> </u>
Š	2a b							:		<del></del>
ë	_		•							<del> </del>
Š	c d	•			•	<u> </u>				
2	ū									
Program Service Revenue		All other progra	am senuce rous	anue		<del> </del>				<u> </u>
<u>8</u>		Total. Add line		inue		<b>•</b>				<u>                                     </u>
귀	<u></u> H_	Investment inc		duudos	ada untaran					<u> </u>
	3	other similar ai		divide	ius, iriteres	t, and	-174,848	-174,848		
	4	Income from in	•	v 0v0m	nt hand are	opode -	-1/1,010	-174,040		
		Royalties	ivestillent of tax	x-exem	pt bonu pre	ceeus	<u></u>			
	5	Royanies	(ı) Real		(u) P	ersonal	<del></del>			
	6a	Gross Rents	(i) i cai		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- Croonar				
				-	<del> </del>					<u> </u>
	b	Less rental exps			<u> </u>					į
	C	Rental inc or (loss)	ma es (less)		J		3			Ť
	d 7a	Net rental inco	(i) Securiti		7 (11)	Other				
		sales of assets	(i) Securit		- 1 (")	Other	:			
		other than inventory			<del> </del>					
	b	Less cost or other								•
	_	basis & sales exps	-		<del></del>					
		Gain or (loss)					1			Ī
	d	Net gain or (los								
	8a	Gross income fro	om runuraising ev	enis						
Ž		(not including \$		- \						
8		of contributions re								
Other Revenu		See Part IV, line		8						<b>.</b>
轰		Less, direct ex Net income or		t drausus						ŧ
٥	C			-	events					<del></del>
	78	Gross income fro See Part IV, line								,
ļ	<b>L</b>	Less direct ex		a E						<b>.</b>
		Net income or	•	-		•				
		Gross sales of			livilles					<u> </u>
	IVA	returns and alle	=	8	J					
	<b>b</b>	Less cost of g		E						
		Net income or		_	· ———					Ŧ
ŀ			ellaneous Revent		ventory	Busn. Code	<del> </del>			
ŀ	11a	11.130								Ī
ļ	b									
	c									
	d	All other reven	ue			<del></del>				
	9	Total. Add line				<b>▶</b>				
	12	Total Revenue		2a. 3	4, 5, 6d. 7d	· •				
		9c 10c and 1		-5, 0,	., 5, 56, 16		169.595	-174.848	n	0

## 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and	<del></del>		A 700 00 10 10 10 10 10 10 10 10 10 10 10 1									
	organizations in the U.S. See Part IV, line 21			·									
2	Grants and other assistance to individuals in			<u></u>									
-	the U.S. See Part IV, line 22												
3	·			1111									
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U S See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	0= =00	25 522										
	trustees, and key employees	85,500	85,500										
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	99,303	99,303										
8	Pension plan contributions (include section 401(k)	1											
	and section 403(b) employer contributions)	<u> </u>											
9	Other employee benefits	18,660	18,660										
10	Payroll taxes	16,294	16,294										
11	Fees for services (non-employees)			-									
а	Management												
b	Legal		***										
c	Accounting	2,829	2,829		, ,								
d	<del>"</del>			<del></del>									
	Professional fundraising services See Part IV, line 17												
•	Investment management fees	9,338	9,338	<u></u>									
'	Other	2,330	7,330										
9		5,498	5,498										
12	Advertising and promotion	7,948	7,948										
13	Office expenses				· · · · · · · · · · · · · · · · · · ·								
14	Information technology	818	818	<del></del>									
15	Royalties	6 300	5 200										
16	Occupancy	6,300	6,300		<u> </u>								
17	Travel	462	462										
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	1,149	1,149										
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	3,539	3,539	· · · · · · · · · · · · · · · · · · ·									
23	Insurance	3,193	3,193	••••••									
24	Other expenses Itemize expenses not				_								
	covered above (Expenses grouped together												
	and labeled miscellaneous may not exceed			:									
	5% of total expenses shown on line 25 below )				,								
а	COPYING & PRINTING	18,464	18,464										
b	FOOD FOR MEETINGS/CLASSES	7,740	7,740										
c	FORECLOSURE PREV TASK FC	3,442	3,442	<del></del>									
ď	PROFESSIONAL SUBSCRIPTION	3,255	3,255										
9	COMPUTER TECH ASSISTANCE	2,793	2,793										
_		5,745	5,745										
f 25	All other expenses	302,270	302,270										
25	Total functional expenses. Add lines 1 through 24f	302,270	302,270										
26	Joint Costs. Check here   ☐ If following SOP 98-2 Complete this line only if the		İ										
	organization reported in column (B) joint costs												
	from a combined educational campaign and												
	fundraising solicitation				Form <b>990</b> (2008)								
DAA					Earn MMII (2000)								

