Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/2019 and ending 06/30/2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: University of New Hampshire Foundation, Inc.

D Employer identification number
02-0437506

E Telephone number
(603) 862-1584

F Name and address of principal officer:
Erik Gross
Elliott Alumni Center 9 Edgewood Rd Durham, NH 03824

G Gross receipts $110,354,041.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

J Website: www.foundation.unh.edu

K Form of organization: Corporation Trust Association Other

L Year of formation: 1989

M State of legal domicile: NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The mission is to coordinate the acquisition of private support with an emphasis on building the endowment for the benefit of UNH.

2 Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 29
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0
6 Total number of volunteers (estimate if necessary) 6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 39 7b 0.

8 Contributions and grants (Part VIII, line 1h) 29,458,179. 23,644,289.
9 Program service revenue (Part VIII, line 2g) 6,379,606.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,106,474. 4,275,294.
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) 6,113,038. 6,959,130.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,564,653. 34,299,189.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,113,038. 6,959,130.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.
16a Professional fundraising fees (Part IX, column (A), line 11e) 7,226,319.
b Total fundraising expenses (Part IX, column (D), line 25) 24,657,944. 27,646,801.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,770,982. 34,605,931.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 30,770,982. 34,605,931.
19 Revenue less expenses. Subtract line 18 from line 12 1,793,671. -306,742.

20 Total assets (Part X, line 16) 255,225,442. 251,217,834.
21 Total liabilities (Part X, line 26) 7,800,187. 4,724,077.
22 Net assets or fund balances. Subtract line 21 from line 20 247,425,255. 246,493,757.

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.

Signature of officer
Erik Gross, UNHF Treasurer
Type or print name and title

Paid Preparer Use Only
Print/Type preparer’s name
Preparer’s signature
Date
Check ☑ if self-employed
PTIN

Firm’s name
Elliott Alumni Center 9 Edgewood Rd Durham, NH 03824
Firm’s EIN
02-0437506
Phone no.
(603) 862-1584

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

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Rev. January 2020

Open to Public Inspection
Part III  Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The University of New Hampshire Foundation, Inc. (UNHF) is an entity whose purpose is to coordinate the acquisition of private support to benefit the University of New Hampshire (UNH) within USNH.

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 $16,423,889 including grants of $ ) (Revenue $ )

UNHF secured and transferred $16,423,889 in gifts to UNH (USNH)

4b (Code: ) (Expenses $9,492,330 including grants of $ ) (Revenue $ )

UNHF distributed $9,492,330 to UNH (USNH) to support endowed programs.

4c (Code: ) (Expenses $97,224 including grants of $ ) (Revenue $ )

UNHF distributed $97,224 to St. Anselm's College on behalf of the Responsible Governance and Sustainable Citizenship Project (RGSCP) an initiative involving UNH and St. Anselm's College that promotes ethics, citizenship, principled leadership, responsible governance and the creation of sustainable institutions. The $7M funding to establish the endowment came from a settlement reached between the NH Securities Board and Tyco International, LTD in 2002.

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

(Expenses $ ) (Revenue $ )

4e Total program service expenses ▶

26,013,443.

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University of New Hampshire Foundation, Inc. 02-0437506 Page 3

Form 990 (2019)  Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

11a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

11b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

11c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

11d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

11f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes No

1 X

2 X

3 X

4 X

5 X

6 X

7 X

8 X

9 X

10 X

11a X

11b X

11c X

11d X

11e X

11f X

12a X

12b X

13 X

14a X

14b X

15 X

16 X

17 X

18 X

19 X

20a X

20b

21 X
Form 990 (2019)  University of New Hampshire Foundation, Inc.  02-0437506 Page 4

Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III.</td>
<td>22</td>
<td>X</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J.</td>
<td>23</td>
<td>X</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td>24a</td>
<td>X</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>24b</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>24c</td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>24d</td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>25a</td>
<td>X</td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>25b</td>
<td>X</td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td>26</td>
<td>X</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>27</td>
<td>X</td>
</tr>
<tr>
<td>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):</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>28a</td>
<td>X</td>
</tr>
<tr>
<td>b A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV .</td>
<td>28b</td>
<td>X</td>
</tr>
<tr>
<td>c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>28c</td>
<td>X</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>29</td>
<td>X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>30</td>
<td>X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>31</td>
<td>X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>32</td>
<td>X</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>33</td>
<td>X</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1 .</td>
<td>34</td>
<td>X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>35a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2 .</td>
<td>35b</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>36</td>
<td>X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td>37</td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td>38</td>
<td>X</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>1a</td>
<td>0</td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
</tbody>
</table>
### University of New Hampshire Foundation, Inc. 02-0437506 Page 5

#### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

**2 a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**2 b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2b</td>
</tr>
</tbody>
</table>

**3 a** Did the organization have unrelated business gross income of $1,000 or more during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3a</td>
</tr>
</tbody>
</table>

**3 b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3b</td>
</tr>
</tbody>
</table>

**4 a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4a</td>
</tr>
</tbody>
</table>

**4 b** If "Yes," enter the name of the foreign country.

**5 a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5a</td>
</tr>
</tbody>
</table>

**5 b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5b</td>
</tr>
</tbody>
</table>

**5 c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5c</td>
</tr>
</tbody>
</table>

**6 a** Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6a</td>
</tr>
</tbody>
</table>

**6 b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6b</td>
</tr>
</tbody>
</table>

**7 Organizations that may receive deductible contributions under section 170(c).**

**7 a** Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7a</td>
</tr>
</tbody>
</table>

**7 b** Did the organization notify the donor of the value of the goods or services provided?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7b</td>
</tr>
</tbody>
</table>

**7 c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7c</td>
</tr>
</tbody>
</table>

**7 d** If "Yes," indicate the number of Forms 8282 filed during the year.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7d</td>
</tr>
</tbody>
</table>

**7 e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7e</td>
</tr>
</tbody>
</table>

**7 f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7f</td>
</tr>
</tbody>
</table>

**7 g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7g</td>
</tr>
</tbody>
</table>

**7 h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7h</td>
</tr>
</tbody>
</table>

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

**9 Sponsoring organizations maintaining donor advised funds.**

**9 a** Did the sponsoring organization make any taxable distributions under section 4966?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9a</td>
</tr>
</tbody>
</table>

**9 b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9b</td>
</tr>
</tbody>
</table>

**10 Section 501(c)(7) organizations.** Enter:

**10 a** Initiation fees and capital contributions included on Part VIII, line 12.

|     | 10a |

**10 b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

|     | 10b |

**11 Section 501(c)(12) organizations.** Enter:

**11 a** Gross income from members or shareholders.

|     | 11a |

**11 b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).

|     | 11b |

**12 a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12a</td>
</tr>
</tbody>
</table>

**12 b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

|     | 12b |

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

**13 a** Is the organization licensed to issue qualified health plans in more than one state?

| Note: See the instructions for additional information the organization must report on Schedule O. |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13a</td>
</tr>
</tbody>
</table>

**13 b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.

|     | 13b |

**13 c** Enter the amount of reserves on hand.

|     | 13c |

**14 a** Did the organization receive any payments for indoor tanning services during the tax year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14a</td>
</tr>
</tbody>
</table>

**14 b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14b</td>
</tr>
</tbody>
</table>

**15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

**16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

If "Yes," complete Form 4720, Schedule O.
University of New Hampshire Foundation, Inc. 02-0437506

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year. ............................... 1a 29
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

b Enter the number of voting members included on line 1a, above, who are independent ........................................ 1b 27

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ................................................................. 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? ........... 5 X

6 Did the organization have members or stockholders? ................................................................. 6 X

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ................................................................. 7a X

   b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ................................................................. 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? .......................................................................................................................... 8a X
   b Each committee with authority to act on behalf of the governing body? ......................................................... 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ................................. 9 X

Section B. Policies

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

10 a Did the organization have local chapters, branches, or affiliates? ................................................................. 10a X

   b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ................................................................. 10b X

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ................................................................. 11a X

   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ................................................................. 11b X

12 a Did the organization have a written conflict of interest policy? If "No," go to line 13. ................................. 12a X

   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ................................................................. 12b X

   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. ................................................................. 12c X

13 Did the organization have a written whistleblower policy? ................................................................. 13 X

14 Did the organization have a written document retention and destruction policy? ................................................................. 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization's CEO, Executive Director, or top management official. ................................................................. 15a X

   b Other officers or key employees of the organization ................................................................. 15b X

   If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ................................................................. 16a X

   b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ................................................................. 16b X

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) is only available for public inspection. Indicate how you made these available. Check all that apply.
   □ Own website □ Another's website ▶X Upon request □ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ (603) 862-1584

Erik Gross Elliott Alumni Center 9 Edgewood Rd Durham, NH 03824

Form 990 (2019)
### 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.

