Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public

A F	or th	e 2013 calendar year, or tax year beginning 07/01, 2013	, and ending		06/30,2	0 14
_		C Name of organization		D Employer ide	entification nur	nber
B C	heck if ap	SOUTHERN NEW HAMPSHIRE UNIVERSITY		02-0274	1509	
	Addre					
	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	umber	
	Initial	return 2500 NORTH RIVER ROAD		(603) 62	6-9100	
	Term	City or town, state or province, country, and ZIP or foreign postal code				
	Amen			G Gross receipt	ts \$ 367	,984,967.
		F Name and address of principal officer: DAIIIT I.FRI.ANC		H(a) Is this a grou		Yes X No
	_ ,	2500 NORTH RIVER ROAD MANCHESTER, NH 03106-	1045	H(b) Are all subordi	I	Yes No
ı	Tax-ex	rempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attac	h a list. (see instru	uctions)
J	Websi	ite: NWW.SNHU.EDU		H(c) Group exemp	otion number	
K	Form	of organization: X Corporation Trust Association Other	L Year of form	mation: 1932 M	State of legal d	omicile: NH
Pa	art I	Summary		•		
	1	Briefly describe the organization's mission or most significant activities: SEE SC	CHEDULE O			
ė						
Jan						
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more than 2	5% of its net assets	 3.	
ő	3	Number of voting members of the governing body (Part VI, line 1a)			3	18.
≪ ″	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	16.
Activities	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5	4,629.
Ę	6	Total number of volunteers (estimate if necessary)			6	0
¥	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-8,889.
	l .	Net unrelated business taxable income from Form 990-T, line 34			7b	-8,889.
				Prior Year	Cui	rrent Year
ø	8	Contributions and grants (Part VIII, line 1h)		3,116,51	0. 4	,142,439.
evenue	9	Program service revenue (Part VIII, line 2g)		226,678,88	1. 343	,126,826.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,963,73	9. 1	,065,268.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,368,70	4. 4	,210,049.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		235,127,83	4. 352	,544,582.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,136,28	5. 49	,955,668.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		94,614,13	4. 137	,655,279.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
×	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1,269,354	· L			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,312,49	8. 128	,632,556.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		207,062,91	7. 316	,243,503.
	19	Revenue less expenses. Subtract line 18 from line 12		28,064,91	7. 36	,301,079.
s or			Ве	ginning of Current Y	ear En	d of Year
sets	20	Total assets (Part X, line 16)		264,496,08	8. 328	,173,975.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		157,273,07	0. 176	,270,089.
함	22	Net assets or fund balances. Subtract line 21 from line 20		107,223,01	8. 151	<u>,903,886.</u>
Pa	rt II	Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying scheduct, and complete. Declaration of preparer (other than officer) is based on all information of whi			my knowledge	and belief, it is
	, сопс	on, and complete. Decidation of preparer (office than officer) is based on an information of win	cii preparei nas an	y Knowicage.		
C:~						
Sig		Signature of officer		Date		
He	е		EASURER			
		Type or print name and title	1-	, , ,	1-	
Paic		Print/Type preparer's name Preparer's signature	Date 05/40/00	Check	if PTIN	
	ı parer	PAUL TANIS	05/13/20	1		441612
	Only	Firm's name ▶PRICEWATERHOUSECOOPERS LLP		Firm's EIN ▶ 1	3-400832	4
	,	Firm's address ▶125 HIGH STREET BOSTON, MA 02110		Phone no. 6	17-530-5	,000
May	the I	RS discuss this return with the preparer shown above? (see instructions)				Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.			Fo	rm 990 (2013)

Form 990 (2013) Page 2

Briefly descr	ibe the organization's mission	:		
prior Form 9 If "Yes," desc Did the org services? If "Yes," desc Describe the expenses. S	90 or 990-EZ? cribe these new services on Signification cease conducting cribe these changes on Schede organization's program services on 501(c)(3) and 501(c)(3)	chedule O. or make significant changes ule O. vice accomplishments for each	e year which were not listed on the in how it conducts, any progration of its three largest program service report the amount of grants and	Yes 2 Yes 2 Yes 2 vices, as measured.
(Code: SEE SCHEI		including grants of \$	49,955,668.) (Revenue \$	346,966,661.
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
Other progra (Expenses \$	am services (Describe in Sche including gra		renue \$	
, = , φ οι ισσο ψ	m service expenses ►			

Form 990 (2013)
Part IV Page 3

Part	Checklist of Required Schedules			
	<u> </u>		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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	77	
	endowments, permanent endowments, or 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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			3.5
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to any domestic organization or } \\$			
	government 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 of grants or other assistance to individuals in the United States			
	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 current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		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		Χ
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	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 entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Form 990 (2013) Page **5**

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27,069		res	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 covered by this return . 2a 4,629			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	Х	
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 3E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 18			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				v
	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		^
7a	Did the organization have members, stockholders, or other persons who had the power to el		7.		X
	one or more members of the governing body?		7a		21
b	Are any governance decisions of the organization reserved to (or subject to approval		7b		Х
	stockholders, or persons other than the governing body?		7.0		
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	ertaken during			
_	the year by the following:		8a	Х	
a	The governing body?		8b	X	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		0.5		
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int		-) .)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	=	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	o .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review an	d approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
			15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila				37
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	sateguard the	4.01-		
Sect	ion C. Disclosure		16b		<u> </u>
	List the states with which a server of this Form COO is required to be filed NH				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and				
10	available for public inspection. Indicate how you made these available. Check all that apply.	i aan-i (aeciion	201(0	, _J (3)S	orny)
	Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ŕ	erest i	ماام	/ and
. •	financial statements available to the public during the tax year.	o, oormat or mit	71001	concy	, and
20	State the name, physical address, and telephone number of the person who possesses the books	and records of th	ne		
		26-9100			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos neck ss pe	erson	e than cois both tor/trust employee	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional trustee	yr	Key employee	st compensated byee	er	(W-2/1099-MISC)		and related organizations
_(1)PAUL_JLEBLANC PRESIDENT	40.00	X		Х				809,213.	0	50,818.
_(2)MARK OUELLETTE TRUSTEE/CHAIRMAN(AS OF 8/2013)	1.00	Х		Х				C	0	0
_(3)ROBERT_FREESE TRUSTEE/SECRETARY	1.00	Х		Х				C	0	0
(4)ROBERT DECOLFMACKER CHAIRMAN(UNTIL 8/2013)/TRUSTEE	1.00	Х		Х				C	0	0
(5)KUSUM AILAWADI TRUSTEE	1.00	Х						C	0	0
(6)THOMAS DIONISIO TRUSTEE	1.00	Х						C	0	0
(7)LISA GUERTIN TRUSTEE	1.00	Х						C	0	0
(8)ANDRE HAWAUX TRUSTEE	1.00	Х						C	0	0
(9)RICHARD LOEFFLER TRUSTEE	1.00	Х						C	0	0
(10)KYLE NAGEL TRUSTEE	1.00	Х						C	0	0
(11)EDWARD WOLAK TRUSTEE	1.00	Х						C	0	0
(12)PETER WORRELL TRUSTEE	1.00	X							0	
(13)JANET BRESLIN-SMITH TRUSTEE	1.00	X							0	
(14)HOWARD BRODSKY	1.00								-	
TRUSTEE		X						C	0	Form 990 (2013)

Form **990** (2013)