- 12	art /	Balance Sneet		<del></del>						
					(A) Beginning of year		(B End of	•		
	1	Cash—non-interest bearing				1		,,,,,		
	2	Savings and temporary cash investments		-	54,663	2		84,	637	
	3	Pledges and grants receivable, net		-	31,003	3		0 1,	0.5.7	
	4	Accounts receivable, net		-	19,472	4		7	680	
	5	Receivables from current and former officers, directors, tri	ustees kev	-	10,112	-			000	
	, J	employees, or other related parties Complete Part II of So	•			5				
	6	Receivables from other disqualified persons (as defined u		ļ <del>.</del>		<b>-</b>		*****		
	Ŭ	4958(f)(1)) and persons described in section 4958(c)(3)(B								
		Part II of Schedule L	) Complete	İ		6				
w	7	Notes and loans receivable, net		-		7	-			
et	8	Inventories for sale or use		F		8				
Assets	9	Prepaid expenses and deferred charges		-		9				
۹		_	10a [	67,542						
	10a	Land, buildings, and equipment cost basis  Less accumulated depreciation Complete	100	07,342						
		Part VI of Schedule D	10b	56,154	5,394	40-		11,	200	
	44		[ 100 ]	30,134	747,175	10c		<u>11,</u> 90,		
	11	Investments—publicly traded securities		-	747,175		3	90,	005	
	12	Investments—other securities See Part IV, line 11		-		12				
	13	Investments—program-related See Part IV, line 11		-		13				
	14	Intangible assets		-		14				
	15	Other assets See Part IV, line 11		-	826,704	15	6	93,	710	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			323	16		93,		
	17	Accounts payable and accrued expenses		-	323	17			4	
	18 Grants payable   18     19 Deferred revenue   19									
				-					-	
S	20	Tax-exempt bond liabilities		-		20				
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		-	, , , , , , ,	21			<del></del>	
賣	22	Payables to current and former officers, directors, trustees	•			•				
<u>.</u>		employees, highest compensated employees, and disqual								
		persons Complete Part II of Schedule L	22		•					
	23	Secured mortgages and notes payable to unrelated third p		23	·					
	24	Unsecured notes and loans payable		-		24				
	25	Other liabilities Complete Part X of Schedule D		-	202	25				
	26	Total liabilities. Add lines 17 through 25	7		323	26			4	
nces		Organizations that follow SFAS 117, check here	and		,					
Ĕ		complete lines 27 through 29, and Ilnes 33 and 34.		•	F06 F70		4	47		
ä	27	Unrestricted net assets		-	526,578	27	4	41,	<u> </u>	
	28	Temporarily restricted net assets		-	200 002	28	2	<u> </u>	<u> </u>	
Ĕ	29	Permanently restricted net assets		ļ <del>.</del>	299,803	29		52,	202	
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, check her	9 ▶ ∐							
ō		and complete lines 30 through 34.		•						
ets.	30	Capital stock or trust principal, or current funds		-		30				
SS	31	Paid-in or capital surplus, or land, building, or equipment f		-	<del></del>	31				
Ä	32	Retained earnings, endowment, accumulated income, or o	other funds	-	006 201	32		0.3	700	
<u>fet</u>	33	Total net assets or fund balances		-	826,381	33		<u>93,</u>		
	34	Total liabilities and net assets/fund balances			826,704	34	ь	<u>93,</u>	/10	
_P;	art >	(i Financial Statements and Reporting						Ι		
_	A -	and the state of t	Sach Tel 4				F	Yes	No	
1		• • • • • • • • • • • • • • • • • • • •		ccrual  Oth					v	
28		ere the organization's financial statements compiled or revie	•	•	(		2a_	ļ <u>.</u>	X	
t		ere the organization's financial statements audited by an ind	•					-	Х	
C		Yes" to lines 2a or 2b, does the organization have a commit		•	<del>-</del>		_			
_		e audit, review, or compilation of its financial statements and		•			2c	<del> </del>		
38		a result of a federal award, was the organization required to	o undergo an a	iudit or audits as set t	งาเก เท					
		Single Audit Act and OMB Circular A-133?	i.i.o.?				3a			
	<u> </u>	Yes," did the organization undergo the required audit or aud	nis r		·		3b	لسبا	<u> </u>	

