

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

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

C Name of organization
UNIVERSITY OF NEW HAVEN

% GEORGE S SYNODI
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
300 BOSTON POST ROAD

City or town, state or province, country, and ZIP or foreign postal code
WEST HAVEN, CT 06516

D Employer identification number
06-0761704

E Telephone number
(203) 932-7000

G Gross receipts \$ 299,664,989

F Name and address of principal officer:
GEORGE S SYNODI
300 BOSTON POST ROAD
WEST HAVEN, CT 06516

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NEWHAVEN.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1920

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE UNIVERSITY OF NEW HAVEN IS A STUDENT- CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND PROFESSIONAL EDUCATION. SEE SCHEDULE O FOR DETAIL.

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	32
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3,137
6 Total number of volunteers (estimate if necessary)	6	113
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	13,948,490	9,431,609
9 Program service revenue (Part VIII, line 2g)	261,119,394	269,608,697
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,575,882	4,368,646
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,513,757	3,924,328
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,157,523	287,333,280
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	86,359,320	91,019,449
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100,445,822	104,247,207
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,400,482		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,729,337	86,674,202
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	270,534,479	281,940,858
19 Revenue less expenses. Subtract line 18 from line 12	10,623,044	5,392,422
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	363,244,797	398,607,936
21 Total liabilities (Part X, line 26)	162,161,568	190,155,948
22 Net assets or fund balances. Subtract line 21 from line 20	201,083,229	208,451,988

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-07-13

GEORGE S SYNODI VP FOR FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-07-13 Check if self-employed PTIN P01249521

Firm's name ▶ KPMG LLP Firm's EIN ▶

Firm's address ▶ 345 PARK AVENUE
NEW YORK, NY 10154 Phone no. (212) 758-9700

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

Part III Statement of Program Service AccomplishmentsCheck 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 HAVEN IS A STUDENT-CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND PROFESSIONAL EDUCATION. CONTINUED IN SCHEDULE O.

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

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

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

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

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

4a (Code:) (Expenses \$ 211,227,910 including grants of \$ 78,831,283) (Revenue \$ 235,655,227)
See Additional Data

4b (Code:) (Expenses \$ 33,427,446 including grants of \$ 12,188,166) (Revenue \$ 29,405,245)
See Additional Data

4c (Code:) (Expenses \$ 4,975,943 including grants of \$) (Revenue \$ 8,393,824)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 249,631,299

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	3,137			
<p>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)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a				No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b				
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country: ▶IT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a				No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b				No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a 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?</p>	6a				No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c				No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e				No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f				No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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.</p>	13a				
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a				No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>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? If "Yes," see instructions and file Form 4720, Schedule N</p>	15				No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16				No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CT); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GEORGE S SYNODI 300 BOSTON POST ROAD WEST HAVEN, CT 06516 (203) 932-7273

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

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	6,069,398	0	1,024,371
1c Total from continuation sheets to Part VII, Section A			
1d 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 ▶ 349

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONSIGLI CONSTRUCTION CO INC, 72 SUMNER ST MILFORD, MA 017571663	CONSTRUCTION	30,790,058
SODEXO INC, PO BOX 3601470 PITTSBURGH, PA 15251	FOOD SERVICE	15,459,640
MILESTONE CONSTRUCTION SERVICES LL, 64 THOMPSON ST STE A-108 EAST HAVEN, CT 06513	CONSTRUCTION	4,595,396
PAT MUNGER CONSTRUCTION CO INC, 750 E MAIN STREET SUITE 1 BRANFORD, CT 064052950	CONSTRUCTION	3,140,109
EducationDynamics LLC, ASLANIAN MARKET RESEARCH HOBOKEN, NJ 07030	STUD. MKTG RESEARCH	1,198,488

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 ▶ 72

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	69,070		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,073,891		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,288,648		
	g Noncash contributions included in lines 1a - 1f: \$ <u>261,887</u>				
	h Total. Add lines 1a-1f		9,431,609		