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Form 990 (2013) Page **8**

Section A. Officers, Directors, 11	ustees, Ke	y ⊨n	ıpıo	yee	es,	and F	ııgı	nest Compensat	ea ⊨mpioyees (d	continue	<u>a)</u>
(A) Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportable		(F) imated
Name and the	hours per	,		heck	more	e than o		compensation	compensation from	am	ount of
	week (list any hours for					is both tor/trust		from	related		other pensation
	related							the organization	organizations (W-2/1099-MISC)	fro	m the
	organizations below dotted	Individual trustee or director	Institutional trustee	icer	Key employee	hest	Former	(W-2/1099-MISC)			inization related
	line)	al tr	onal		ploye	com					nizations
		ıstee	trust		ě	pen					
			ее			Highest compensated employee					
15) RICHARD COURTEMANCHE	1.00										
TRUSTEE		Х						C	0		0
16) JEREMY HITCHCOCK	1.00										
TRUSTEE (UNTIL 5/2014)		Х						C	0		0
17) ROBERT MCDERMOTT	1.00										
TRUSTEE		Х						C	0		0
18) DANIEL PRIOR	1.00										
TRUSTEE		X						C	0		0
19) GAUTAM SHARMA	1.00										
TRUSTEE		Х						С	0		0
20) LAURIE CHANDLER	1.00										
TRUSTEE (UNTIL 8/2013)		Х						С	0		0
21) THERESA DESFOSSES	1.00										
TRUSTEE (UNTIL 8/2013)	1 00	X						C	0		0
22) L DOUGLAS O'BRIEN	1.00										0
TRUSTEE (UNTIL 8/2013)	1 00	X						C	0		0
23) JUNE SMITH	1.00										0
TRUSTEE (UNTIL 8/2013)	1 00	Х						C	0		0
24) CLAYTON CHRISTIANSEN TRUSTEE (UNTIL 8/2013)	1.00	X							0		0
25) ABY ALEXANDER	1.00	Λ							0		
TRUSTEE (UNTIL 8/2013)	-	X							0		0
1b Sub-total		21						809,213.	0		50,818.
c Total from continuation sheets to Part VII, S	oction A		• • •	• •	• •			4,019,834.	0		19,548.
d Total (add lines 1b and 1c)	_							4,829,047.	0		70,366.
2 Total number of individuals (including but not							o re		\$100,000 of		
reportable compensation from the organizatio		114		.		o,		oon ou more man	ψ. σσ,σσσ σ.		
											Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sched										3	X
4 For any individual listed on line 1a, is the	sum of rer	ortah	ole c	com	ner	sation	n ai	nd other compen	sation from the		
organization and related organizations gr	eater than	\$15	50,0	00?) If	"Yes	s,"	complete Schedu	le J for such		
individual										4	X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	'es," comple	te Scl	hedu	ıle J	I for	such	per	son		5	X
Section B. Independent Contractors											

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 50

Form 990 (2013) Page **8**

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue	∍ d)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe	rson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an com	(F) stimated nount of other spensation om the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	anization d related anizations
26) JOSEPH SERGI CFO/TREASURER	40.00			Х				253,048.	0		28,960.
27) KAREN ABBOTT GENERAL COUNSEL	40.00				Х			216,302.	0		34,059.
28) DONALD BREZINSKI VP/INSTITUTIONAL ADVANCEMENT	40.00				х			224,052.	0		44,155.
29) STEPHEN HODOWNES CEO OF COCE	40.00				Х			609,004.	0		53,883.
30) JOHN HOLLINGER CIO (UNTIL 9/11/2013)	40.00				х			181,987.	0		39,153.
31) PATRICIA LYNOTT PROVOST/SVP	40.00				Х			280,672.	0		30,624.
32) JOHNSON AU-YEUNG CIO (AS OF 9/11/2013)	40.00				Х			285,435.	0		46,081.
33) KRISTINE CLERKIN EXEC DIR/INNOV LAB/CFA	40.00				Х			276,115.	0		10,287.
34) STACY SWEENEY CAO	40.00				Х			267,262.	0		12,509.
35) SCOTT DURAND VP OF MSR - GRAD	40.00					Х		218,466.	0		40,141.
36) DAVID EBY VP OF MSR - UNDERGRAD	40.00					Х		220,886.	0		67,680.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-			 	 	 	* * *				
Total number of individuals (including but not reportable compensation from the organization)		hose 114		d al	bove	e) who	re	ceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual. 5 Did any person listed on line 1a receive or	sum of repeater than	ortab \$15	le c 50,0	com 00?	pen If	satior "Yes	n ar	nd other compens complete Schedu	sation from the le J for such	4	X

Section B. Independent Contractors

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (continu		Page t
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson direct	e than cois both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estim amou oth compe	(F) Estimated mount of other inpensation the	of ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or ar	ganizatio nd relate ganizatio	on d
37) YVONNE SIMON	40.00											
CHIEF LEARNING ARCHITECT, CFA						Х		236,369.	С)	45,6	554
38) CATHRAEL KAZIN CHIEF ACADEMIC OFFICE FOR CFA	40.00					X		277 007	C		10	120
39) GREGORY FOWLER	40.00					Λ		277,097.		,	13,4	120
VP ACADEMIC ADMIN/COCE						Х		217,538.	C		10,2	229
40) WILLIAM MCGARRY	40.00											
FORMER SENIOR VP/TREASURER							Х	255,601.	C)	42,	713
	ļ											
	 											
	İ											
												
	 											
	<u> </u>											
1b Sub-total												
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)												
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		114				,						
											Yes	No
3 Did the organization list any former offic											7,7	
employee on line 1a? If "Yes," complete Sched										3	X	
4 For any individual listed on line 1a, is the												
organization and related organizations gr individual								complete Scriedu	ie J ioi Such	4	Х	
5 Did any person listed on line 1a receive or								related organizati	on or individual			
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors												
 Complete this table for your five highest com- compensation from the organization. Report of year. 											(
your.								(B)				

(A) Name and business address	(B) Description of services	(C) Compensation

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

Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues С Fundraising events 1d 1e 586,661 Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . 1f 3,555,778 g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 4,142,439 Program Service Revenue **Business Code** TUITION AND STUDENT FEES 611710 321,422,040 321,422,040 611710 20,273,933 20,273,933 RESIDENCE AND DINING b OTHER AUXILIARY ENTERPRISES 611710 1,430,853 1,430,853 All other program service revenue 343,126,826 Investment income (including dividends, interest, and 798,760 807,649. Income from investment of tax-exempt bond proceeds . . . > 113,257. 113,257. 4 5 (i) Real (ii) Personal 410,546. 6a Gross rents **b** Less: rental expenses . . . 40,332. 370,214. Rental income or (loss) d Net rental income or (loss) 370,214 370,214 (i) Securities (ii) Other Gross amount from sales of 15,535,304. 18,000. assets other than inventory **b** Less: cost or other basis 292,859. and sales expenses . . . 15,107,194. 428,110. -274,859 c Gain or (loss) 153,251 153,251. Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** LOSS RECOVERY 611710 1,125,000 1,125,000 11a 611710 b OTHER INTEREST INCOME 813,727 813,727 BAD DEBT RECOVERY 611710 305,195 305,195. С 611710 1,595,913 1,595,913 **d** All other revenue 3,839,835. e Total. Add lines 11a-11d Total revenue. See instructions 352,544,582 -8,889 346,966,661 1,444,371