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047 2008

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MERRIMACK VALLEY HOUSING

PARTNERSHIP INC

Employer identification number 04 - 2950316

The	orga	nization is not a	private foundation because	it is (Please check only one org	anization	)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(/	۹)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E)									
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	ıle H)				
4	П	·	•	in conjunction with a hospital de-						e hospi	tal's name,		
	بسا	city, and state	•							·			
5	П	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	emmenta	al unit de	scribed	ın			
	_	section 170(I	b)(1)(A)(iv). (Complete Part I	1)									
6				vernmental unit described in sec	tion 170(	b)(1)(A)(v	').						
7	X	An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental un	it or fron	n the ge	neral pu	blic			
	_	described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II )									
8	Ц	A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	)								
9		An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership f	ees, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions,	and (2) n	o more	than 33	1/3 % o	fits			
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5°	11 tax) fr	om busi	nesses				
		acquired by th	ne organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III)							
10	Н	-	•	xclusively to test for public safety									
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the											
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
		· ```		e type of supporting organization			11e thr						
	$\overline{}$	a Type		c Type III-Functiona	•		d		e III–Oti	her			
9				nization is not controlled directly									
				ind other than one or more public	cly suppor	ted organ	izations	describe	ed in sec	ction			
			ection 509(a)(2)										
f		-		mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	g				$\Box$
		_	check this box			<b>.</b>							Ш
9				on accepted any gift or contributi	on from ai	ny of the							
		following pers										Г Т	
		• • •	· · · · · · · · · · · · · · · · · · ·	ntrols, either alone or together wi	in persons	s describe	a in (ii)				44-m	Yes	No
			pelow, the governing body of	· · · · ·							11g(i)	<del>  </del>	
			member of a person describe								11g(ii)	<del></del>	
		• •	ontrolled entity of a person de								11g(iii)	<u></u>	
<u>h</u>		Provide the to	ollowing information about the	e organizations the organization	supports								
(1)		e of supported	(II) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization		ou notify		ls the	(vII) Amo		
	org	janization		above or IRC section		sted in your document?		nization in of your	(i) organi	zed in the	supp	UIT	
				(see instructions))	Ľ.			port?	τ <u>υ</u>	S ?			
					Yes	No	Yes	No	Yes	No			
		<u> </u>			<b></b>	ļ	ļ <u> </u>		ļ				
								Ì		l i			
					-		<del>                                     </del>		<del>                                     </del>				
										[			
					-		<del> </del> -		╆				
									<u></u>				
				······································									
Tota	ı				1		1	1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	313,519	274,000	282,856	352,643	344,383	1,567,401
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	313,519	274,000	282,856	352,643	344,383	1,567,401
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)						
6	Public support. Subtract line 5 from line 4						1,567,401
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	313,519	274,000	282,856	352,643	344,383	1,567,401
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,710	9,043	13,491	19,309	16,459	67,012
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 IV)						
11	Total support. Add lines 7 through 10	LI			L		1,634,413
12	Gross receipts from related activities, etc. (	•				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	)	. $\Box$
	organization, check this box and stop here					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Sec	tion C. Computation of Public Su	<del>'</del>	<del></del>			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line 6,	column (f) divided b	y line 11, column (f	))		14	95.8999 %
15	Public support percentage from 2007 Schei	dule A, Part IV-A, Iir	ne 26f			15	96.8373 %
16a	33 1/3 % support test—2008. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1/	/3 % or more, chec	k this box	<b>(</b>
	and stop here. The organization qualifies a	s a publicly support	ed organization				<b>▶</b> 🗓
b	33 1/3 % support test—2007. If the organi	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3 % or more,	check this	
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	1			▶ 🔲
17a	10%-facts-and-circumstances test—2008	3. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumsta	ances" test. The org	anization qualifies a	as a publicly suppor	ted organization		▶ ∐
b	10%-facts-and-circumstances test—2007	. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	e 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumstanc	es" test, check this	box and stop here	. Explain in Part IV	how the	_
	organization meets the "facts-and-circumsta			<del>-</del>	•		▶ 🔲
18	Private foundation. If the organization did	-	•		<del>-</del>	tructions	▶ 🗍

