

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

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 Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHERN NEW HAMPSHIRE UNIVERSITY			D Employer identification number 02-0274509	
	Doing Business As			E Telephone number (603) 626-9100	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2500 NORTH RIVER ROAD				
	City or town, state or province, country, and ZIP or foreign postal code MANCHESTER, NH 03106-1045			G Gross receipts \$ 367,984,967.	
F Name and address of principal officer: PAUL J. LEBLANC 2500 NORTH RIVER ROAD MANCHESTER, NH 03106-1045			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.SNHU.EDU					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				L Year of formation: 1932	
				M State of legal domicile: NH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	18.		
	4	16.		
	5	4,629.		
	6	0		
	7a	-8,889.		
7b	-8,889.			
Revenue	Prior Year		Current Year	
	8	3,116,510.	4,142,439.	
	9	226,678,881.	343,126,826.	
	10	2,963,739.	1,065,268.	
	11	2,368,704.	4,210,049.	
	12	235,127,834.	352,544,582.	
	Expenses	13	32,136,285.	49,955,668.
		14	0	0
		15	94,614,134.	137,655,279.
		16a	0	0
16b		1,269,354.		
17	80,312,498.	128,632,556.		
18	207,062,917.	316,243,503.		
19	28,064,917.	36,301,079.		
Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20	264,496,088.	328,173,975.	
	21	157,273,070.	176,270,089.	
22	107,223,018.	151,903,886.		

Part II Signature Block

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

Sign Here	Signature of officer JOSEPH A. SERGI		Date CFO/TREASURER	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name PAUL TANIS	Preparer's signature 	Date 05/13/2015	Check <input type="checkbox"/> if self-employed PTIN P01441612
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP		Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110		Phone no. 617-530-5000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 250,393,339. including grants of \$ 49,955,668.) (Revenue \$ 346,966,661.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 250,393,339.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		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.	X	
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c	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? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LISA HEFFERNAN 2500 NORTH RIVER ROAD MANCHESTER, NH 03106 603-626-9100

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

Check if Schedule O contains a response or note to any line in this Part VII. X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL J. LEBLANC PRESIDENT	40.00	X		X				809,213.	0	50,818.
(2) MARK OUELLETTE TRUSTEE/CHAIRMAN (AS OF 8/2013)	1.00	X		X				0	0	0
(3) ROBERT FREESE TRUSTEE/SECRETARY	1.00	X		X				0	0	0
(4) ROBERT DECOLFMACKER CHAIRMAN (UNTIL 8/2013)/TRUSTEE	1.00	X		X				0	0	0
(5) KUSUM AILAWADI TRUSTEE	1.00	X						0	0	0
(6) THOMAS DIONISIO TRUSTEE	1.00	X						0	0	0
(7) LISA GUERTIN TRUSTEE	1.00	X						0	0	0
(8) ANDRE HAWAUX TRUSTEE	1.00	X						0	0	0
(9) RICHARD LOEFFLER TRUSTEE	1.00	X						0	0	0
(10) KYLE NAGEL TRUSTEE	1.00	X						0	0	0
(11) EDWARD WOLAK TRUSTEE	1.00	X						0	0	0
(12) PETER WORRELL TRUSTEE	1.00	X						0	0	0
(13) JANET BRESLIN-SMITH TRUSTEE	1.00	X						0	0	0
(14) HOWARD BRODSKY TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICHARD COURTEMANCHE TRUSTEE	1.00	X					0	0	0	
(16) JEREMY HITCHCOCK TRUSTEE (UNTIL 5/2014)	1.00	X					0	0	0	
(17) ROBERT MCDERMOTT TRUSTEE	1.00	X					0	0	0	
(18) DANIEL PRIOR TRUSTEE	1.00	X					0	0	0	
(19) GAUTAM SHARMA TRUSTEE	1.00	X					0	0	0	
(20) LAURIE CHANDLER TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
(21) THERESA DESFOSSES TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
(22) L DOUGLAS O'BRIEN TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
(23) JUNE SMITH TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
(24) CLAYTON CHRISTIANSEN TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
(25) ABY ALEXANDER TRUSTEE (UNTIL 8/2013)	1.00	X					0	0	0	
1b Sub-total							809,213.	0	50,818.	
c Total from continuation sheets to Part VII, Section A							4,019,834.	0	519,548.	
d Total (add lines 1b and 1c)							4,829,047.	0	570,366.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 114