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Christine Carberry</td>
<td>06.00</td>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Robert Phillips</td>
<td>06.00</td>
<td>Vice Chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Kevin Knarr</td>
<td>06.00</td>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Erik Gross</td>
<td>40.00</td>
<td>UNHF Treasurer</td>
<td></td>
<td>146,663.</td>
<td></td>
</tr>
<tr>
<td>(5) Deborah Dutton Cox</td>
<td>40.00</td>
<td>UNHF President</td>
<td></td>
<td>346,131.</td>
<td></td>
</tr>
<tr>
<td>(6) James Dean</td>
<td>01.00</td>
<td>UNH President</td>
<td>01.00</td>
<td></td>
<td>544,235.</td>
</tr>
<tr>
<td>(7) Thomas Arrix</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Katie Bouton</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Michael Campbell</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Edward Dane</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Lynne Dougherty</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Christine Dwyer</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Joseph Garofoli</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Shawn Gorman</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  

(A) Name and title  
(B) Average hours per week (list any hours for related organizations below dotted line)  
(C) Position  
(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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization</th>
<th>(E) Reportable compensation from related organizations</th>
<th>(F) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Hallal</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas Hayes</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tito Jackson</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greg Jansen</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Josephine Lamprey</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarah Libbey</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brian McCabe</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Mercandetti</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Morison III</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Patrick IV</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morgan Rutman</td>
<td>01.00</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal:  

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 | 8 |

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  

| 3 | 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.  

| 4 | 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.  

| 5 | X |

### Section B. Independent Contractors  

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| 2 | 8 |</p>
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Samuels</td>
<td>01.00 X</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Small</td>
<td>01.00 X</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matthew Witkos</td>
<td>01.00 X</td>
<td>Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Todd Black</td>
<td>01.00 X</td>
<td>Appointed Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamie Burnett</td>
<td>01.00 X</td>
<td>Appointed Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craig Rydin</td>
<td>01.00 X</td>
<td>Director Ended 10/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Hilpman</td>
<td>01.00 X</td>
<td>Director Ended 10/2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harry Patten</td>
<td>01.00 X</td>
<td>Director Ended 01/2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troy Finn</td>
<td>40.00 X 238,870.</td>
<td>AVP Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan McDonough</td>
<td>40.00 X 155,083.</td>
<td>Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael McCarthy</td>
<td>40.00 X 152,222.</td>
<td>Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suellen Peluso</td>
<td>40.00 X 148,884.</td>
<td>Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jennifer Lowery</td>
<td>40.00 X 143,227.</td>
<td>Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Horigan</td>
<td>40.00 X 131,314.</td>
<td>Sr. Executive Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Huddleston</td>
<td>20.00 X 222,034.</td>
<td>Former UNH President</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>$3,378</td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>$23,640,911</td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a–1f</td>
<td>$3,602,940</td>
</tr>
<tr>
<td><strong>Total. Add lines 1a–1f.</strong></td>
<td><strong>$23,644,289</strong></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a USNH Fundraising Serv</td>
<td>$6,379,606</td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 2a-2f.</strong></td>
<td><strong>$6,379,606</strong></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>$2,041,714</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>$2,041,714</td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>(i) Real</td>
<td></td>
</tr>
<tr>
<td>(ii) Personal</td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>$2,233,580</td>
</tr>
<tr>
<td>(i) Securities</td>
<td></td>
</tr>
<tr>
<td>(ii) Other</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 11a-11d.</strong></td>
<td><strong>$34,299,189</strong></td>
</tr>
<tr>
<td>12 <strong>Total revenue. See instructions</strong></td>
<td><strong>$34,299,189</strong></td>
</tr>
</tbody>
</table>

#### Business Code

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a USNH Fundraising Serv</td>
<td>900099</td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $</td>
<td></td>
</tr>
<tr>
<td>of contributions reported on line 1c).</td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities.</td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>11a All other revenue</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td>12 <strong>Total revenue. See instructions</strong></td>
<td><strong>$34,299,189</strong></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members.</td>
<td>1,114,232.</td>
<td>424,705.</td>
<td>689,527.</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).</td>
<td>4,153,984.</td>
<td>301,409.</td>
<td>3,852,575.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).</td>
<td>416,115.</td>
<td>28,683.</td>
<td>387,432.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits.</td>
<td>951,326.</td>
<td>65,650.</td>
<td>885,677.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes.</td>
<td>323,473.</td>
<td>23,058.</td>
<td>300,415.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management.</td>
<td>1,820.</td>
<td>1,820.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting.</td>
<td>14,200.</td>
<td>14,200.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees.</td>
<td>5,594.</td>
<td>5,594.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>395,405.</td>
<td>55,141.</td>
<td>340,264.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion.</td>
<td>45,669.</td>
<td>45,669.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses.</td>
<td>523,441.</td>
<td>24,808.</td>
<td>498,633.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology.</td>
<td>37,502.</td>
<td>15,753.</td>
<td>21,749.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel.</td>
<td>147,785.</td>
<td>23,385.</td>
<td>124,400.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings.</td>
<td>106,182.</td>
<td>61,478.</td>
<td>44,704.</td>
</tr>
<tr>
<td>20</td>
<td>Interest.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates.</td>
<td>25,916,219.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization.</td>
<td>17,740.</td>
<td>15,667.</td>
<td>2,073.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Membership Dues &amp; Expenses</td>
<td>85,700.</td>
<td>55,050.</td>
<td>30,650.</td>
</tr>
<tr>
<td>b</td>
<td>Strategic Initiatives</td>
<td>213,651.</td>
<td>213,651.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Scholarships</td>
<td>7,070.</td>
<td>7,070.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>External Payout</td>
<td>97,224.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>31,599.</td>
<td>29,048.</td>
<td>2,551.</td>
</tr>
</tbody>
</table>