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Gross income from interest, dividends. 10a 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 C 11 Net income from unrelated business activities not included in 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 IV) Total support. (Add lines 9, 10c, 11, 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 MERRIMACK VALLEY HOUSING

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Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

lam	e of the organization	E	mploy	er Identification nu	ımber			
M.	ERRIMACK VALLEY HOUSING							
Ρ.	ARTNERSHIP INC		)4-2	2950316				
Pε	Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, P		ount	s. Complete it				
		(a) Donor advised funds	(b	) Funds and other a	counts			
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised						
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes	□No			
6	Did the organization inform all grantees, donors, and donor advisors in wi	<del>-</del>		_	_			
	used only for charitable purposes and not for the benefit of the donor or d	• •						
	impermissible private benefit?			Yes	No			
P	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	90, F	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check al			· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically import	ant lan	d area				
	Protection of natural habitat	Preservation of certified historic structure						
	Preservation of open space							
2	Complete lines 2a–2d if the organization held a qualified conservation cor	ntribution in the form of a conservation easer	ent					
•	on the last day of the tax year	and district the form of a control valor case.						
				Held at the End	1 of the Year			
а	Total number of conservation easements		2a	11014 41 4110 2111				
b			2b					
c	Number of conservation easements on a certified historic structure include	ed in (a)	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	<u> </u>				
3	Number of conservation easements included in (c) acquired after of mode.  Number of conservation easements modified, transferred, released, extin			<u></u>				
3		guistied, or terrimated by the organization of	ming					
	the taxable year	atod •						
4	Number of states where property subject to conservation easement is loc							
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, violations, and		Yes	□ No			
	enforcement of the conservation easements it holds?			Tes	<u> </u>			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	· · · · · · · · · · · · · · · · · · ·						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing eas							
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		Yes				
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			∐ Yes	∐ No			
9	In Part XIV, describe how the organization reports conservation easemen	•						
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describe	es					
-	the organization's accounting for conservation easements	Historical Tracques or Other Sir	ailan .	Acceto				
	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		illar i	ASSUIS.				
	Complete if the organization answered Tes to	1 om 550, i artiv, ine o.		-				
	Kills	4						
та	If the organization elected, as permitted under SFAS 116, not to report in			_				
	art, historical treasures, or other similar assets held for public exhibition, e		servic	æ,				
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items						
	KII							
þ								
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in turtherance of public set	vice,					
	provide the following amounts relating to these items			_				
	(i) Revenues included in Form 990, Part VIII, line 1			*	<del>_</del>			
	(ii) Assets included in Form 990, Part X			* *				
2	If the organization received or held works of art, historical treasures, or ot	•	he					
	following amounts required to be reported under SFAS 116 relating to the	ese items						
а	Revenues included in Form 990, Part VIII, line 1		•	<b>* *</b>				
b	Assets included in Form 990, Part X		•	<b>\$</b>				