Program Service Revenue			Business Code			
	2a TUITION		611600	219,594,086	219,594,086	
	b RESIDENCE FEES		721310	28,086,633	28,086,633	
	c DINING FEES		722320	13,085,768	13,085,768	
	d INTERNATIONAL PROGRAMS		611710	8,393,824	8,393,824	
	e COMMISSIONS		900099	307,686	307,686	
	f All other program service revenue.			140,700	140,700	
	g Total. Add lines 2a-2f			269,608,697		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,867,353		2,867,353	
	4 Income from investment of tax-exempt bond proceeds			69,163		69,163	
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
			220,747				
		b Less: rental expenses	155,918				
		c Rental income or (loss)	64,829	0			
	d Net rental income or (loss)			64,829		64,829	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			13,560,766				
		b Less: cost or other basis and sales expenses	12,128,636				
		c Gain or (loss)	1,432,130				
	d Net gain or (loss)			1,432,130		1,432,130	
	8a Gross income from fundraising events (not including \$ <u>69,070</u> of contributions reported on line 1c). See Part IV, line 18	a		61,055			
		b Less: direct expenses	b	47,155			
c Net income or (loss) from fundraising events				13,900		13,900	
9a Gross income from gaming activities. See Part IV, line 19	a		0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a GRANT IDC		900099	1,064,709	1,064,709			
b AMORTIZATION OF CAPITAL CONTRIBUTIONS		900099	1,284,464	1,284,464			
c ATHLETIC REVENUE		900099	503,561	503,561			
d All other revenue			992,865	992,865			
e Total. Add lines 11a-11d			3,845,599				
12 Total revenue. See Instructions.			287,333,280	273,454,296	4,447,375		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	87,866,013	87,866,013		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	3,153,436	3,153,436		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,281,469	1,173,127	3,388,753	719,589
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	77,909,272	64,654,238	12,009,151	1,245,883
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,672,202	4,416,425	1,156,561	99,216
9 Other employee benefits	10,104,243	8,590,947	1,343,468	169,828
10 Payroll taxes	5,280,021	4,383,484	810,070	86,467
11 Fees for services (non-employees):				
a Management	100,520	100,520		
b Legal	837,131	106,376	730,755	
c Accounting	272,620	42,343	230,277	
d Lobbying	124,325	124,325		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	432,625	371,681	60,944	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,964,393	5,220,142	1,589,516	154,735
12 Advertising and promotion	2,363,487	1,894,572	462,833	6,082
13 Office expenses	5,238,987	3,905,053	1,225,611	108,323
14 Information technology	4,214,813	2,511,291	1,650,645	52,877
15 Royalties	0			
16 Occupancy	5,236,445	4,650,365	584,569	1,511
17 Travel	3,295,277	2,941,793	312,471	41,013
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	102,502	96,373	4,629	1,500
20 Interest	3,923,436	3,550,293	334,304	38,839
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,540,102	7,806,504	648,197	85,401
23 Insurance	2,496,057	2,457,935	33,684	4,438
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	14,744,312	14,498,943	243,647	1,722
b FOOD SERVICES	13,350,835	13,237,874	112,961	
c LEASE AND RENTAL	5,443,751	4,625,787	428,829	389,135
d BAD DEBT EXPENSE	2,293,705	2,293,705		
e All other expenses	6,698,879	4,957,754	1,547,202	193,923
25 Total functional expenses. Add lines 1 through 24e	281,940,858	249,631,299	28,909,077	3,400,482
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	140,033	1	435,921
	2 Savings and temporary cash investments	51,927,554	2	36,530,491
	3 Pledges and grants receivable, net	7,082,711	3	5,152,958
	4 Accounts receivable, net	832,007	4	4,457,670
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,612,060	7	1,813,882
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,436,734	9	1,249,488
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	407,457,468		
	b Less: accumulated depreciation	164,478,471		
		207,131,728	10c	242,978,997
	11 Investments—publicly traded securities	84,540,416	11	89,759,618
	12 Investments—other securities. See Part IV, line 11	6,541,554	12	16,228,911
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	363,244,797	16	398,607,936	
Liabilities	17 Accounts payable and accrued expenses	21,887,684	17	29,732,644
	18 Grants payable	2,666,134	18	2,666,134
	19 Deferred revenue	26,466,524	19	24,454,569
	20 Tax-exempt bond liabilities	96,491,300	20	122,201,876
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	10,137,863	23	6,811,008
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,512,063	25	4,289,717
	26 Total liabilities. Add lines 17 through 25	162,161,568	26	190,155,948
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	145,207,432	27	150,853,304
	28 Temporarily restricted net assets	35,061,074	28	36,616,992
	29 Permanently restricted net assets	20,814,723	29	20,981,692
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	201,083,229	33	208,451,988	
34 Total liabilities and net assets/fund balances	363,244,797	34	398,607,936	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	287,333,280
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,940,858
3	Revenue less expenses. Subtract line 2 from line 1	3	5,392,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,083,229
5	Net unrealized gains (losses) on investments	5	2,367,103
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-390,766
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	208,451,988