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720).
### University of New Hampshire Foundation, Inc. 02-0437506 Page 11

#### Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash — non-interest-bearing</td>
<td>5,491,182</td>
<td>3,811,560</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>8,097,746</td>
<td>6,264,565</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.</td>
<td>845,000</td>
<td></td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td></td>
<td>845,000</td>
</tr>
<tr>
<td>11. Investments — publicly traded securities</td>
<td>92,290,029</td>
<td>62,667,674</td>
</tr>
<tr>
<td>12. Investments — other securities. See Part IV, line 11</td>
<td>149,315,934</td>
<td>177,272,905</td>
</tr>
<tr>
<td>13. Investments — program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>30,551</td>
<td>356,130</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>255,225,442</td>
<td>251,217,834</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>2,788,020</td>
<td>697,639</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D.</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>5,012,167</td>
<td>4,026,438</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>7,800,187</td>
<td>4,724,077</td>
</tr>
</tbody>
</table>

#### Organizations that follow FASB ASC 958, check here ▶

Complete lines 27, 28, 32, and 33.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Net assets without donor restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Net assets with donor restrictions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Organizations that do not follow FASB ASC 958, check here ▶

Complete lines 29 through 33.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Total net assets or fund balances</td>
<td>247,425,255</td>
<td>246,493,757</td>
</tr>
<tr>
<td>33. Total liabilities and net assets/fund balances</td>
<td>255,225,442</td>
<td>251,217,834</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue</td>
<td>34,299,189</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses</td>
<td>34,605,931</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses</td>
<td>-306,742</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year</td>
<td>247,425,255</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-624,755</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances</td>
<td>-1</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year</td>
<td>246,493,757</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### University of New Hampshire Foundation, Inc. 02-0437506

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

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>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).</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)***

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;).</td>
<td>26,944,000.</td>
<td>23,201,000.</td>
<td>34,476,836.</td>
<td>29,458,179.</td>
<td>23,644,289.</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total.</strong> Add lines 1 through 3.</td>
<td>26,944,000.</td>
<td>23,201,000.</td>
<td>34,476,836.</td>
<td>29,458,179.</td>
<td>23,644,289.</td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

**Calendar year (or fiscal year beginning in)***

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4.</td>
<td>26,944,000.</td>
<td>23,201,000.</td>
<td>34,476,836.</td>
<td>29,458,179.</td>
<td>23,644,289.</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.</td>
<td>10,205,000.</td>
<td>10,466,000.</td>
<td>10,847,348.</td>
<td>11,266,501.</td>
<td>12,127,872.</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support.</strong> Add lines 7 through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years.</strong> 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).</th>
<th>14</th>
<th>61.41%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage from 2018 Schedule A, Part II, line 14.</td>
<td>15</td>
<td>67.73%</td>
</tr>
</tbody>
</table>

16a **33 1/3% support test–2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ►

b **33 1/3% support test–2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ►

17a **10%-facts-and-circumstances test–2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ►

b **10%-facts-and-circumstances test–2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ►

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

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**University of New Hampshire Foundation, In 02-0437506**

**192,637,025.**

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**UYA**

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Schedule A (Form 990 or 990-EZ) 2019
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2018 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

#### Section A. All Supporting Organizations

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

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Section C. Type II Supporting Organizations

1. Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
<table>
<thead>
<tr>
<th>Section A - Adjusted Net Income</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>(A) Prior Year</td>
<td>(B) Current Year (optional)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B - Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C - Distributable Amount</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td>2 Enter 85% of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td>4 Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
</tbody>
</table>

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instr.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2019</th>
<th>(iii) Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instr.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015 . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016 . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017 . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018 . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019 . . . . . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*University of New Hampshire Foundation, In 02-0437506*
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule of Contributors