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a resp		e in this Part IX	<u></u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	49,955,668.	49,955,668.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	5,172,446.	1,670,132.	3,254,082.	248,232.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	13,878.	13,000.	878.	
7	Other salaries and wages	100,835,826.	77,771,157.	22,484,620.	580,049.
	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	5,210,925.	4,010,812.	1,178,185.	21,928.
9	Other employee benefits	18,674,954.	14,138,633.	4,419,125.	117,196.
10	Payroll taxes	7,747,250.	5,820,737.	1,868,820.	57,693.
	Fees for services (non-employees):				
	Management	o			
	Legal	293,407.	1,837.	291,570.	
	Accounting	162,085.		162,085.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	317,491.		317,491.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.).	17,812,799.	11,744,582.	6,044,663.	23,554.
12	Advertising and promotion	61,536,138.	60,325,621.	1,210,517.	
13	Office expenses	6,206,560.	3,795,104.	2,311,342.	100,114.
14	Information technology	4,754,526.	1,519,228.	3,235,298.	
15	Royalties	0			
16	Occupancy	8,188,525.	3,078,206.	5,110,319.	
17	Travel	1,668,212.	1,298,890.	347,404.	21,918.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	747,384.	492,122.	255,262.	
20	Interest	3,184,019.	1,240,205.	1,934,755.	9,059.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,693,891.	2,996,841.	4,675,159.	21,891.
23	Insurance	1,773,777.	1,248,724.	525,053.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DINING SERVICES	5,007,752.	5,007,752.		
	BAD DEBT	2,323,082.		2,323,082.	
	CREDIT CARD FEES	1,006,260.		1,006,260.	
d	ON AND OFF CAMPUS PROGRAMS	783,430.	783,430.		
е	All other expenses	5,173,218.	3,480,658.	1,624,840.	67,720.
	Total functional expenses. Add lines 1 through 24e	316,243,503.	250,393,339.	64,580,810.	1,269,354.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	O			
JSA					Form 990 (2013)

JSA 3E1052 1.000

Form **990** (2013)

Form 990 (2013) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			C	•	5,153,384.
	2	Savings and temporary cash investments			686,734.		52,525,382.
	3	Pledges and grants receivable, net			1,057,512.	3	17,012,819.
	4	Accounts receivable, net			1,549,886.	4	4,862,936.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompe	nsated employees.			0.500
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	one (o	defined under coetion	C	5	8,500.
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu			C		0
ţ	7	organizations (see instructions). Complete Part II of Sche			5,533,552.		5,316,883.
Assets	7 8	Notes and loans receivable, net Inventories for sale or use	• • •		2,276.	_	2,783.
⋖	9	Prepaid expenses and deferred charges			4,199,107.		5,950,988.
	-	Land, buildings, and equipment: cost or	<u> </u>		1/1/2/1107.		373307300.
			10a	182,893,615.			
	b	Less: accumulated depreciation			111,245,699.	10c	133,610,019.
	11	Investments - publicly traded securities			109,469,229.	11	67,758,326.
	12	Investments - other securities. See Part IV, line 11			30,752,093.	12	35,971,955.
	13	Investments - program-related. See Part IV, line 11	١		C	13	0
	14	Intangible assets			C	1.7	0
	15	Other assets. See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal			264,496,088.	_	328,173,975.
	17	Accounts payable and accrued expenses			19,669,136.		41,867,535.
	18	Grants payable			3,228,749.		3,334,322.
	19 20	Deferred revenue			14,048,957. 119,941,031.	_	12,769,695. 118,287,316.
G	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	117,741,031.		110,207,310.
Liabilities	22	Loans and other payables to current and for		ľ			0
liqe		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			C	22	0
	23	Secured mortgages and notes payable to unrelate			C	23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties	C	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			385,197.	_	11,221.
	26	Total liabilities. Add lines 17 through 25			157,273,070.	26	176,270,089.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	cneci	K nere ► △ and			
anc	27	Unrestricted net assets			89,936,632.	27	130,939,693.
Bala	28	Temporarily restricted net assets			5,268,385.	28	7,408,485.
힏	29	Permanently restricted net assets		<u></u>	12,018,001.	29	13,555,708.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
sts	30	Capital stock or trust principal, or current funds .				30	
SS	31	Paid-in or capital surplus, or land, building, or equ	ıipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
ž	33	Total net assets or fund balances			107,223,018.	33	151,903,886.
	34	Total liabilities and net assets/fund balances			264,496,088.	34	328,173,975.

Form **990** (2013)

Form 990 (2013) Page **12**

Part	XI Reconciliation of Net Assets					
	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	3	52,5	44,5	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	16,2	43,5	03.
3	Revenue less expenses. Subtract line 2 from line 1	3		36,3	01,0	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	07,2	23,0	18.
5	Net unrealized gains (losses) on investments	5		8,4	25,9	57.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	46,1	L68 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	51,9	03,8	86.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	φlair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	lor			
	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 audit	ed o	n 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 overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?)	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dits.		3b	X	

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Open to Public Inspection identification number

SOU	JTHE	RN NEW HAMPSHI	IRE UNIVERSIT	'Y						02-	-027	4509		
Pa	rt I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions				
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2	X	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)									
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).					
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b)(1)(<i>A</i>	A)(iii).	Enter	the
		hospital's name, cit	y, and state:											
5		An organization op	perated for the bei	nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal u	nit des	cribe	d in
		section 170(b)(1)(A	A)(iv). (Complete P	Part II.)										
6		A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7		An organization that	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	m the	e gene	ral ρι	ublic
		described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)										
8		A community trust	described in section	on 170(b)(1)(A)(vi). (Com	plete F	art II.)								
9		An organization that	at normally receive	es: (1) more than 331/3 %	of its	suppo	rt from	contrib	utions,	membe	ership	fees, a	and g	ross
		receipts from activ	rities related to its	exempt functions - subj	ect to	certai	n excep	otions, a	and (2)	no mo	re tha	in 331/	з%о	f its
		support from gros	s investment inco	ome and unrelated busi	ness t	axable	incom	e (less	section	า 511	tax) f	rom b	usines	sses
		acquired by the org	ganization after Jur	ne 30, 1975. See section	509(a	(2) . (0	Complet	e Part I	II.)					
10		An organization org	ganized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4).				
11		An organization or	rganized and ope	rated exclusively for the	bene	fit of,	to perf	orm the	e funct	ions of	or to	o carry	out/	the
		purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ction 5	09(a)	(2). See	e sec	tion
		509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	le throu	ıgh 11	lh.		
		a Type I	b Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	I-Non-fu	ınctior	nally int	egrat	ed
е		By checking this bo	ox, I certify that the	e organization is not con	trolled	direct	ly or inc	directly	by one	or mor	e disq	ualified	d pers	sons
		other than foundat	ion managers and	other than one or more p	publicl	y supp	orted o	rganiza	tions d	escribe	d in s	ection	509(<i>e</i>	ı)(1)
		or section 509(a)(2	2).											
f		If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	уре І, Т	ype II,	or Type	e III s	upport	ing	
		organization, check	this box										l	
g		Since August 17, 2	006, has the organ	nization accepted any gift	or co	ntributi	on from	any of	the					
		following persons?												
			-	tly controls, either alone	_	ether v	vith per	sons d	escribe	d in (ii)	and		Yes	No
				the supported organization	on?							11g(i)		
				scribed in (i) above?								11g(ii)	\vdash	
		• •	•	son described in (i) or (ii) a								11g(iii)	Ш	
h			· ·	ut the supported organiza	ation(s)		1							
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in	(v) Did y the orga	ou notify		s the zation in	(vii) A	mount o suppo		tary
		0. ga <u>=</u> a		above or IRC section	col. (i)	listed in overning	in col. (i) of your	col. (i) o	rganized		ouppe		
				(see instructions))	docu	ment?	supp			U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(C)														
(D)														
(E)														
Tati	,ı													
Tota	11													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2013 Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") 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 through 3 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 Gross receipts from related activities atc. (see instructions)

14	Gross receipts from related activities, etc. (see instructions)	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
	organization, check this how and ston here	

Sec	ction C. Computation of Public Support Percentage	
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	

15	Public support percentage from 2012 Schedule A, Part II, line 14
16a	331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check
	this box and stop here. The organization qualifies as a publicly supported organization
b	331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,
	check this box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
	organization▶□
b	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013

%

18

Schedule A (Form 990 or 990-EZ) 2013 Page **3**

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 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.)