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0761704

Name: UNIVERSITY OF NEW HAVEN

Form 990 (2018)

Form 990, Part III, Line 4a:

UNIVERSITY PROGRAM: THE UNIVERSITY OF NEW HAVEN IS A PRIVATE UNIVERSITY, FOUNDED IN 1920, WITH AN 82 ACRE MAIN CAMPUS AND SATELLITE CAMPUSES IN ORANGE, CT; PRATO, ITALY; AND ALBUQUERQUE, NM. THE UNIVERSITY HAS AN UNDERGRADUATE ENROLLMENT OF 5,092 STUDENTS WITH 54 PERCENT RESIDING IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS 57 UNDERGRADUATE DEGREES THROUGH ITS FIVE COLLEGES, IN INNOVATIVE FIELDS SUCH AS SPORTS MANAGEMENT, NUTRITION & DIETETICS, FORENSIC SCIENCE, MUSIC AND SOUND RECORDING, ENGINEERING, COMPUTER SCIENCE, FIRE SCIENCE AND CRIMINAL JUSTICE. THE UNIVERSITY ALSO OFFERS ITS STUDENTS A STUDY ABROAD PROGRAM THROUGH A VARIETY OF UNIQUE OFFERINGS.

Form 990, Part III, Line 4b:

GRADUATE SCHOOL: THE GRADUATE SCHOOL HAS AN ENROLLMENT OF 1,755 STUDENTS AND OFFERS 32 GRADUATE DEGREE OFFERINGS. THE GRADUATE SCHOOL HELPS STUDENTS ACHIEVE A MORE MEANINGFUL CAREER, THE BENEFITS OF LIFELONG LEARNING AND A SENSE OF RESPONSIBILITY AS A CITIZEN OF THE WORLD.

Form 990, Part III, Line 4c:

INTERNATIONAL PROGRAM: THE UNIVERSITY HAS AN INTERNATIONAL PROGRAM, DELIVERED ABROAD, WHICH OFFERS A FOUR-YEAR BACCALAUREATE DEGREE IN SECURITIES STUDIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael H Ambrose BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Philip H Bartels BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Marc N Benhuri BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Samuel S Bergami Jr BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Kenneth W Biermacher BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
William L Bucknall Jr CHAIR	1.0 0.0	X						0	0	0
Cecilia K Carter BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
K ONI Chukwu BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Roger J Cooper BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
RAPHAEL G CRAWFORD BOARD OF GOVS (BEGAN 9/28/18)	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John DeStefano Jr BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Eileen Eder BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Dolores J Ennico BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
John J Falconi BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Lawrence P Flanagan BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Rosa M Gatti BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Jeffery P Hazell BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
JENNIFER D JACKSON BOARD OF GOVS (BEGAN 1/31/19)	1.0 0.0	X						0	0	0
Janet Jensen BOARD OF GOVS (THRU 8/16/18)	1.0 0.0	X						0	0	0
Robert M Lee BOARD OF GOVERNORS	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen G Love Jr BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Dennis R McGough BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
JOSEPHINE MORAN BOARD OF GOVS (BEGAN 1/31/19)	1.0 0.0	X						0	0	0
Kevin A Myatt BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
David J Peterson Jr BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Charles E Pompea VICE CHAIR	1.0 0.0	X						0	0	0
Michael J Quiello BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Anthony Scillia BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Ernest F Schaub BOARD OF GOVS (BEGAN 7/1/18)	1.0 0.0	X						0	0	0
Astrid G Schroeder de Farkas Horan BOARD OF GOVS (THRU 8/17/18)	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Shelley A Stewart BOARD OF GOVS (BEGAN 9/28/18)	1.0 0.0	X						0	0	0
Stephen P Tagliatela BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
Rowena Track BOARD OF GOVERNORS	1.0 0.0	X						0	0	0
James P Zander BOARD OF GOVS (BEGAN 1/31/19)	1.0 0.0	X						0	0	0
STEPHEN H KAPLAN President	35.0 0.0			X				1,083,603	0	187,643
George S Synodi VP Finance	35.0 0.0			X				404,185	0	87,813
Stephen Morin VP Institutional Adv	35.0 0.0			X				320,121	0	51,386
Daniel J May Provost	35.0 0.0			X				293,798	0	89,196
Walter F Caffey VP Enrollment Management	35.0 0.0			X				269,626	0	68,573
Caroline Koziatek VP Human Resources	35.0 0.0			X				255,983	0	67,873

