Form	.∜990-T	E	empt Organ			siness Inc			urn Golo	ОМВ	No 1545-0687
	. (0 0 0 1	For cale	ndar year 2018 or other						2019	6) ∩1
Denar	tment of the Treasury	1 01 0010	► Go to www irs.g							<u> </u>	3W 10
	al Revenue Service	▶ Do	not enter SSN numbers						1(c)(3).	**************************************	Public inspection for the Organizations Only
Ā	Check box if		Name of organization (Check b	ox if nar	me changed and see	instruction	ns)		loyer identif	rication number
	address changed]							(5,110)	loyees tust s	ee instituctions)
	empt under section		UNIVERSITY (OF NEW H	AVEN				_		
X	501(C 103)	Print	Number, street, and roo	om or suite no	lf a P O	box, see instruction	S		<u> </u>	761704	
	408(e) 220(e)	Туре	200 Dogmov	200 200	_	•				lated busin nstructions)	ess activity code
	408A530(a)		300 BOSTON I			ZID as faceura acastal a			-		
	529(a) ok value of all assets	-	City or town, state or p WEST HAVEN,	•	•	ziP or loreign postai c	oue		SEE	STMT	1
	end of year	F Gro	up exemption number								
30	98,607,936.		ck organization type	·			501/6	trust	401(a	truct	Other trust
			nization's unrelated tra				1301(y (or first) i	
	ade or business her			400 01 0401110			only one	complete Parts			
			end of the previous s	entence, co	mplete		•	*			,
	ade or business, th			نه .							
I D	uring the tax year,	was the	corporation a subsidia	iry in an affil	ated g	roup or a parent-su	bsidiary	controlled group	?	▶ [Yes X No
If	"Yes," enter the na	ame and	identifying number of	the parent co	rporation						
			ORGE S. SYNOD					ne number ▶ (2-7273	·
			or Business Incor	ne		(A) Incom	ie	(B) Exp	enses	400 1/200 000 000 000 000 000 000 000 000 000	(C) Net
1 a	Gross receipts or	sales						3.5			
b	Less returns and allowa			c Balance				24000000000000000000000000000000000000			
2	-		ule A, line 7)		2	· ·		\$2500F8F357808446		88 888 888888	
3			2 from line 1c		3			800000000000000000000000000000000000000		38	
4a b			ttach Schedule D) Part II, line 17) (attach Fe		4a 4b			2004 A 2007 A 20	C., 15 s - 7 120 -	<u>**</u>	
c	-		rusts		4c	-		DECHIV		38	
5		\	r an S corporation (attach state		5			2000 TO 1000 C E 2000 C		<u> </u>	
6			· · · · · · · · · · · · · · · ·		6		0	00		5	
7			come (Schedule E)		7			 JUL 22 4	020	21	
8			ents from a controlled organiza		8		14			-	
9	Investment income of	مئر a section 50	1(c)(7), (9) or (17) organizat	on (Schedule G)	9			DGDEN	UT		
10	Exploited exempt	activity i	ncome (Schedule I) .		10		<u> </u>				
11	Advertising incon	ne (Sched	dule J)		11						
12	Other income (Se	ee instruc	tions, attach schedule)		12			3333X &-633	*******	*	
13			ough 12				0.	<u> </u>			
Pai			Taken Elsewhere	•				-	(Except	for contr	ibutions,
			be directly conne								
14	•		directors, and trustees	•							
15 16											
17	· ·										
18			(see instructions)								
19											-
20			See instructions for lim								
21	Depreciation (atta	ach Form	4562)			2	1			2	
22			on Schedule A and el				-			.	
23	Depletion								23		
24			compensation plans .								
25	Employee benefit	program	s						25		
26			Schedule I)								
27			chedule J)								
28		•	schedule)								
29			s 14 through 28								
30			ele income before no								275.25 Second 10 . 10
31			g loss arising in tax y	•	_	•	-				<u> 0.</u>
32 For F			e income Subtract line		30.	· · · · · · · · · · · · · · · · · · ·		<u> </u>	32		om 990-T (2018)
			12/2020 12:2		V 1	8-8.6F		788607		F	PAGE
				-	_						-