	·	<u> </u>		, ,	<u>'</u>	,	
	tion A. Public Support	(=) 2000	(h) 2010	(=) 2011	(4) 2042	(5) 2012	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, and 3						l
h	received from disqualified persons						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from						
	line 6.)						<u> </u>
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						<u> </u>
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						<u> </u>
12	Other income. Do not include gain or						l
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	ŭ			•	· ·	` ^ `
	organization, check this box and stop here.						▶ 🔃
	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,					15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lin					17	%
18	Investment income percentage from 2012 S					18	%
19 a	331/3% support tests - 2013. If the org	anization did n	ot check the box	on line 14, and	d line 15 is moi	e than 331/3 %, a	and line
	17 is not more than 331/3 %, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	zation 🕨 🔃
b	331/3% support tests - 2012. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation 🕨 💹
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this be	ox and see instr	uctions >

Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

\$_____

▶ \$

Schedule D (Form 990) 2013 Page **2**

Par	rt Organizations Maintaini	ng Collections of	Art, His	torical T	reasure	es, or	Other	Similar Ass	sets (c	ontinu	ed)
3	Using the organization's acquisition collection items (check all that app	on, accession, and only):	other reco	ords, checl	k any of	the fo	ollowing	that are a si	gnifican	t use o	of its
а	X Public exhibition		d [2	X Loan	or excha	nge pr	ograms				
b	Scholarly research		e								
С	Preservation for future gene	erations	_	_							
4	Provide a description of the orga		and exp	lain how t	they furt	her th	e organi	zation's exem	npt purp	ose in	Part
	XIII.						3 -		1 - 1 - 1		
5	During the year, did the organization	on solicit or receive o	donations	of art. hist	orical tre	easures	s. or othe	er similar			
	assets to be sold to raise funds rat								Ye	s X	No
Par	rt IV Escrow and Custodial A										
	or reported an amount o									,	,
		,	,								
1a	Is the organization an agent, truste	e, custodian or othe	r intermed	liary for co	ontributio	ns or	other ass	sets not			
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in	n Part XIII and compl	ete the fo	llowing tab	ole:					_	
	3.			3	Γ			Amount			
С	Beginning balance					1c					
	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an an				_				Ye	16	No
	If "Yes," explain the arrangement in						ided in P	art XIII			⊣ ''`
	rt V Endowment Funds. Com										
ı aı	Endownient Funds: Con	(a) Current year	1	or year	(c) Two			Three years back		our years	back
1a	Beginning of year balance	16,965,325.		50,167.				3,817,495	_	,194	
		1,566,654.		10,801.		24,5		1,706,356		,416	
	Net investment earnings, gains,	1/300/031.	0.2	20,001.	1,3	21,3	23.	1,,00,330	+	, 110	
·	and losses	2,741,916.	1 19	35,442.	_4	28,4	.11	1,465,632	1	,793	548
Ы	Grants or scholarships	882,358.		30,396.		57,8		449,312			,052.
	Other expenditures for facilities	002,330.	1.	00,000.	 	,,,,	10.	110,512	+		,052
·	and programs	588,668.	0.5	50,689.	6	05,1	43	123,129			
f	Administrative expenses	300,000.).	00,000.		,,,,	. 13.	123,123	•		
g	End of year balance	19,802,869.	16 06	55,325.	16,3	5Λ 1	67 1	6,417,042	12	,817	105
2	Provide the estimated percentage							0,417,042	. 13	,017	,495.
z a	Board designated or quasi-endowr		%	e (iirie 1g,	Column	(a)) ne	au as.				
a h	Permanent endowment 68	4500 %									
	Temporarily restricted endowment	4500 /0 									
C	The percentages in lines 2a, 2b, a		Λ 0 %								
32	Are there endowment funds not in	·		ation that	are held	l and a	dminista	red for the			
Ja	organization by:	the possession of the	ne organiz	ation that	are neio	anu a	adiffilliste	rea for the		Vaa	No
	(i) unrelated organizations								. 3a(i	Yes	No
	(ii) related organizations									-	X
h	If "Yes" to 3a(ii), are the related or								3a(i 3b	-	X
4	Describe in Part XIII the intended of	-	•						. 30		
-			ion s endo	willelit lui	ius.						
Par	tt VI Land, Buildings, and Equal Complete if the organization	ation answered "Ye	es" to For	m 990, P	art IV, li	ne 11	a. See F	orm 990, Pa	art X, Iir	ne 10.	
	Description of property	(a) Cost or	other basis	(b) Cost of	or other bas		c) Accumu	lated	(d) Book		
1-	Lond	,	tment)	· ·	ther)	7	depreciati	on		075	071
	Land				375,07		1 716	4.4.0		875,0	
	Buildings			-	145,67	-	31,716,			729,2	
	Leasehold improvements				38,83		2,048,			490,3	
					380,10		3,411,			968,4	
	Other				553,93		2,106,			547,1	
i ota	Add lines 1a through 1e (Columi	n (d) must paual Forr	n uu∩ Par	t X columi	n (R) lind	2 10/cl	1)		133	610 (1119

Schedule D (Form 990) 2013 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(3) Other			
(A) ALTI	ERNATIVE INVESTMENTS	35,971,955.	FMV
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		25 071 055	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	35,971,955.	
Part VIII	Investments - Program Related.	l "Voc" to Form 000	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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	1 "Ves" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)	(a)	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	
Part X	Other Liabilities.	,	<u> </u>
	Complete if the organization answered line 25.	d "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	al income taxes		
(2) AGENO	CY FUNDS	11,	221.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 11,	221.
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to th	e organization's financial statements that reports the

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

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	316,001,446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	310,001,440.
a	Net were lived asias on investments		
b	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
C			
d			
		2-	0 420 121
е 3	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	8,420,121. 307,581,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	307,301,323.
	Add lines 4s and 4ls	40	44,963,257.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	352,544,582.
Part			332,311,302.
ı aıt	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	271,320,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
	Other (Describe in Part XIII.) 2d 40,332.		
е	Add lines 2a through 2d	2e	40,332.
3	Subtract line 2e from line 1	3	271,280,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 317, 491.		
b	Other (Describe in Part XIII.) 4b 44,645,766.		
	Add lines 4a and 4b	4c	44,963,257.
		4c 5	44,963,257. 316,243,503.
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	316,243,503.
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	316,243,503. ine 4; Part X, line
5 Part Provide	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, I	316,243,503. ine 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, I	316,243,503. ine 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	316,243,503. ine 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	316,243,503. ine 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	316,243,503. ine 4; Part X, line
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Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE UNIVERSITY MAINTAINS AN ART COLLECTION THAT SUPPORTS THE UNIVERSITY'S CURRICULA AND PROVIDES A SOURCE OF ENJOYMENT, ENLIGHTENMENT, AND BEAUTY FOR ALL WHO VISIT THE ART GALLERY AND CAMPUS. ARTISTIC WORKS FROM THE COLLECTION ARE ALSO AVAILABLE FOR LENDING TO OTHER INSTITUTIONS.

PART V, LINE 4:

THE UNIVERSITY'S ENDOWMENT PROVIDES SCHOLARSHIPS TO

STUDENTS AS WELL AS SUPPORT FOR ACADEMIC AND STUDENT PROGRAMS.

PART X, LINE 2:

THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER 501(A) OF THE IRC AND APPLICABLE STATE LAWS. THE UNIVERSITY BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 40,332

LOSS ON DERIVATIVES (46,168)

TOTAL (5,836)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INSTITUTIONAL STUDENT AID 44,645,766

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Page 5

SOUTHERN NEW HAMPSHIRE UNIVERSITY Part XIII Supplemental Information (continued)

RENTAL EXPENSES

40,332

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INSTITUTIONAL STUDENT AID

44,645,766

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

t IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

Open

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

Pa	t I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
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.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		Х
ŭ	Ciddonio rigino di privilogoo.	Ja		
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
				37
Ť	Use of facilities?	5f		X
~	Athletic programs?	50		Х
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	0		
	,, , , , , , , ,.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, LINE 2:

EXPLANATION OF STATEMENT OF NONDISCRIMINATION POLICY:

SNHU INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY

TOWARDS STUDENTS IN THE UNIVERSITY CATALOG AND ON THE UNIVERSITY WEBSITE

ON ALL FINANCIAL AID AND SCHOLARSHIP RELATED PAGES.