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carolyn Chamberlin VP MARKETING	35.0 0.0			X				235,982	0	37,428
Rebecca Johnson VP STDT AFFAIR & DEAN OF STDT	35.0 0.0			X				207,315	0	56,030
Gayle Tagliatela Chief of Staff & Sec	35.0 0.0			X				90,943	0	40,414
Brian Kench Dean	35.0 0.0				X			279,541	0	70,045
Ronald S Harichandran Dean	35.0 0.0				X			271,967	0	40,818
Mario T Gaboury Dean	35.0 0.0				X			222,172	0	67,815
Louis C Annino Associate VP Facilities	35.0 0.0				X			209,718	0	18,755
Lourdes M Alvarez Dean	35.0 0.0				X			140,367	0	17,775
Summer J MCGEE DEAN	35.0 0.0				X			189,171	0	16,818
Daniel Mabrey Assoc Provost	35.0 0.0					X		478,860	0	15,754

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gene Kline Professor	35.0 0.0					X		332,237	0	27,470
Kevin Phillips Assoc VP Enrollment	35.0 0.0					X		254,103	0	33,613
Shobi Sivadasan SR Assoc VP admissions	35.0 0.0					X		245,532	0	23,987
Michael Jenkins ASSOC PROFESSOR	35.0 0.0					X		284,174	0	5,165

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - b **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.**
 - c **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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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

	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,262,185	11,539,235	23,472,329	13,948,490	9,431,609	68,653,848
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	10,262,185	11,539,235	23,472,329	13,948,490	9,431,609	68,653,848
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,953,194
6 Public support. Subtract line 5 from line 4.						55,700,654

Section B. Total Support

	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4.	10,262,185	11,539,235	23,472,329	13,948,490	9,431,609	68,653,848
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	697,555	1,245,951	1,210,542	1,771,532	3,157,263	8,082,843
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,192,589	2,538,372	3,298,228	3,832,369	3,845,599	14,707,157
11 Total support. Add lines 7 through 10						91,443,848

12 Gross receipts from related activities, etc. (see instructions) **12** 1,255,746,333

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	60.912 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	67.550 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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

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

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. 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 on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," 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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," 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.</i>		
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)? <i>If "Yes," 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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," 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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 06-0761704

Name: UNIVERSITY OF NEW HAVEN

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		124,325
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			124,325
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	LOBBYING ACTIVITY THE UNIVERSITY OF NEW HAVEN USES THE SERVICES OF 'THE NORMANDY GROUP'. 'THE NORMANDY GROUP' WORKS WITH THE UNIVERSITY TO ADVANCE ITS FEDERAL, LEGISLATIVE AGENDA AND OBTAIN FUNDING THROUGH THE VARIOUS FY19 APPROPRIATION BILLS. IN ADDITION, THE UNIVERSITY PAYS DUES TO VARIOUS PROFESSIONAL ORGANIZATIONS. AN IMMATERIAL AMOUNT OF THESE DUES ARE ATTRIBUTED TO LOBBYING EXPENSES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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? Yes No

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 (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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? Yes No

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)? Yes No

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 SFAS 116 (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 are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **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**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,793,485	47,521,985	43,588,303	44,898,458	31,432,131
b Contributions	101,480	13,612,687	1,403,835	1,242,766	12,946,670
c Net investment earnings, gains, and losses	3,954,168	4,067,022	4,020,339	-1,587,249	1,189,095
d Grants or scholarships	887,128	508,214	867,673	538,821	486,862
e Other expenditures for facilities and programs	542,293	899,995	622,819	426,851	182,576
f Administrative expenses					
g End of year balance	66,419,712	63,793,485	47,521,985	43,588,303	44,898,458

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 49.600 %
 - b** Permanent endowment ▶ 17.000 %
 - c** Temporarily restricted endowment ▶ 33.400 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,905,229		12,905,229
b Buildings		253,391,639	88,366,535	165,025,104
c Leasehold improvements		7,035,895	6,809,411	226,484
d Equipment		68,622,297	57,335,654	11,286,643
e Other		65,502,408	11,966,871	53,535,537
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				242,978,997

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
POST RETIREMENT OBLIGATION	4,289,717
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 4,289,717

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	198,589,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,367,103
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-90,678,587
e	Add lines 2a through 2d	2e	-88,311,484
3	Subtract line 2e from line 1	3	286,900,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	432,625
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	432,625
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	287,333,280

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.