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOSEPH SERGI CFO/TREASURER	40.00			X			253,048.	0	28,960.	
(27) KAREN ABBOTT GENERAL COUNSEL	40.00				X		216,302.	0	34,059.	
(28) DONALD BREZINSKI VP/INSTITUTIONAL ADVANCEMENT	40.00				X		224,052.	0	44,155.	
(29) STEPHEN HODOWNES CEO OF COCE	40.00				X		609,004.	0	53,883.	
(30) JOHN HOLLINGER CIO (UNTIL 9/11/2013)	40.00				X		181,987.	0	39,153.	
(31) PATRICIA LYNOTT PROVOST/SVP	40.00				X		280,672.	0	30,624.	
(32) JOHNSON AU-YEUNG CIO (AS OF 9/11/2013)	40.00				X		285,435.	0	46,081.	
(33) KRISTINE CLERKIN EXEC DIR/INNOV LAB/CFA	40.00				X		276,115.	0	10,287.	
(34) STACY SWEENEY CAO	40.00				X		267,262.	0	12,509.	
(35) SCOTT DURAND VP OF MSR - GRAD	40.00					X	218,466.	0	40,141.	
(36) DAVID EBY VP OF MSR - UNDERGRAD	40.00					X	220,886.	0	67,680.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 114

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

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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) YVONNE SIMON CHIEF LEARNING ARCHITECT, CFA	40.00					X		236,369.	0	45,654.
38) CATHRAEL KAZIN CHIEF ACADEMIC OFFICE FOR CFA	40.00					X		277,097.	0	13,420.
39) GREGORY FOWLER VP ACADEMIC ADMIN/COCE	40.00					X		217,538.	0	10,229.
40) WILLIAM MCGARRY FORMER SENIOR VP/TREASURER	40.00						X	255,601.	0	42,713.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **114**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	586,661.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	3,555,778.				
	g Noncash contributions included in lines 1a-1f: \$		5,112.				
	h Total. Add lines 1a-1f			4,142,439.			
Program Service Revenue			Business Code				
	2a TUITION AND STUDENT FEES		611710	321,422,040.	321,422,040.		
	b RESIDENCE AND DINING		611710	20,273,933.	20,273,933.		
	c OTHER AUXILIARY ENTERPRISES		611710	1,430,853.	1,430,853.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			343,126,826.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			798,760.	-8,889.	807,649.	
	4 Income from investment of tax-exempt bond proceeds . . .			113,257.		113,257.	
	5 Royalties			0			
	6a Gross rents	(i) Real	410,546.				
		(ii) Personal					
		b Less: rental expenses	40,332.				
		c Rental income or (loss)	370,214.				
	d Net rental income or (loss)			370,214.		370,214.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	15,535,304.	18,000.			
		(ii) Other					
		b Less: cost or other basis and sales expenses	15,107,194.	292,859.			
		c Gain or (loss)	428,110.	-274,859.			
	d Net gain or (loss)			153,251.		153,251.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a LOSS RECOVERY		611710	1,125,000.	1,125,000.			
b OTHER INTEREST INCOME		611710	813,727.	813,727.			
c BAD DEBT RECOVERY		611710	305,195.	305,195.			
d All other revenue		611710	1,595,913.	1,595,913.			
e Total. Add lines 11a-11d			3,839,835.				
12 Total revenue. See instructions			352,544,582.	346,966,661.	-8,889.	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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.
8 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.
11 Fees for services (non-employees):				
a Management	0			
b Legal	293,407.	1,837.	291,570.	
c Accounting	162,085.		162,085.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	317,491.		317,491.	
g 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.)				
a <u>DINING SERVICES</u>	5,007,752.	5,007,752.		
b <u>BAD DEBT</u>	2,323,082.		2,323,082.	
c <u>CREDIT CARD FEES</u>	1,006,260.		1,006,260.	
d <u>ON AND OFF CAMPUS PROGRAMS</u>	783,430.	783,430.		
e All other expenses	5,173,218.	3,480,658.	1,624,840.	67,720.
25 Total functional expenses. Add lines 1 through 24e	316,243,503.	250,393,339.	64,580,810.	1,269,354.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	5,153,384.
	2 Savings and temporary cash investments	686,734.	2	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	8,500.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	5,533,552.	7	5,316,883.
	8 Inventories for sale or use	2,276.	8	2,783.
	9 Prepaid expenses and deferred charges	4,199,107.	9	5,950,988.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 182,893,615.		
	b Less: accumulated depreciation	10b 49,283,596.	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	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	264,496,088.	16	328,173,975.	
Liabilities	17 Accounts payable and accrued expenses	19,669,136.	17	41,867,535.
	18 Grants payable	3,228,749.	18	3,334,322.
	19 Deferred revenue	14,048,957.	19	12,769,695.
	20 Tax-exempt bond liabilities	119,941,031.	20	118,287,316.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	385,197.	25	11,221.
	26 Total liabilities. Add lines 17 through 25	157,273,070.	26	176,270,089.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	89,936,632.	27	130,939,693.
	28 Temporarily restricted net assets	5,268,385.	28	7,408,485.
	29 Permanently restricted net assets	12,018,001.	29	13,555,708.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 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.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,544,582.
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,243,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,301,079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,223,018.
5	Net unrealized gains (losses) on investments	5	8,425,957.
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	-46,168.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	151,903,886.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
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.