Sche	dule D (Form 990) 2008 MERRIMACK	VALLEY HOUSI	NG		04-29	50316			Page 2
Pa	rt ill Organizations Maintaining	Collections of Art, H	listorical Treas	sures, o	r Other S	imilar A	ssets (	continu	
3	Using the organization's accession and other ritems (check all that apply):	ecords, check any of the fol	lowing that are a sig	gnificant us	se of its coll	ection			
а	Public exhibition	<b>d</b> Loan o	r exchange program	ns					
ь	Scholarly research	e Other							
С	Preservation for future generations						_		
4	Provide a description of the organization's colleger XIV.	ections and explain how the	y further the organiz	zation's ex	empt purpo:	se in			
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to l				lar			Yes	☐ No
Pa	rt IV Trust, Escrow and Custod				answere	d "Yes" to	Form	990,	
	Part IV, line 9, or reported a	in amount on Form 9	90, Part X, line	21.					
1a	Is the organization an agent, trustee, custodiar	or other intermediary for co	ontributions or other	assets no	t				
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following ta	ible						
								Amoun	<u> </u>
C	Beginning balance					1c			
d	Additions during the year					<u>1d</u>	<u> </u>		
0	Distributions during the year					1e	ļ		
f	Ending balance					<u>1f</u>			<del></del>
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	∐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comp		<del></del>	T				· · · · · · ·	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three ye	ars back	(e) Fou	r years back
1a	Beginning of year balance	299,803		ļ					
þ	Contributions	27,210	*************************	<b>. </b>			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<b> </b>	·····
С	Investment earnings or losses	-69,690							
	Grants or scholarships		***********	<del> </del>		*******	<del></del>		·
9	Other expenditures for facilities			1					
	and programs	4 534		<del> </del>	******	···	••••••	ļ	
f	Administrative expenses	4,734	***************************************	-				ļ	
g	End of year balance	252,589		1				l	
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment	%							
b	Permanent endowment ► 100.00%								
	Term endowment								
3a	Are there endowment funds not in the possess	sion of the organization that	are held and admin	istered for	the			1	
	organization by							0-45	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		I- D0					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations I							3b	
- <del>4</del>	Describe in Part XIV the intended uses of the cart VI Investments—Land, Buildi			) Port V	Line 10		<del> </del>		
	Investments—Land, Buildi Description of investment	(a) Cost or other basis	(b) Cost or ot			preciation	<del>- T</del>	(d) Book	value
	Description of investment	(investment)	basis (other					(a) Book	<b>Value</b>
1a	Land					<del></del>			
þ	Buildings				<del></del>				
	Leasehold improvements		<u> </u>						
	Equipment						_		
	Other	<u> </u>		,542		56,15			11,388
Total	l. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B)	line 10(c) )		<del></del>	<del></del>			<u>11,388</u>

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 MERRIMACK VALLEY HOUSING

Part VII	Investments—Other Securities. See Form	990	, Part X, line 12.		
	(a) Description of security or category		(b) Book value	(c) Method o	valuation
	(including name of security)			Cost or end-of-year	ar market value
Financial denv	atives and other financial products				
Closely-held e			· · · · · · · · · · · · · · · · · · ·		
Other	quily intorests				
		_			······································
		-			
		_			
<del></del> -		_			
		_			
	<b></b>	_			
		_			
Total. (Columi	n (b) should equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>			
Part VIII	Investments—Program Related. See Form	1 990	), Part X, line 13.		
	(a) Description of investment type		(b) Book value	(c) Method o	valuation
				Cost or end-of-ye	ar market value
	· · · · · · · · · · · · · · · · · · ·				
<del></del>				<u> </u>	
				<u> </u>	
				<del></del>	<del> </del>
				L	
Total. (Columi	n (b) should equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			
Part IX	Other Assets. See Form 990, Part X, line 1	5.			
	(a) Description				(b) Book value
_					
-					
	***************************************		· · · · · · · · · · · · · · · · · · ·		
<del></del>				<del></del>	
				······································	
			- <del></del>		
	n (b) should equal Form 990, Part X, col (B) line 15)			<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, lin	<u>e 25</u>			
	(a) Description of liability		(b) Amount	1	
Federal incom	e taxes			1	
				]	
				1	
				1	
				1	
				1	
<del></del>	· · · · · · · · · · · · · · · · · · ·			†	
				1	
	-			-	
				-	
	n (b) should equal Form 990, Part X, col (B) line 25)	<u> </u>	<u> </u>		
In Part XIV, pr	ovide the text of the footnote to the organization's financial spositions under FIN 48	staten	nents that reports the organ	nization's liability for	