1	Total expenses and losses per audited financial statements	1	191,061,177
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	572,393
e	Add lines 2a through 2d	2e	572,393
3	Subtract line 2e from line 1	3	190,488,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	432,625
b	Other (Describe in Part XIII.)	4b	91,019,449
c	Add lines 4a and 4b	4c	91,452,074
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	281,940,858

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-0761704

Name: UNIVERSITY OF NEW HAVEN

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	USE OF ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 200 INDIVIDUAL FUNDS. THROUGH THE ENDOWMENTS INVESTMENT POLICY, FUNDS ARE AVAILABLE FOR SCHOLARSHIPS, PROFESSORSHIPS EQUIPMENT, RESEARCH AND PROFESSIONAL DEVELOPMENT.

Supplemental Information

Return Reference	Explanation
Schedule D, PART X, LINE 2	INCOME TAXES FOOTNOTE FROM CONSOLIDATED FINANCIAL STATEMENTS: THE UNIVERSITY AND LYME ACADEMY WERE GRANTED AN EXEMPT STATUS UNDER THE INTERNAL REVENUE CODE (IRC) SECTION 501(A), AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3). UNDER IRC SECTION 501(A) THE UNIVERSITY AND LYME ACADEMY ARE GENERALLY EXEMPT FROM INCOME TAXES. THE UNIVERSITY AND LYME ACADEMY BELIEVE THEY HAVE NO SIGNIFICANT UNCERTAIN TAX POSITIONS. RECONCILIATION OF AUDITED FINANCIAL STATEMENTS TO FORM 990 SCHEDULE D, PART XI, LINE 2D FINANCIAL AID \$(91,019,449) FUNDRAISING EXPENSE 47,155 RENTAL EXPENSE 155,918 ADJUSTMENT FOR NON-CONSOLIDATED SUB 528,555 LOSS ON CHANGE IN ACCOUNTING PRINCIPLE (390,766) ----- TOTAL \$ (90,678,587)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	FUNDRAISING EXPENSES \$47,155 RENTAL EXPENSES \$155,918 ADJUSTMENT FOR NON-CONSOLIDATED SUB \$369,320 ----- TOTAL \$572,393 SCHEDULE D, PART XII, LINE 4B FINANCIAL AID \$91,019,449

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury
Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

Part I

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

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	NON-DISCRIMINATION POLICY THE UNIVERSITY OF NEW HAVEN REFERENCES ITS NON-DISCRIMINATION POLICY IN ITS PUBLICATIONS INCLUDING COURSE CATALOGS, JOB APPLICATIONS, AND STUDENT APPLICATIONS AS WELL AS ON THE UNIVERSITY'S WEBSITE.
SCHEDULE E, PART I, LINE 6A	FINANCIAL AID FUNDS THE UNIVERSITY OF NEW HAVEN RECEIVES FINANCIAL AID FUNDS FOR DISBURSEMENT TO STUDENTS. FEDERAL FUNDS INCLUDE SEOG, PELL, PERKINS AND FEDERAL WORK STUDY. STATE FUNDS INCLUDE THE ROBERTA WILLS SCHOLARSHIP PROGRAM. FINANCIAL AID PROGRAMS THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A COMPREHENSIVE FINANCIAL AID PROGRAM, WITH THE STUDENTS RECEIVING ASSISTANCE IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME EMPLOYMENT WHICH ARE AVAILABLE FROM FEDERAL AND STATE FUNDS, PRIVATE SPONSORS, AND FROM UNIVERSITY RESOURCES. MORE THAN 90% OF THE UNIVERSITY'S FULL-TIME UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. IN CALCULATING NEED, THE FINANCIAL AID OFFICE ATTEMPTS TO CONSIDER ALL ASPECTS OF A STUDENT'S FINANCIAL CIRCUMSTANCES. NEED-BASED AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. SOME FUNDS ARE AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL ACADEMIC RECORDS OR ATHLETIC ABILITY. STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS AND BE IN GOOD ACADEMIC STANDING IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID. GRADUATE STUDENTS MUST SUCCESSFULLY COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN AWARDED, AS INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD LETTER.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	36			8,945,175
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	36			8,945,175