University of New Hampshire Foundation, Inc. 02-0437506

Filers of:  Section:

Form 990 or 990-EZ  □ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF  □ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$4,089,837.</td>
<td>Person X, Payroll □, Noncash □</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,091,070.</td>
<td>Person □, Payroll □, Noncash X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$838,326.</td>
<td>Person X, Payroll □, Noncash □</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$550,000.</td>
<td>Person □, Payroll □, Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Stock Gift</td>
<td>$1,091,070.</td>
<td>06/03/2020</td>
</tr>
<tr>
<td>4</td>
<td>Property</td>
<td>$550,000.</td>
<td>04/30/2020</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---------------------</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

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

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

Name of the organization: University of New Hampshire Foundation, Inc. Employer identification number: 02-0437506

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

<table>
<thead>
<tr>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td></td>
</tr>
</tbody>
</table>

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   a Revenue included on Form 990, Part VIII, line 1
   b Assets included in Form 990, Part X
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange program
- [ ] Other

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

#### 5
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

- [ ] Yes
- [ ] No

### Part IV Escrow and Custodial Arrangements.

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

#### 1a
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

- [ ] Yes
- [ ] No

#### 1b
If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>1c</th>
<th>1d</th>
<th>1e</th>
<th>1f</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2a
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- [ ] Yes
- [ ] No

#### 2b
If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

### Part V Endowment Funds.

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

#### 1a
Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>$236,325,733</td>
<td>$224,648,029</td>
<td>$204,467,980</td>
<td>$184,606,416</td>
<td>$196,837,401</td>
</tr>
<tr>
<td>$7,914,903</td>
<td>$11,785,137</td>
<td>$15,113,805</td>
<td>$5,930,052</td>
<td>$4,232,513</td>
</tr>
<tr>
<td>$5,135,906</td>
<td>$13,190,293</td>
<td>$17,716,544</td>
<td>$26,154,350</td>
<td>$4,678,621</td>
</tr>
</tbody>
</table>

#### 1b
Contributions

- [ ] $7,914,903
- [ ] $11,785,137
- [ ] $15,113,805
- [ ] $5,930,052
- [ ] $4,232,513

#### 1c
Net investment earnings, gains, and losses

- [ ] $5,135,906
- [ ] $13,190,293
- [ ] $17,716,544
- [ ] $26,154,350
- [ ] $4,678,621

#### 1d
Grants or scholarships

- [ ] $11,772,972
- [ ] $11,228,336
- [ ] $10,813,503
- [ ] $10,412,866
- [ ] $10,119,479

#### 1e
Other expenditures for facilities and programs

- [ ] $1,806,452
- [ ] $2,069,390
- [ ] $1,836,797
- [ ] $1,809,972
- [ ] $1,665,398

#### 1f
Administrative expenses

- [ ] $235,797,118
- [ ] $236,325,733
- [ ] $224,648,029
- [ ] $204,467,980
- [ ] $184,606,416

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

- [ ] Board designated or quasi-endowment ▶ 0.20%
- [ ] Permanent endowment ▶ 0.80%
- [ ] Term endowment ▶ %

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

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

- [ ] Unrelated organizations [ ]
- [ ] Related organizations [ ]

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

- [ ] Yes
- [ ] No

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

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

#### 1a
Land

- [ ] $845,000

Total

- [ ] $845,000

Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### Part VII
**Investments — Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category | (b) Book value | (c) Method of valuation: 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td>Cost or end-of-year market value</td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) <strong>Investments Measured at NAV</strong></td>
<td>177,272,905.</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)**

### Part VIII
**Investments — Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td>Cost or end-of-year market value</td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td>Cost or end-of-year market value</td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) <strong>Life Insurance Policy - Cash Surrender Value</strong></td>
<td>338,130.</td>
</tr>
<tr>
<td>(2) REITS</td>
<td>18,000.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
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<tr>
<td>(5)</td>
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<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)** 356,130.

### Part X
**Other Liabilities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td>2,430,912.</td>
</tr>
<tr>
<td>(2) <strong>Annuities Payable</strong></td>
<td></td>
</tr>
<tr>
<td>(3) <strong>Deferred Inflow Annuities</strong></td>
<td>1,347,526.</td>
</tr>
<tr>
<td>(4) Other</td>
<td>248,000.</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)** 4,026,438.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. □
**Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<table>
<thead>
<tr>
<th></th>
<th>Total revenue, gains, and other support per audited financial statements.</th>
<th>1</th>
<th>33,674,434.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>-624,755.</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d.</td>
<td>2e</td>
<td>-624,755.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1.</td>
<td></td>
<td>34,299,189.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>34,605,931.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d.</td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>34,605,931.</td>
</tr>
</tbody>
</table>

**Part XIII  Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5; 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.