04-2950316

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_	dule D (Form 990) 2008 MERRIMACK VALLEY HOUSING	04-2950316	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	!
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	_ 4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	·
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return	) <u></u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recovenes of pnor year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	26	•
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	40	;
5		-	
<del></del>			
*****	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)  Int XIII Reconciliation of Expenses per Audited Financial Statements With		
*****			ırn
Pa	ert XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Retu	ırn
Pa 1	Total expenses and losses per audited Financial Statements With	Expenses per Retu	ırn
Pa 1 2 a	Total expenses and losses per audited financial Statements With Amounts included on line 1 but not on Form 990, Part IX, line 25	Expenses per Retu	ırn
1 2 a b	Total expenses and losses per audited financial statements With 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	Expenses per Retu	ırn
1 2 a b	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  Losses reported on Form 990, Part IX, line 25  2a  2b  2c	Expenses per Retu	ırn
Pa 1 2 a b c	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  Losses reported on Form 990, Part IX, line 25  2a  2b  2c	Expenses per Retu	irn
Pa 1 2 a b c	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  Losses reported on Form 990, Part IX, line 25  Other (Describe in Part XIV)	Expenses per Retu	irn
Pa 1 2 a b c d e	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  Losses reported on Form 990, Part IX, line 25  Other (Describe in Part XIV)  Add lines 2a through 2d	Expenses per Retu	irn
Pa 1 2 a b c d e	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	Expenses per Retu	irn
Pa 1 2 a b c d e 3 4 a	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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	Expenses per Retu	irn
1 2 a b c d e 3 4 a b	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b	Expenses per Retu	orn Carlotte
Pa 1 2 a b c d e 3 4 a b c 5	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	Expenses per Retu	orn Comments of the comments o
Pa 1 2 a b c d e 3 4 a b c 5 Pa	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	2e 3	orn Carlotte
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Comments of the comments o
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	2e 3	orn Comments of the comments o
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Carlotte
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Comments of the comments o
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Carlotte
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Carlotte
1 2 a b c d e 3 4 a b c 5 P 8 Com	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 Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) 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 XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	2e 3	orn Carlotte
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Schedule D (	Form 990) 200	8 ME	RRIM	ACK V	ALLE	<u>Y H</u>	<u>JUSI</u>	NG				04-	<u> 295(</u>	<u>)316</u>	5					Page 5
Part XIV	Form 990) 200 Supplen	nental Ir	nforma	tion (cor	ntinued)														-	
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#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization

MERRIMACK VALLEY HOUSING PARTNERSHIP INC

Employer identification number 04 - 2950316

Amended Return Explanation

MERRIMACK VALLEY HOUSING PARTNERSHIP, INC. RECEIVED A "REVISED" YEAR END STATEMENT FROM ENDOWMENT FUND AFTER FILING OF ORIGINAL RETURN.