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	METHOD OF ACCOUNTING THE ACCRUAL METHOD OF ACCOUNTING IS USED TO VALUE ALL EXPENDITURES LISTED ON SCHEDULE F, PART I.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	<p>PROCEDURES FOR MONITORING USE OF GRANTS THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A COMPREHENSIVE FINANCIAL AID PROGRAM MADE UP OF ONLY INSTITUTIONAL AID, WITH THE STUDENTS RECEIVING ASSISTANCE IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME EMPLOYMENT. MORE THAN 90% OF THE UNIVERSITY'S FULL-TIME UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. MOST FINANCIAL AID AWARDS ARE BASED ON AN INDIVIDUAL'S DEMONSTRATION OF NEED AFTER CAREFUL CONSIDERATION OF THE APPLICATION FOR ASSISTANCE. IN CALCULATING NEED, THE FINANCIAL AID OFFICE ATTEMPTS TO CONSIDER ALL ASPECTS OF A STUDENT'S FINANCIAL CIRCUMSTANCES. NEED-BASED AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. SOME FUNDS ARE AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL ACADEMIC RECORDS OR ATHLETIC ABILITY. STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS AND BE IN GOOD ACADEMIC STANDING IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID. GRADUATE STUDENTS MUST SUCCESSFULLY COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN AWARDED, AS INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD LETTER. FEDERAL, STATE, PRIVATE GRANT FUNDS AND INSTITUTIONAL AID FUNDS ARE NORMALLY APPLIED AS CREDITS TO STUDENT ACCOUNTS.</p>

Additional Data

Software ID:

Software Version:

EIN: 06-0761704

Name: UNIVERSITY OF NEW HAVEN

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	23	Program Services	INSTRUCTION	1,625,221
Middle East and North Africa	1	13	Program Services	INSTRUCTION	2,930,004

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	STUDY ABROAD	607,366
Central America and the Caribbean			Program Services	STUDY ABROAD	41,207

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	STUDY ABROAD	23,341
Middle East and North Africa			Program Services	RECRUITMENT	14,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	RECRUITMENT	7,000
South Asia			Program Services	RECRUITMENT	543,600

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		361,247
Middle East and North Africa			Grantmaking		207,280

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Grantmaking		183,940
Russia and the Newly Independent States			Grantmaking		40,514

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		653,802
Sub-Saharan Africa			Grantmaking		134,372

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking		1,406,900
South America			Grantmaking		142,157

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		23,224

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	Central America and the Caribbean	6	183,940	ACCT CREDIT			
UNH INSTITUTIONAL AID	East Asia and the Pacific	64	653,802	ACCT CREDIT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	Europe (Including Iceland and Greenland)	18	361,247	ACCT CREDIT			
UNH INSTITUTIONAL AID	Middle East and North Africa	21	207,280	ACCT CREDIT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	Russia and the Newly Independent States	3	40,514	ACCT CREDIT			
UNH INSTITUTIONAL AID	South America	9	142,157	ACCT CREDIT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	South Asia	315	1,406,900	ACCT CREDIT			
UNH INSTITUTIONAL AID	Sub-Saharan Africa	25	134,372	ACCT CREDIT			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	North America	2	23,224	ACCT CREDIT			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF TOURNAMENT (event type)	(event type)	0 (total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	130,125			130,125
2	Less: Contributions	69,070			69,070
3	Gross income (line 1 minus line 2)	61,055			61,055
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	11,895			11,895
	6 Rent/facility costs	35,260			35,260
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				47,155
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				13,900