1,01W	990-T (2018)	. Pag- 2
Par	t III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	33
34	Amounts pald for disallowed fringes , . , , ,	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	instructions),	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
••	of lines 33 and 34	36
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36.	
30	enter the smaller of zero or line 36	3.8
Dai	t IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	ļ., ————————————————————————————————————
40	10.6 minimum manageria mare and	40
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income See instructions	
44	Total, Add lines 41, 42, and 43 to line 39 or 40 whichever applies	44
	t V Tax and Payments	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1:1
b	Other gradits (see instructions). In a second control of the contr	[·
C	General business credit Attach Form 3800 (see instructions)	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
e	Total credits, Add innos 155 through 15d	45e
46	Subtract line 45e from line 44	46
47	Other taxes Chack if from Form 4255 Form 8841 Form 8697 Form 8866 Other (attach sched) to).	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49
50 a	Payments A 2017 overpayment credited to 2018] ,]
) A	<u> </u> . ·
C	2018 estimated tax payments	
d	Foreign organizations Tex paid or withheld at source (see instructions)	<u>}</u> .
e	Foreign arganizations Tax paid or withheld at source (see instructions)] ,
		2.
a	Other credits, adjustments, and payments Form 2439	[A
-	Total payments, Add tines 50a through 50g	<u> </u>
51	Total payments, Add lines 50a through 50g	51 ਵ,/੪3.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached,	52
53	Tax due, If line 51 is less than the total of lines 48, 49, and 52, enter emount owed	53,
54	Overpayment If line 51 is larger than the total of lines 48 49, and 52 enter amount overpaid	54 8, 783.
55	Enter the amount of line 54 coulvent Credited to 2019 estimated tax ▶ SØ Refunded ▶	8 ,793.
	t VI Statements Regarding Certain Activities and Other Information (acc instruction	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority Yes No
~~	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have to file
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yos," onter the name of the	foreign country
	here > ITALY	\ \ \
c=	During the tax year, did the organization receive a distribution from, or was it the granter of or transferor to, a fore	ign trust?
57		
Ea	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 0.	.
58	I linder concluse of months I define that I have command this result instuding accompanying schedules and altraments and 16 that	heat of my knowledge and tensi i is
e:-	Intel correct lend complete. Declaration of preparer (other from taxpaker) is based on all information of which preparer has any knowledge	
Sig	The state of the s	ay the IRS discuss this return to
He		te parrenous 2 X Ass No
	Davidina attendered games Programs singular	PTW
Pair	7/10/00	* L
	narer	
	Films name Fitter Lb.	seno 210-758-9700
	Firm's address ▶ 345 PARK AVENUE, NEW YORK, NY 10154 Price	Secon QQO.T (2028)