---

University of New Hampshire Foundation, 02-0437506
Part I Questions Regarding Compensation

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

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 on line 1a?


3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<table>
<thead>
<tr>
<th>Box</th>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑</td>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Dutton Cox</td>
<td>(i) 311,533. (ii) 34,100. (iii) 498.</td>
<td>(i) 28,179.</td>
<td>(ii) 23,167.</td>
<td>(iii) 397,477.</td>
<td></td>
</tr>
<tr>
<td>1 UNHF President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Dean</td>
<td>(i) 441,635. (ii) 102,600.</td>
<td>(i) 11,548.</td>
<td>(ii) 20,328.</td>
<td>(iii) 576,111.</td>
<td></td>
</tr>
<tr>
<td>2 UNH President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Troy Finn</td>
<td>(i) 208,118. (ii) 30,752.</td>
<td>(i) 1,014.</td>
<td>(ii) 18,830.</td>
<td>(iii) 258,714.</td>
<td></td>
</tr>
<tr>
<td>3 AVP Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan McDonough</td>
<td>(i) 149,963. (ii) 5,000.</td>
<td>(i) 16,104.</td>
<td>(ii) 22,135.</td>
<td>(iii) 193,322.</td>
<td></td>
</tr>
<tr>
<td>4 Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael McCarthy</td>
<td>(i) 147,197. (ii) 5,000.</td>
<td>(i) 15,175.</td>
<td>(ii) 22,866.</td>
<td>(iii) 190,263.</td>
<td></td>
</tr>
<tr>
<td>5 Major Gift Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Huddleston</td>
<td>(i) 222,034.</td>
<td>(i) 23,375.</td>
<td>(ii) 10,314.</td>
<td>(iii) 255,723.</td>
<td></td>
</tr>
<tr>
<td>6 Former UNH President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part III  Supplemental Information

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X</td>
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<tr>
<td>4</td>
<td>X</td>
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<tr>
<td>5</td>
<td>X</td>
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<td>6</td>
<td>X</td>
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<td>7</td>
<td>X</td>
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<td>8</td>
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<td>11</td>
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<td>12</td>
<td>X</td>
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<td>13</td>
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<td>16</td>
<td>X</td>
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<td>17</td>
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<td>18</td>
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<td>20</td>
<td>X</td>
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<td>21</td>
<td>X</td>
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<td>22</td>
<td>X</td>
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<td>23</td>
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<td>24</td>
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<td>25</td>
<td>X</td>
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<td>26</td>
<td>X</td>
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<td>27</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

<table>
<thead>
<tr>
<th></th>
<th>Number of forms received</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>0</td>
</tr>
</tbody>
</table>

### During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II

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

<table>
<thead>
<tr>
<th>P1, Col B</th>
<th>Number of items received</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1, Ln 33</td>
<td>The organization does not recognize revenue on these types of donations</td>
</tr>
<tr>
<td>P1, Ln 33</td>
<td>because the assets are not sold, but rather utilized in programs at the University of New Hampshire. The transactions do not involve cash received.</td>
</tr>
</tbody>
</table>
**Name of the organization**

University of New Hampshire Foundation, Inc.  

**Employer identification number**

02-0437506

---

**Part V Line 1a**

Disbursements are paid by USNH (related entity) and is responsible for preparation of 1099's and 1096's.

**Part V Line 2a**

UNHF has 164 employees that are paid by USNH directly and reported on the USNH W-3. USNH (related entity) pays UNHF employees and prepares W-2's.

**Part VI Line 1a**

Erik Gross, UNHF Treasurer, is not included as he only has voting rights on investment agenda items.

**Part VI Line 7a**

USNH Board of Trustees can elect up to three voting members to the UNHF Board of Directors.

**Part VI Line 7b**

The UNHF budget requires approval from the USNH Board of Trustees

**Part VI Line 12c**

At UNHF Board of Directors annual meeting each member reviews the policy and signs a letter to the Chair indicating compliance and disclosing any potential conflicts.

**Part VI Line 15a or b**

Review of comparative data provided by independent consultants; assigned class/salary range by USNH Classification Committee; and approved by a supervisor.

**Part VII Section A**

Individuals that work directly for UNHF and paid by USNH are included in column D as reportable compensation for the organization.
University of New Hampshire Foundation, Inc. 02-0437506

Part VI Line 11b
The Audit Committee performs a detailed review of the completed Form 990

Part VI Line 19
Financial statements are available to the public on our website. Governing Documents and Conflict of Interest policy available upon request.