OMB No. 1545-0047

2013

Open to Public Inspection

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 SOUTHERN NEW HAMPSHIRE UNIVERSITY	Employer identification number 02-0274509
----------------------------------------------------------------------	-----------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV **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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation types (land for public use, natural habitat, open space, historically important land area, certified historic structure). Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d. Includes questions 3-9 regarding monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2013

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

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

- a [X] Public exhibition
b [] Scholarly research
c [] Preservation for future generations
d [X] Loan or exchange programs
e [] Other

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? [] Yes [] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 68.4500 %
c Temporarily restricted endowment 31.5500 %
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? [] Yes [] No

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	35,971,955.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	35,971,955.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	11,221.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,221.

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

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

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

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:			
a	Net unrealized gains on investments	2a 8,425,957.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d -5,836.		
e	Add lines 2a through 2d		2e	8,420,121.
3	Subtract line 2e from line 1		3	307,581,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 317,491.		
b	Other (Describe in Part XIII.)	4b 44,645,766.		
c	Add lines 4a and 4b		4c	44,963,257.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	352,544,582.

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

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 40,332.		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 317,491.		
b	Other (Describe in Part XIII.)	4b 44,645,766.		
c	Add lines 4a and 4b		4c	44,963,257.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	316,243,503.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number
02-0274509

Part I

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

Part II **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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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.
(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)					
(17)					
3a Sub-total		47.			1,327,575.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		47.			1,327,575.

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. ▶ -----

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

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 I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table -----▶
- 3 Enter total number of other organizations listed in the line 1 table -----▶

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

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					
6					
7					

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
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

2013

**Open to Public
Inspection**

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> 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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

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.

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

Part III 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.

Part III 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.

Part III 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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **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 (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NHHEFA SERIES 2005	02-0279866	644614LR8	06/23/2005	37,210,207.	ADVANCE REFUNDING & CONSTRUCTION		X		X		X
B NHHEFA SERIES 2006	02-0279866	644614RB7	11/30/2006	9,084,629.	CURRENT REFUNDING		X		X		X
C NHHEFA SERIES 2008	02-0279866	644614WS4	12/18/2008	32,730,000.	CURRENT REFUNDING & CONSTRUCTION		X		X		X
D NHHEFA SERIES 2012	02-0279866	644614T25	06/07/2012	65,204,319.	ADVANCE REFUNDING & CONSTRUCTION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	20,355,000.		2,580,000.		2,705,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	37,210,207.		9,084,629.		32,730,000.		65,204,319.	
4 Gross proceeds in reserve funds	1,287,965.		754,220.				5,550,595.	
5 Capitalized interest from proceeds							1,393,915.	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	441,110.		181,692.		445,877.		738,508.	
8 Credit enhancement from proceeds	1,275,798.		151,185.		137,764.			
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	16,994,396.				17,564,574.		32,661,584.	
11 Other spent proceeds	1,764,556.		8,751,752.		14,581,783.		5,300,934.	
12 Other unspent proceeds							19,664,437.	
13 Year of substantial completion	2008		2006		2011			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X			X
15 Were the bonds issued as part of an advance refunding issue?	X			X		X	X	
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Part III Private Business Use (Continued)	ENTITY 1							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X			X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c Are there any research agreements that may result in private business use of bond-financed property?		X				X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								X
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								
7 Does the bond issue meet the private security or payment test?		X				X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X				X		X	

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X			X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b Name of provider					DEUTSCHE BANK			
c Term of hedge					5.000			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		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		B		C		D	
	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?	X		X		X		X	

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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 under section 4958 ▶ \$ _____
- 3 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) PAUL LEBLANC	PRESIDENT			PART V		X	13,077.	8,500.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						8,500.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANTHEM, INC	SEE PART V	16,827,640.	PURCHASED INSURANCE		X
(2) PATRICIA FINDLEN	SPOUSE OF PRESIDENT	10,800.	WAGES - ADJUNCT PROFESSOR		X
(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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

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

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.

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

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	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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SOUTHERN NEW HAMPSHIRE UNIVERSITY

Employer identification number

02-0274509

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2013

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

(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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	X	
(2) SPLIT INTEREST TRUSTS (3)	SUPPORT	NH	SNHU	TRUST					X
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a 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)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	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 this line, including covered relationships and transaction thresholds.

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

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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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