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PAGE I

Form 990-T (2018)	_						Page 3	
Schedule A - Cost of G	oods Sold. Er	ter metho	d of inventory valuation	▶				
1 Inventory at beginning of y	ear 1		6 Invento	y at end of	/ear	. 6		
2 Purchases	2		7 Cost o	of goods	sold. Subtract line			
3 Cost of labor	3		6 from	line 5	Enter here and in	in the state of th		
4a Additional section 263A co	osts		Part I, Iı	ne 2				
(attach schedule)					section 263A (Yes No	
b Other costs (attach schedu					or acquired fo			
5 Total Add lines 1 through				•	<u></u>	, , ,	N/A	
Schedule C - Rent Income		roperty a	nd Personal Proper	v Leased	With Real Prope	erty)		
(see instructions)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,				
Description of property	 -		· - 					
(1)			<u></u> .					
(2)	,		<u>. </u>					
(3)	·			<u>-</u>				
(4)			***************************************					
	2 Rent recei	ved or accru	ed		"			
(a) From personal property (if the		ı—————	from real and personal prope	rty (if the	,	directly connected with	the income	
for personal property is more th		percent	age of rent for personal proper	erty exceeds	eds in columns 2(a) and 2(b) (attach schedule)			
more than 50%)		50% o	r if the rent is based on profit	or income)				
(1)	·····							
(2)								
(3)				· ************************************				
(4)			·	 -				
Total		Total						
(c) Total income. Add totals of c	olumns 2(a) and 2((b) Total deducti			
here and on page 1, Part I, line 6		-			Enter here and o			
Schedule E - Unrelated D			e instructions)		7 410 1, 11110 0, 0010	(3)		
30000.02			T	3	. Deductions directly co		ole to	
1. Description of det	ot-financed property		2 Gross income from or allocable to debt-financed	4-) 01		ced property	-4	
			property		ight line depreciation ttach schedule)	(b) Other dedu (attach sche		
(1)				 	 -			
(2)				 				
(3)	·							
(4)						- 		
4. Amount of average	5 Average adju	sted basis						
acquisition debt on or	of or alloca	ble to	6. Column 4 divided		ss income reportable	8. Allocable ded (column 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by column 5	(colu	mn 2 x column 6)	3(a) and 3		
	(41.45.1.65.11			%				
<u>(1)</u> (2)				%		 		
(3)		<u>.</u>		%	<u> </u>	L		
(4)				%				
<u> </u>	<u> </u>		<u> </u>		ere and on page 1,	Enter here and o	on page 1	
					line 7, column (A)	Part I, line 7, co		
Totals				▶ ∟				

Form **990-T** (2018)

Schedule F—Interest, Ann	uities, Royalties			ntrolled Or			itions (see	e instructio	1115)	
1 Name of controlled organization	2 Employer identification numb			ated income nstructions)		of specifients made	ed included	f column 4 th in the contro ion's gross in	olling	Deductions directly connected with income in column 5
(1)							<u> </u>	1		
(2)			,							
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organi	zations	',				40.0	2 of a f	0.45-4		Deductions discribe
7. Taxable In∞me	8. Net unrelated in (loss) (see instruc	1		Total of specific ayments made		incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)						<u> </u>				
(3)										
(4)					_					
Totals	· ·	, ,			,▶	Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G-Investment Ir) Orga	nizatio	n (see ins	tructions)		
1. Description of income	2. Amount of			3. Deduction directly cor (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)			*-	*******	*****			**********		
(2)			1							
(3)		-,	1					***************************************		
(4)							•			
	Enter here and Part I, line 9, o									Enter here and on page 1, Part I, line 9, column (B)
Totals	empt Activity In	come, Oth	er Th	an Adverti	sing In	come	(see instru	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business /	3. Expension directly connected production unrelated business in	y with on of ed	4 Net incon from unrelat or business 2 minus col If a gain, or cols 5 thro	ed tradé (column umn 3)	from is no	oss income activity that it unrelated ess income	6 Experattributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								***************************************		
(2)				,						
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26
Schedule J-Advertising Ir	ncome (see instr	uctions)		A STATE OF THE STA	***************************************		2.0.001.901.07.200	3.100 · 100 · 101 · 100 · 100	ODK (DSB	
Part I Income From Per			onsoli	dated Bas	sis					
1. Name of periodical	2. Gross advertising income	3. Directions	ct	4. Adverting an or (los 2 minus or a gain, cor cols 5 through)	ising is) (col bl 3) If mpute	1	Circulation ncome	6. Reade	-	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3)			-		manusas d		-			1000
(4)	a									
Totals (carry to Part II, line (5))						<u></u>				Form 990-T (2018)

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)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(2)					!	
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		49		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

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

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	-
2)		%	
3)		%	
4)		%	•
Total, Enter here and on page 1, Part II, line 1	4		•

Form 990-T (2018)

STATEMENT 1

UNIVERSITY OF NEW HAVEN YEAR END: JUNE 30, 2019

EIN: 06-0761704

FORM 990-T, PAGE 1, BOXES E & H

THE TAXPAYER DID NOT HAVE AN UNRELATED TRADE OR BUSINESS IN TAX YEAR 2018. THIS FORM 990-T IS BEING FILED TO REQUEST REFUND OF A 2017 OVERPAYMENT CREDIT TO 2018.