Part XI Line 9
Rounding Adjustment
# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

## University of New Hampshire Foundation, Inc.

### Part I Identification of Disregarded Entities

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td>(6)</td>
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</tr>
</tbody>
</table>

### 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>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) University System of New Hampshire 5 Chanell Drive Ste. Ste 301 Concord, NH 03301 02-6000937 Educational NH 501 (c)(3) 170 (b) (1) (A) (iv) N/A</td>
<td></td>
<td></td>
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<td></td>
<td>Yes No</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (Corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>Yes</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
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<tr>
<td>1d</td>
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<td>1r</td>
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<tr>
<td>1s</td>
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</table>

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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) University System of New Hampshire</td>
<td>B</td>
<td>16,423,889. Cash Transfer</td>
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</tr>
<tr>
<td>(2) University System of New Hampshire</td>
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<td>6,379,606. Cash Transfer</td>
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<tr>
<td>(3) University System of New Hampshire</td>
<td>N</td>
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<tr>
<td>(4) University System of New Hampshire</td>
<td>O</td>
<td>6,959,130. USNH Pays Employees</td>
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<tr>
<td>(5) University System of New Hampshire</td>
<td>Q</td>
<td>1,712,208. USNH Pays Vendors</td>
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</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

University of New Hampshire Foundation, Inc. 02-0437506

Schedule R (Form 990) 2019
Part VII
Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

__________________________________________________________________________________________________
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UYA
Form 990-T

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning 07/01/2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

Print or Type

Name of organization ( ) Check box if name changed and see instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if address changed

B Exempt under section

X 501(c)(3)  409(a)  409A  529

C Book value of all assets at end of year

251,217,834.

D Employer identification number

02-0437506

E Unrelated business activity code

(See instructions.)

F Group exemption number (See instructions.)

900099

G Check organization type

X 501(c) corporation

H Enter the number of the organization’s unrelated trades or businesses.

Describe the only (or first) unrelated trade or business here . If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of

Erik Gross

Telephone number 603–862–1584

Part I Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Balance</td>
<td></td>
<td>1c</td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>5</td>
<td>-60,867.</td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Total. Combine lines 3 through 12</td>
<td>13</td>
<td>-60,867.</td>
</tr>
</tbody>
</table>

Part II Deductions Not Taken Elsewhere

(Deductions must be directly connected with the unrelated business income.)

| (D) Total deductions. Add lines 14 through 27 | 28 |
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 |  |
| 15 Salaries and wages | 15 |  |
| 16 Repairs and maintenance | 16 |  |
| 17 Bad debts | 17 |  |
| 18 Interest (attach schedule) (see instructions) | 18 |  |
| 19 Taxes and licenses | 19 |  |
| 20 Depreciation (attach Form 4562) | 20 |  |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | 21a | 21b |
| 22 Depletion | 22 |  |
| 23 Contributions to deferred compensation plans | 23 |  |
| 24 Employee benefit programs | 24 |  |
| 25 Excess exempt expenses (Schedule I) | 25 |  |
| 26 Excess readership costs (Schedule J) | 26 |  |
| 27 Other deductions (attach schedule) | 27 |  |
| 28 Total deductions. Add lines 14 through 27 | 28 | -60,867. |
| 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | -60,867. |
| 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30 |  |
| 31 Unrelated business taxable income. Subtract line 30 from line 29 | 31 | -60,867. |

For Paperwork Reduction Act Notice, see instructions.

UYA

Form 990-T (2019)
Form 990-T (2019)  University of New Hampshire Foundation, Inc.  02-0437506  Page 2

Part III  Total Unrelated Business Taxable Income
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)  32  -60,867.
33 Amounts paid for disallowed fringes  33
34 Charitable contributions (see instructions for limitation rules)  34
35 Total unrelated business taxable income before pre-2018 and specific deduction. Subtract line 34 from the sum of lines 32 and 33  35  -60,867.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from the sum of lines 35  37  -60,867.
38 Specific deduction (Generally $1,000, but see line 38 instructions for exceptions)  38  1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37  39

Part IV  Tax Computation
40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  40
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)  41
42 Proxy tax. See instructions  42
43 Alternative minimum tax (trusts only)  43
44 Tax on Noncompliant Facility Income. See instructions  44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  45