SCHEDULE E, LINE 3:

SOUTHERN NEW HAMPSHIRE UNIVERSITY (SNHU) CUSTOMARILY DRAWS ITS STUDENTS

NATIONWIDE AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO

STUDENTS. SNHU ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC

ORIGIN. THIS POLICY IS DISCLOSED ON SNHU'S WEBSITE.

SCHEDULE E, LINE 6:

EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVED TITLE IV FUNDING FROM THE U.S. DEPARTMENT OF EDUCATION (INCLUDING FSEOG AND PELL GRANTS). ADDITIONALLY, THE UNIVERSITY RECEIVES FUNDING FROM THE SMALL BUSINESS ADMINISTRATION PERTAINING TO THE ADVANCEMENT OF WOMEN IN BUSINESS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Inspection

vame	or the organization				Employer identifica	tion number
SOU	THERN NEW HAMPSHIRE UNI	IVERSITY			02-0274509)
Par	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount of	f its grants and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri	ia used to award the	
	grants or assistance?				L	Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pı	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EAST ASIA AND THE PACIFIC		15.	PROGRAM SERVICES	CONSULTING/RECRUITMENT	222,462.
(.,	EAST ASTA AND THE FACIFIC		15.	PROGRAM SERVICES	CONSULTING/RECRUITMENT	222,402.
(2)	EUROPE		15.	PROGRAM SERVICES	ABROAD/CONSULT/INSTRUC	420,861.
(3)	MIDDLE EAST AND NORTH AFRICA		6.	PROGRAM SERVICES	INSTRUCTION	42,155.
(4)	NORTH AMERICA		4.	PROGRAM SERVICES	CONSULTING/INSTRUCTION	561,469.
(5)	SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD/INSTRUCT	4,363.
(6)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	INSTRUCTION	14,710.
(7)	SOUTH ASIA		7.	PROGRAM SERVICES	CONSULTING/RECRUITMENT	61,555.
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(10) (17)						
	Sub-total		45			1 200 505
3a b			47.			1,327,575.

1,327,575.

Totals (add lines 3a and 3b)

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule F (Form 990) 2013

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	nter total number of recipient the IRS, or for which the gra nter total number of other or	antee or counsel has provide	ed a section 501(c)(3)	equivalency lette	r		>		

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (h) Method of valuation (e) Manner of (f) Amount of (g) Description (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of of non-cash cash non-cash disbursement recipients cash grant assistance assistance (book, FMV. appraisal, other) (1) (2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2013

Part IV Foreign Forms Page 4

	U				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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 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)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	X	Yes		No

Schedule F (Form 990) 2013

Page 5 Schedule F (Form 990) 2013

Part V

Supplemental Information
Complete this part to 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).

Schedule F (Form 990) 2013

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

SOUTHERN NEW HAMPSHIRE UNIVERSITY	-					02-0274509	
Part I General Information on Grants an	d Assistance	!					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistance	e?				· · · · · · · · · · · · · · · · · · ·	X Yes No
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient to	Governments	and Organiz	ations in the Uni	ted States. Com	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(7)							
_(8)							
_(9)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and Enter total number of other organizations lis For Paperwork Reduction Act Notice, see the line 	ted in the line	1 table	ted in the line 1 tab	le		<u></u>	ule I (Form 990) (2013)

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT SCHOLARSHIPS AND FINANCIAL AID	19,642.	49,955,668.			
2					
3					
4					
5					
·					
,					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2:

THE UNIVERSITY PROVIDES SCHOLARSHIP ASSISTANCE TO QUALIFIED STUDENTS

THROUGH THE OFFICE OF FINANCIAL AID. THE OFFICE OF FINANCIAL AID MONITORS

THE APPROPRIATENESS OF THE AWARDS AND THESE AMOUNTS ARE APPLIED TO EACH

STUDENT'S ACCOUNT.

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number 02-0274509

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (e.g., 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	1b		Х
2	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
		2	Х	
_	1a?		- 1	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
PAUL J. LEBLANC	(i)	658,730.	50,000.	100,483.	22,050.	28,768.	860,031.	0
1 PRESIDENT	(ii)	0	(0	d	0	(0
JOSEPH SERGI	(i)	227,418.	25,000.	630.	O	28,960.	282,008.	0
2 CFO/TREASURER	(ii)	0	(0	O	0	(0
KAREN ABBOTT	(i)	190,709.	25,000.	593.	13,838.	20,221.	250,361.	0
3 GENERAL COUNSEL	(ii)	0	(0	0	0	(0
DONALD BREZINSKI	(i)	209,324.	10,000.	4,728.	18,258.	25,897.	268,207.	0
4 VP/INSTITUTIONAL ADVANCEMENT	(ii)	0	(0	Q	0	(0
STEPHEN HODOWNES	(i)	444,653.	50,000.	114,351.	22,050.	31,833.	662,887.	0
5 CEO OF COCE	(ii)	0	(0	0	0	(0
JOHN HOLLINGER	(i)	166,742.	8,000.	7,245.	13,973.	25,180.	221,140.	0
6 CIO (UNTIL 9/11/2013)	(ii)	0	(0	0	0	(0
PATRICIA LYNOTT	(i)	216,866.	50,000.	13,806.	19,647.	10,977.	311,296.	0
7 PROVOST/SVP	(ii)	0	(0	0	0	(0
JOHNSON AU-YEUNG	(i)	187,377.	42,500.	55,558.	13,507.	32,574.	331,516.	0
8 CIO (AS OF 9/11/2013)	(ii)	0	(0	0	0	(0
SCOTT DURAND	(i)	166,714.	45,000.	6,752.	13,894.	26,247.	258,607.	0
9 VP OF MSR - GRAD	(ii)	0	(0	0	0	(0
DAVID EBY	(i)	166,714.	45,000.	9,172.	13,894.	53,786.	288,566.	0
10 VP OF MSR - UNDERGRAD	(ii)	0	(0	0	0	(0
YVONNE SIMON	(i)	225,403.	10,000.	966.	19,647.	26,007.	282,023.	0
11 CHIEF LEARNING ARCHITECT, CFA	(ii)	0	(0	0	0	(0
KRISTINE CLERKIN	(i)	206,809.	50,000.	19,306.		10,287.	286,402.	0
12 EXEC DIR/INNOV LAB/CFA	(ii)	0	(0	Q	0	(0
WILLIAM MCGARRY	(i)	247,655.	(7,946.	19,647.	23,066.	298,314.	0
13 FORMER SENIOR VP/TREASURER	(ii)	0	(0	Q	0	(0
STACY SWEENEY	(i)	229,632.	25,000.	12,630.	d d	12,509.	279,771.	0
14 CAO	(ii)	0	(0	0	0	(0
CATHRAEL KAZIN	(i)	183,435.	40,000.	53,662.	d	13,420.	290,517.	0
15 CHIEF ACADEMIC OFFICE FOR CFA	(ii)	0		0	0	0	(0
GREGORY FOWLER	(i)	186,151.	27,000.	4,387.	<u> </u> d	10,229.	227,767.	0
16 VP ACADEMIC ADMIN/COCE	(ii)	0	(0	q	0	(0

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule J (Form 990) 2013

Part | Supplemental Information

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

PART I, LINE 1A:

FIRST CLASS OR CHARTER TRAVEL:

OCCASIONALLY, IF CIRCUMSTANCES WARRANT (EX. EXTENDED FLIGHTS, HEALTH ISSUES) FIRST CLASS AIRFARE WILL BE PROVIDED TO EMPLOYEES. ONE KEY EMPLOYEE RECEIVED THIS BENEFIT DURING THE CURRENT PERIOD. THIS TRAVEL WAS FOR BUSINESS PURPOSES, AND THE COST WAS NOT INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME.