Form **4562** 

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172 2008

2008 Attachment Sequence No 6

Name(s) shown on return

MERRIMACK VALLEY HOUSING

PARTNERSHIP INC

Identifying number 04 - 2950316

			<del>-</del>						<del></del>
	ctivity to which this form relates		•						
<del></del>	<u>rect Depreciati</u>								
Part I	Election To Expens								
1 Maxin	Note: If you have a				elore you	complete F	art i.	1	250,000
	cost of section 179 property pl	•		363				2	230,000
	hold cost of section 179 proper			structions	z)			3	800,000
	ction in limitation. Subtract line	•	•	sti action.	·,		•	4	000,000
	limitation for tax year. Subtract line		<u>.</u>	ried filing	senarately sec	e instructions		5	
O Donai	(a) Description		icas, cinci o ir mai		(business use	· · · · · · · · · · · · · · · · · · ·	) Elected cost		
6	(4,7-2			(4,)	,				
	,								
7 Listed	I property Enter the amount fro	om line 29			·	7			
	elected cost of section 179 pro		ın column (c), lines	6 and 7	,	<u> </u>		8	
	tive deduction Enter the small		(-),					9	
0 Carry	over of disallowed deduction fr	rom line 13 of your 20	007 Form 4562					10	
•	ess income limitation. Enter th	•		than zero	) or line 5 (s	ee instructions	)	11	
12 Section	on 179 expense deduction Add	d lines 9 and 10, but	do not enter more	than line	11			12	
I3 Carry	over of disallowed deduction to	o 2009 Add lines 9 a	nd 10, less line 12		<b>•</b>	13			
Note: Do no	ot use Part II or Part III below fo	or listed property. Ins	tead, use Part V						
Part II	Special Depreciation	on Allowance a	nd Other Depr	eciatio	n (Do no	t include lis	ted prope	rty.)	(See instructions)
l4 Speci	al depreciation allowance for o	jualified property (oth	er than listed prope	erty) plac	ed in service	9			
during	the tax year (see instructions	)						14	
15 Prope	erty subject to section 168(f)(1)	election						15	
16 Other	depreciation (including ACRS	)			·			16	
Part III	MACRS Depreciati	on (Do not inclu	de listed prope	erty.) (	<u>See instru</u>	ctions.)			·
			Secti	on A				<del>,</del>	······
7 MACE	RS deductions for assets place	ed in service in tax ye	ars beginning befo	re 2008				17	1,894
8 If you	are electing to group any assets pla							<u> </u>	
	Section B—/	Assets Placed in Se			ar Using the	General Dep	eciation Sy	stem	,
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investme only-see instruc	ent use	(d) Recovery period	(e) Conventio	n (f) Me	thod	(g) Depreciation deduction
1 <b>9a</b> 3-ye	ar property						<del></del>		
<b>b</b> 5-ye	ar property		7	<u>,754</u>	5.0	HY	200		1,551
<b>c</b> 7-ye	ar property			479	7.0	HY	200	DB	68
<b>d</b> 10-ye	ar property		·						
	ar property			<del></del>					
	ar property								
	ar property				25 yrs		S/L		
	ential rental			-	27 5 yrs	MM	S/L		
prope		2/00/00		200	27 5 yrs	MM	S/L		2.5
i Nonre prope	esidential real	3/20/08	<u>_</u>	,300	39 yrs	MM	S/L		26
ргоре	*	sets Placed in Serv	vias During 2009 T	Tax Vac	Hoine the A	MM	S/L		<u> </u>
01		ssets Placed in Serv	ice During 2006 i	ax 19ai	Using the A	(Iternative De			<u> </u>
20a Class		,			12 450		S/L		
b 12-ye					12 yrs	L AL A	S/L		<b></b>
c 40-ye		tructions \			40 yrs	MM_	S/L	<u> </u>	I
Part IV								34	
	I property Enter amount from		os 10 and 20 in an	lume (e)	and tipe 24			21_	
	. Add amounts from line 12, lin	_		_		tr		22	3,539
	here and on the appropriate his ssets shown above and placed	-	•	ייילומיילויי	111S SEE 111S				3,339
	the portion of the basis attribut	=				23			
enter	and portion of the basis attribu	table to section 203A	11						AEC2.0000

MERRIMACK VALLEY HOUSING PARTNERSHIP INC PO BOX 1042 LOWELL, MA 01853

# Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.