Part V  Tax and Payments
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a
46b Other credits (see instructions)  46b
46c General business credit. Attach Form 3800 (see instructions)  46c
46d Credit for prior year minimum tax (attach Form 8801 or 8827)  46d
46e Total credits. Add lines 46a through 46d  46e
47 Subtract line 46e from line 45  47
48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  48
49 Total tax. Add lines 47 and 48 (see instructions)  49
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3  50
51a Payments: A 2018 overpayment credited to 2019  51a
51b 2019 estimated tax payments  51b
51c Tax deposited with Form 8868  51c
51d Foreign organizations: Tax paid or withheld at source (see instructions)  51d
51e Backup withholding (see instructions)  51e
51f Credit for small employer health insurance premiums (attach Form 8941)  51f
51g Other credits, adjustments, and payments: □ Form 2439 □ Form 4136 □ Other Total  51g
52 Total payments. Add lines 51a through 51g  52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached  53
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  54
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid  55
56 Enter the amount of line 55 you want: □ Credited to 2020 estimated tax □ Refunded  56

Part VI  Statements Regarding Certain Activities and Other Information (see instructions)
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes", the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes", enter the name of the foreign country here  Yes No  X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. Yes No X
59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $  

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 taxpayer) is based on all information of which preparer has any knowledge. 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only  Form 990-T (2019)
Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  PTIN  Firm's EIN  Firm's name  Firm's address  Phone no.
### Schedule A–Cost of Goods Sold

Enter method of inventory valuation ▶

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Additional section 263A costs (attach schedule)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Inventory at end of year</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2. ▶

**Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?** Yes No ▶

### Schedule C–Rent Income (From Real Property and Personal Property Leased With Real Property)

*(see instructions)*

1. Description of property
   - (1)
   - (2)
   - (3)
   - (4)

2. Rent received or accrued
   - (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)
   - (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3. Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
   - (a)
   - (b)

Total 0. Total 0. **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0. **(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

### Schedule E–Unrelated Debt-Financed Income

*(see instructions)*

1. Description of debt-financed property
   - (1)
   - (2)
   - (3)
   - (4)

2. Gross income from or allocable to debt-financed property
   - (a) Straight line depreciation (attach schedule)
   - (b) Other deductions (attach schedule)

3. Deductions directly connected with or allocable to debt-financed property
   - (a)
   - (b)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)
5. Average adjusted basis of or allocable to debt-financed property (attach schedule)
6. Column 4 divided by column 5
7. Gross income reportable (column 2 × column 6)
8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))

**Totals**

**Total dividends-received deductions** included in column 8 ▶ 0. 0.
### Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations

#### Exempt Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

#### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

#### Totals

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

### Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected with production of unrelated business income</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tbody>
</table>

#### Totals

Enter here and on page 1, Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B).

### Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tbody>
</table>

#### Totals

Enter here and on page 1, Part I, line 10, col. (A). Enter here and on page 1, Part I, line 10, col. (B). Enter here and on page 1, Part II, line 25.

### Schedule J – Advertising Income (see instructions)

#### Part I – Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th></th>
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</tbody>
</table>

#### Totals

(carry to Part II, line (5)).
**Part II  Income From Periodicals Reported on a Separate Basis**

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
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<td>(4)</td>
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</tr>
</tbody>
</table>

**Totals from Part I. ..........................**

0. 0. 0.

Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 26.

**Totals, Part II (lines 1-5) .........................**

0. 0. 0.

**Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)**

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**Total. Enter here and on page 1, Part II, line 14 .........................................................**

0.

UYA

Form 990-T (2019)
### Form 990-T, Part I, Line 5

<table>
<thead>
<tr>
<th>Name</th>
<th>EIN</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG Realty Value Fund X LP</td>
<td>82-4343654</td>
<td>(5,497)</td>
</tr>
<tr>
<td>GEM Realty Fund V, L.P.</td>
<td>46-1696235</td>
<td>3,267</td>
</tr>
<tr>
<td>GEM Realty Fund VI, L.P.</td>
<td>81-1897552</td>
<td>(439)</td>
</tr>
<tr>
<td>GS Capital Partners VI Parallel, L.P.</td>
<td>43-2115554</td>
<td>-</td>
</tr>
<tr>
<td>Newbury Equity Partners IV (Caymen), L.P.</td>
<td>98-1350426</td>
<td>10,879</td>
</tr>
<tr>
<td>Northgate Venture Partners VII, L.P.</td>
<td>47-2513170</td>
<td>(5)</td>
</tr>
<tr>
<td>Park Street Capital Private Equity Fund XI, LP</td>
<td>80-0966349</td>
<td>(69,071)</td>
</tr>
<tr>
<td>TrueBridge Capital Partners Fund VI LP</td>
<td>84-1921100</td>
<td>(1)</td>
</tr>
</tbody>
</table>

**Total** $ (60,867)