TRAVEL FOR COMPANIONS:

OCCASIONALLY, SNHU WILL PAY FOR AIR TRAVEL FOR THE PRESIDENT'S FAMILY MEMBERS. THE COST OF AIR TRAVEL FOR COMPANIONS IS INCLUDED IN THE PRESIDENT'S TAXABLE REPORTABLE COMPENSATION.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

SNHU HAS ELECTED TO PAY FOR THE TAX LIABILITY ASSOCIATED WITH SOME
BENEFITS PROVIDED TO EMPLOYEES. SUCH PAYMENTS WERE INCLUDED IN ONE KEY
AND ONE HIGHEST COMPENSATED EMPLOYEE'S TAXABLE INCOME IN THE CURRENT
PERIOD.

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule J (Form 990) 2013

Part | Supplemental Information

Complete this part to 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.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

THREE KEY EMPLOYEES WERE EITHER GRANTED A HOUSING ALLOWANCE OR HOUSING

EXPENSES WERE PAID ON THEIR BEHALF AS PART OF THEIR TAXABLE TOTAL

COMPENSATION PACKAGE.

PERSONAL SERVICES:

AS SPECIFIED IN THE PRESIDENT'S EMPLOYMENT AGREEMENT WITH THE UNIVERSITY,

SEASONAL YARD CLEAN UP, SNOW REMOVAL, AND LAWN MOWING ARE PROVIDED BY

SNHU EMPLOYEES OR HIRED CONTRACTORS FOR THE PRESIDENT'S HOME. THE ACTUAL

OR ESTIMATED COSTS OF SUCH SERVICES ARE INCLUDED IN THE PRESIDENT'S

TAXABLE REPORTABLE COMPENSATION.

PART I, LINE 1B:

REIMBURSEMENTS ARE COVERED UNDER THE EMPLOYMENT CONTRACTS.

PART I, LINE 4B:

MR. HODOWNES HAS A DEFERRED COMPENSATION PROVISION IN HIS EMPLOYMENT

AGREEMENT. PURSUANT TO THE AGREEMENT, SPECIFIED AMOUNTS WERE CREDITED TO

HIS ACCOUNT STARTING IN CALENDAR YEAR 2013. AMOUNTS CREDITED TO MR.

SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Schedule J (Form 990) 2013

Part | Supplemental Information

Complete this part to 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.

HODOWNES UNDER THE AGREEMENT WILL BE PAID TO HIM IN 2014 ONLY IF CERTAIN CONDITIONS ARE SATISFIED.

PART I, LINE 7:

FOR OUTSTANDING SERVICE, CERTAIN INDIVIDUALS RECEIVED A BONUS, THE AMOUNTS OF WHICH ARE LISTED ON SCHEDULE J, PART II, COLUMN (B}(II).

PART II, COLUMN (B)(I)

DURING FISCAL YEAR 2013, PRESIDENT PAUL LEBLANC AND HIS WIFE, PATRICIA FINDLEN MADE A \$100,000 MULTI-YEAR COMMITMENT TO GIVE TO THE UNIVERSITY. THEY WILL CONTINUE TO MAKE PAYMENTS TO FULFILL THIS COMMITMENT THROUGH 2018.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number 02-0274509

SOUTHERN NEW HAMPSHIRE UNIVERSITY									C	2-02	<u> </u>	<u> </u>		
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	ed (e) I	ssue price	(f) De	escription of pu	ırpose	(g) De	efeased	d (h) On behalf of issuer		(i) Po	
									Yes	No	Yes	No	Yes	N
A NHHEFA SERIES 2005	02-0279866	644614LR8	06/23/20	05 3	37,210,207.	ADVANCE REF	JNDING & CO	NSTRUCTION		Х		Х		Х
											behalf of issuer Yes No X x x D 65,204 5,550		l	
B NHHEFA SERIES 2006	02-0279866	644614RB7	11/30/20	06	9,084,629.	CURRENT REF	JNDING			х		Х		х
														l
C NHHEFA SERIES 2008	02-0279866	644614WS4	12/18/20	08 3	32,730,000.	CURRENT REF	JNDING & CO	NSTRUCTION		Х		Х		Х
_														i
D NHHEFA SERIES 2012	02-0279866	644614T25	06/07/20	12 6	55,204,319.	ADVANCE REF	JNDING & CO	NSTRUCTION		X		Х		Х
Part II Proceeds					•		В	С						—
1 Amount of hands rating			-	20	A 355,000		80,000.		05,00	20				_
2 Amount of bonds logally defeated				20,	355,000	. 2,5		۷, ۱	05,00					_
				37	210,207	9 0	84,629.	32,7	30 00	10			<i>A</i> 31	<u> </u>
3 Total proceeds of issue					287,965		54,029.	34,1	30,00					
5 Capitalized interest from proceeds	5 Capitalized interest from proceeds						31,220.				1,393,9			
6 Proceeds in refunding escrows.													3 / 2 =	<u> </u>
7 Issuance costs from proceeds	uance costs from proceeds				441,110	. 1	.81,692.	4	45,8	77.		73	8.50	-8
8 Credit enhancement from proceeds					275,798		51,185.		37,76		-			
9 Working capital expenditures from proceeds				,			,							
10 Capital expenditures from proceeds				16,	994,396	96.		17,5	17,564,574.				1,58	4
11 Other spent proceeds				1,	764,556	. 8,7	51,752.	14,5	81,78	33.		5,30	0,93	4
12 Other unspent proceeds								, , , , , , , , , , , , , , , , , , , ,						7
13 Year of substantial completion	ds			20	08	200	6	201	1					
				Yes	No	Yes	No	Yes	No)	Yes	3	No	,
14 Were the bonds issued as part of a current refu	nding issue?				X	X		X					X	
15 Were the bonds issued as part of an advance re	efunding issue?			X			X		X		X			
16 Has the final allocation of proceeds been made?	·			X		X		X					Х	
17 Does the organization maintain adequate														
final allocation of proceeds?				X		X		X			X			_
Part III Private Business Use								_						
			-		Α		В	C						
1 Was the organization a partner in a partner	ship, or a membe	er of an LLC	Σ,	Yes	No	Yes	No	Yes	No)	Yes	_	No	
which owned property financed by tax-exempt	oonds?				X				X			_	X	
2 Are there any lease arrangements that ma					37									
Dona-ilitaticed property:					X				X				X	

Schedule K (Form 990) 2013

Par	rt III Private Business Use (Continued)	TITY 1							
			A		В	1	С		D
3a	Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	use of bond-financed property?		X			Х			Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
С	Are there any research agreements that may result in private business use of bond-								
	financed property?		X				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?								Х
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
	Does the bond issue meet the private security or payment test?		Х				Х		Х
	Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization since the bonds were issued?		Х				Х		X
			21				21		21
р	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								7.0
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				Х		X	
Par	rt IV Arbitrage								
			Α		В		С		D
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?						•		
	Rebate not due yet?		Х		Х		Х	Х	
	Exception to rebate?		Х		Х		Х		Х
	No rebate due?	Х		X		Х			Х
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
	computation was performed		Х		X	Х			Х
3	Is the bond issue a variable rate issue?		Λ		Λ	Λ			Δ
4 a	Has the organization or the governmental issuer entered into a qualified hedge with		X		X	X			X
	respect to the bond issue?				_ ^				_ ^
	Name of provider					DEUTSCHE E	5.000		
	Term of hedge								I
	Was the hedge superintegrated?						X		
<u>е</u>	Was the hedge terminated?						X		

JSA 3E1296 1.000 Schedule K (Form 990) 2013

Schedule K (Form 990) 2013

Part IV Arbitrage (Continued)								
	P	4	i	3	(С)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		Х		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X		X	
Part V Procedures To Undertake Corrective Action								
	A	A	ı	3		C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
	Х		X		X		Х	
Part VI Supplemental Information. Provide additional information for responses to	question	s on Sche	aule K (se	e instruct	ions).			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, COLUMN (F):

- (A) NHHEFA SERIES 2005 THE BONDS BEING ADVANCE REFUNDED WERE ISSUED ON JULY 2, 1997 AND MAY 10, 2000.
- (B) NHHEFA SERIES 2006 THE BONDS BEING CURRENTLY REFUNDED WERE ISSUED ON JULY 2, 1997.
- (C) NHHEFA SERIES 2008 THE BONDS BEING CURRENTLY REFUNDED WERE ISSUED ON SEPTEMBER 23, 2003 AND JUNE 23, 2005.
- (D) NHHEFA SERIES 2012 ADVANCE REFUNDING OF BONDS ISSUED 9/23/03 & CONSTRUCTION.

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

- (A) ISSUER NAME: NHHEFA SERIES 2005

 DATE THE REBATE COMPUTATION WAS PERFORMED: 6/30/11
- (B) ISSUER NAME: NHHEFA SERIES 2006

 DATE THE REBATE COMPUTATION WAS PERFORMED: 11/29/11
- (C) ISSUER NAME: NHHEFA SERIES 2008

 DATE THE REBATE COMPUTATION WAS PERFORMED: 1/1/14

Page 4

SCHEDULE L

Transactions With Interested Persons

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

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

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization SOUTHERN NEW HAMPSHIRE UNIVERSITY 02-0274509

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person (d) Corrected 1 (a) Name of disqualified person (c) Description of transaction and organization Yes No (1) (2) (3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (a) Name of interested person (b) Relationship (e) Original (f) Balance due (g) In default? (h) Approved (c) Purpose of (d) Loan to or agreement? principal amount with organization Ioan from the by board or organization? committee? То From Yes No Yes No Yes No (1) PAUL LEBLANC Χ 13,077. 8,500 X Χ Χ PRESIDENT PART V (2) (3)(4)(5)(6) (7) (8)(9)(10)8,500. Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8)

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

Schedule L (Form 990 or 990-EZ) 2013

(9)(10)

Schedule L (Form 990 or 990-EZ) 2013 Page **2**

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organia	
				Yes	No
(1) ANTHEM, INC	SEE PART V	16,827,640.	PURCHASED INSURANCE		Х
(2) PATRICIA FINDLEN	SPOUSE OF PRESIDENT	10,800.	WAGES - ADJUNCT PROFESSOR		Х
_(3)					
_(4)					
_ (5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FORM 990, SCHEDULE L, PART II, LINE 1

THE PURPOSE OF THIS LOAN WAS TO BRIDGE A PAYROLL GAP DUE TO A SYSTEM

TRANSITION. LOANS FOR THIS PURPOSE WERE AVAILABLE TO ALL EMPLOYEES.

FORM 990, SCHEDULE L, PART IV, LINE 1(B)

A TRUSTEE IS PRESIDENT OF ANTHEM, INC.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number 02-0274509

FORM 990, PART I, LINE 1 AND PART III, LINE 1:

DESCRIPTION OF ORGANIZATION'S MISSION:

SOUTHERN NEW HAMPSHIRE UNIVERSITY (SNHU) EDUCATES INTELLECTUALLY AND CULTURALLY ENRICHED INDIVIDUALS TO BE SUCCESSFUL IN THEIR CAREERS AND CONTRIBUTE TO THEIR COMMUNITIES. SNHU'S EDUCATIONAL PHILOSOPHY CHALLENGES STUDENTS' INTELLECTUAL POTENTIAL AND PREPARES THEM FOR PROFESSIONAL LIVES IN AN EVER-CHANGING AND INCREASINGLY INTERCONNECTED WORLD. IT PROVIDES A SUPPORTIVE AND CLOSE KNIT LEARNING COMMUNITY AND DELIVERS ENGAGING INSTRUCTION IN A FLEXIBLE VARIETY OF FORMATS. STUDENTS DEVELOP THE KNOWLEDGE TO UNDERSTAND A COMPLEX WORLD, THE SKILLS TO ACT EFFECTIVELY WITHIN THAT WORLD, AND THE WISDOM TO MAKE GOOD CHOICES. THEY DO SO WITHIN A COMMUNITY OF TEACHERS, STAFF, AND PEERS THAT IS ENCOURAGED TO ADD ITS SCHOLARLY, CREATIVE AND PEDAGOGICAL CONTRIBUTIONS TO THE LARGER SOCIAL GOOD.

FORM 990, PART III, LINE 4A:

INSTRUCTION AND STUDENT SERVICES: SNHU IS A PRIVATE, COEDUCATIONAL

INSTITUTION. ENROLLMENT CONSISTS OF APPROXIMATELY 3,288 STUDENTS IN THE

DAY SCHOOL; 4,612 STUDENTS IN ON-CAMPUS GRADUATE PROGRAMS; 65,510

GRADUATE AND UNDERGRADUATE STUDENTS IN DISTANCE EDUCATION; AND 1,442

STUDENTS IN THE COLLEGE FOR AMERICA COMPETENCY-BASED EDUCATION PROGRAM.

THE UNIVERSITY OFFERS ASSOCIATE'S DEGREES IN CULINARY ARTS AND SEVERAL

BUSINESS-RELATED FIELDS. BACHELOR OF SCIENCE AND ARTS DEGREES ARE OFFERED

IN TWENTY AREAS OF BUSINESS, EDUCATION, AND LIBERAL ARTS STUDY. MASTER'S

DEGREES ARE OFFERED IN BUSINESS ADMINISTRATION, ACCOUNTING, BUSINESS EDUCATION, INTERNATIONAL BUSINESS, COMPUTER INFORMATION SYSTEMS, COMMUNITY ECONOMIC DEVELOPMENT, FINE ARTS, AND ELEMENTARY EDUCATION.

DOCTORAL DEGREES ARE OFFERED AND A PH.D. IN COMMUNITY ECONOMIC DEVELOPMENT AND A DBA IN INTERNATIONAL BUSINESS.

SNHU ALSO OFFERS A WIDE VARIETY OF SERVICES TO ITS STUDENTS TO MAXIMIZE

THE EDUCATIONAL EXPERIENCE. SERVICES INCLUDE ATHLETICS, RESIDENTIAL LIFE,

COUNSELING AND WELLNESS, DINING, DIVERSITY, INTRAMURALS AND RECREATION,

PUBLIC SAFETY AND DISABILITY SERVICES, AMONG OTHERS.

FORM 990, PART VI, SECTION A, LINE 1A:

AT EACH ANNUAL MEETING OF THE BOARD, THE BOARD SHALL ELECT AN EXECUTIVE COMMITTEE OF NOT LESS THAN THREE (3) TRUSTEES TO ACT IN ITS STEAD BETWEEN MEETINGS OF THE FULL BOARD. ELECTION OF THE COMMITTEE SHALL BE FROM THOSE NOMINATED BY THE BOARD CHAIR OR THOSE NOMINATED BY THE BOARD AT THE MEETING. EACH MEMBER OF THE BOARD SHALL HAVE ONE VOTE FOR EACH POSITION AND THOSE RECEIVING THE GREATEST NUMBER OF VOTES SHALL BE ELECTED. THERE SHALL BE NO CUMULATIVE VOTING.

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

THE DRAFT OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT A REGULARLY SCHEDULED MEETING FOR THEIR REVIEW AND APPROVAL. AFTER ANY RECOMMENDED CHANGES, THE FORM 990 IS THEN MADE AVAILABLE TO ALL TRUSTEES FOR THEIR REVIEW AS PART OF A REGULARLY SCHEDULED MEETING PRIOR TO FILING.

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

IT IS THE POLICY OF THE UNIVERSITY THAT CONFLICTS OF INTEREST BETWEEN THE UNIVERSITY AND ITS TRUSTEES, OFFICERS AND EMPLOYEES BE AVOIDED AND THAT PECUNIARY BENEFIT TRANSACTIONS BE DISCLOSED AND APPROVED BY THE BOARD. THE UNIVERSITY FOLLOWS ALL STATUTORY REQUIREMENTS OF THE FEDERAL AND STATE LAWS WHICH APPLY TO THE UNIVERSITY, INCLUDING THE PROVISIONS OF RSA 7:19-A AS THE SAME MAY BE AMENDED FROM TIME TO TIME. ALL POTENTIAL CONFLICTS OR PECUNIARY BENEFIT TRANSACTIONS AS DEFINED BY SAID STATUTE SHALL BE REPORTED TO THE BOARD AND ACTED UPON BY IT AS REQUIRED BY LAW AND NO PERSON SHALL VOTE OR BE PRESENT FOR THE ACTION BY THE BOARD IN RELATION TO ANY SUCH MATTER INVOLVING THAT PERSON. ADDITIONALLY, THE BOARD AND LEADERSHIP TEAM ARE SURVEYED ANNUALLY ABOUT ANY POTENTIAL CONFLICTS AND DISCLOSURES, AND, IF ANY ARISE, THEY ARE REVIEWED.

FORM 990, PART VI, SECTION B, LINE 14:

CERTAIN DEPARTMENTS HAVE DOCUMENT RETENTION AND DESTRUCTION POLICIES;
HOWEVER, THE UNIVERSITY DOES NOT HAVE A COMPREHENSIVE POLICY THAT HAS
BEEN APPROVED BY THE BOARD OR AN AUTHORIZED COMMITTEE.

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

FOR FISCAL YEAR 2014, COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS

AND KEY EMPLOYEES WERE SET BY AN INDEPENDENT COMMITTEE OF THE BOARD OF

TRUSTEES AFTER REVIEWING COMPARABLE COMPENSATION INFORMATION. DECISIONS

REGARDING THE COMPENSATION ARRANGEMENTS WERE CONTEMPORANEOUSLY

DOCUMENTED.

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

D2-0274509

Employer identification number

02-0274509

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

THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE UNIVERSITY ALSO MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9:

NET UNREALIZED LOSS ON DERIVATIVES

(\$46,168)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEDIASSOCIATES, INC. 75 GLEN ROAD SANDY HOOK, CT 06882	ADVERTISING	28,688,081.
PLATTFORM ADVERTISING 1500 W. 113TH STREET, STE 200 LENEXA, KS 66219	ADVERTISING	3,954,109.
EDUCATION SALES & MARKETING, LLC 8740 LUCENT BLVD STE 300 HIGHLANDS RANCH, CO 80129-2510	CONSULTING	3,827,666.
ELEMENT PRODUCTIONS, INC. 316 STUART STREET, 4TH FL BOSTON, MA 02116	ADVERTISING	1,546,329.
STAR MEDIA OF NH, INC 190 NORTH MAIN STREET NATICK, MA 01760-2057	CONSULTING	1,395,965.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See separate instructions.

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

02-0274509

	(a) Name, address, and EIN (if applicable) of disregarded entity		F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
_(1)			_						
_(2)									
<u>(3)</u>			-						
_(4)									
<u>(5)</u>									
<u>(6)</u>									
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the tax year.	ne org	ganization ansv	vered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ	ity	(c) Legal domicile (state or foreign country	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) crolled tity?
(1)								Yes	No
_(2)									
(3)									
_(4)									
_(5)									
<u>(6)</u>									
_(7)									

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Part	Identification of Relate because it had one or r	ed Organizations more related orga	Taxable inizations	as a Partnersh s treated as a pa	ip Complete if the cartnership during the	organization an e tax year.	nswered "Yes" o	on F	orm	990, Part IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	(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	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	eral or naging tner?	(k) Percentage ownership
			Country)		000110110 0 12 0 1 1)			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Sect 512(b contro entit	o)(13) olled
								Yes	No
(1) MOTIVIS LEARNING SYSTEMS, INC. 47-1039010									
25 PELHAM RD, STE 204 SALEM, NH 03079	SOFTWARE SALES	DE	SNHU	C CORP	0	0	100.0000	х	
(2) SPLIT INTEREST TRUSTS (3)									
	SUPPORT	NH	SNHU	TRUST				х	
_(3)									
(4)									_
(5)									
(6)									
<u>(7)</u>									

JSA 3E1308 1.000 Schedule R (Form 990) 2013

Sched	lule R (Form 990) 2013					Page 3
Pa	rt V Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more r					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			[1a	X
b	Gift, grant, or capital contribution to related organization(s)			Ľ	1b	X
С	Gift, grant, or capital contribution from related organization(s)			Ľ	1c	X
d	Loans or loan guarantees to or for related organization(s)			Ľ	1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)			Ľ	1g	X
h	Purchase of assets from related organization(s)			Ľ	1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)			L	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)			Ľ	1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)			L	11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Ľ	1n	X
0	Sharing of paid employees with related organization(s)			[10	X
р	Reimbursement paid to related organization(s) for expenses			[1	1p	X
q	Reimbursement paid by related organization(s) for expenses			I .	1q	X
r	Other transfer of cash or property to related organization(s)			L	1r	X
s_	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	· · · · · · · · · · · · · · · · · · ·	·			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amount		
<u>(1)</u>						
(2)						
(3)						
<u>(4)</u>						
(5)						

JSA 3E1309 1.000

(6)

Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	partners ction (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Dispro	portionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	JBI General or managing e K-1 partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
						<u> </u>							
		Name, address, and EIN of entity Primary activity Primary activity	Name, address, and EIN of entity Primary activity Legal domicle (state or foreign country)	Name, address, and EIN of entity Primary activity Legal domicile (state or foreing) accountry) Predominant income (related, unrelated, extuded from lax under section 512-514) Predominant income (related, unrelated, extuded from lax under section 512-514) Predominant income (related, unrelated, extuded from lax under section 512-514) Predominant income (related, unrelated, extuded from lax under section 512-514)	Name, address, and EIN of entity Primary activity Legal droneigh (state or foreigh country) Included the country of the cou	Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, sociology of the section 512-514) Predominant income (related, unclated, unclat	Name, address, and EIN of entity Primary activity Listage if ornicing (state of pricing) accountly) Predominant in section 512-514) Predominant in section 512-514) Predominant in section 501 (c) (3) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Name, address, and EN of entity Primary activity Legal domicile (state or foreign country) Predominant income (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (relet) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (relet) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544) Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544 Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544 Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544 Real partners \$01(- 01) (releted, uncluded) from tax under section \$12-544 Real partners \$0	Name, address, and ENI of entity Primary activity Logal domicial (state or froreign country) Predominant income (reducted country)	Name, address, and EN of entity Primary activity Legal fromtion (state or foreign country) Primary activity Residual candidate from tax under from tax u	Name, address, and EN of entry Primary activity Primary activit	Name, address, and EN of entity Primary activity Primary	Name, address, and EN of entity Primary activity Lagal dominic Primary activity Country Primary activity Country Primary activity Country Primary activity Primary

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Schedule R (Form 990) 2013

Page 4

Schedule R (Form 990) 2013 Page 5

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).