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) INSTITUTIONAL AID	5195	85,663,703			
(2) FEDERAL GRANTS	211	715,829			
(3) STATE GRANTS	242	780,869			
(4) PRIVATE GRANTS	282	705,612			
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANTS FINANCIAL AID PROGRAMS:THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A COMPREHENSIVE FINANCIAL AID PROGRAM, WITH THE STUDENTS RECEIVING ASSISTANCE IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME EMPLOYMENT WHICH ARE AVAILABLE FROM FEDERAL AND STATE FUNDS, PRIVATE SPONSORS, AND FROM UNIVERSITY RESOURCES. MORE THAN 90% OF THE UNIVERSITY'S FULL-TIME UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. MOST FINANCIAL AID AWARDS ARE BASED ON AN INDIVIDUAL'S DEMONSTRATION OF NEED AFTER CAREFUL CONSIDERATION OF THE APPLICATION FOR ASSISTANCE. IN CALCULATING NEED, THE FINANCIAL AID OFFICE ATTEMPTS TO CONSIDER ALL ASPECTS OF A STUDENT'S FINANCIAL CIRCUMSTANCES. NEED-BASED AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. SOME FUNDS ARE AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL ACADEMIC RECORDS OR ATHLETIC ABILITY. STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS AND BE IN GOOD ACADEMIC STANDING IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID. GRADUATE STUDENTS MUST SUCCESSFULLY COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN AWARDED, AS INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD LETTER. FEDERAL, STATE, PRIVATE GRANT FUNDS AND INSTITUTIONAL AID FUNDS ARE NORMALLY APPLIED AS CREDITS TO STUDENT ACCOUNTS.

Schedule J
(Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in 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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data 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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A & PART II, COLUMN (B)(III)	HOUSING ALLOWANCE THE AMOUNT REPORTED IN COLUMN B(III) FOR STEVEN KAPLAN CONTAINS \$87,449 WHICH REPRESENTS A HOUSING ALLOWANCE PROVIDED BY THE UNIVERSITY. THIS FORM OF COMPENSATION IS TYPICAL FOR A UNIVERSITY PRESIDENT AND THE AGREEMENT WAS APPROVED BY THE UNIVERSITY'S BOARD OF GOVERNORS. THE HOUSING ALLOWANCE PROVISION WAS CREATED BY FOLLOWING THE UNIVERSITY'S COMPENSATION POLICY. A FORMALIZED WRITTEN EMPLOYMENT CONTRACT CONTAINING THE HOUSING ALLOWANCE WAS APPROVED BY THE BOARD OF GOVERNORS AND SIGNED BY THE CHAIRMAN. THE HOUSING ALLOWANCE IS INCLUDED IN THE PRESIDENT'S TAXABLE INCOME. TRAVEL FOR SPOUSE TRAVEL FOR A SPOUSE IS ONLY ALLOWED FOR THE PRESIDENT OF THE UNIVERSITY WHERE A BUSINESS PURPOSE EXISTS AND REQUIRES THE SPOUSE TO PARTICIPATE. DURING THE YEAR, THE UNIVERSITY INCURRED \$1,770 IN TRAVEL RELATED EXPENSES FOR THE PRESIDENT'S SPOUSE. THIS PAYMENT HAS BEEN REPORTED ON SCHEDULE J, PART II, COLUMN (D). INTERNATIONAL TRAVEL AND HOUSING AS PART OF AN EMPLOYMENT AGREEMENT, CERTAIN HIGHEST COMPENSATED EMPLOYEES WORK IN SAUDI ARABIA. HOUSING, TRAVEL AND OTHER COSTS ASSOCIATED WITH THE ARRANGEMENT ARE PAID BY THE UNIVERSITY AND INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B & PART II, COLUMN (C)	NON-QUALIFIED RETIREMENT PLAN STEVEN KAPLAN PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN UNDER IRC SECTION 457(F). DURING THE YEAR, THE UNIVERSITY MADE PAYMENTS IN THE AMOUNT OF \$100,000 TO HIS 457(F) PLAN. AS REQUIRED, THIS PAYMENT HAS BEEN REPORTED ON SCHEDULE J, PART II, COLUMN (C). SCHEDULE J, PART I, LINE 7 NON-FIXED PAYMENTS NON-FIXED PAYMENTS TO OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II).

2019 Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 06-0761704
Name: UNIVERSITY OF NEW HAVEN

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEPHEN H KAPLAN President	(i)	647,547	325,000	111,056	149,179	38,464	1,271,246	0
	(ii)	0	0	0	0	0	0	0
George S Synodi VP Finance	(i)	318,503	82,500	3,182	43,547	44,266	491,998	0
	(ii)	0	0	0	0	0	0	0
Stephen Morin VP Institutional Adv	(i)	288,644	30,000	1,477	37,000	14,386	371,507	0
	(ii)	0	0	0	0	0	0	0
Daniel J May Provost	(i)	261,775	28,000	4,023	43,332	45,864	382,994	0
	(ii)	0	0	0	0	0	0	0
Walter F Caffey VP Enrollment Management	(i)	241,232	26,000	2,394	23,122	45,451	338,199	0
	(ii)	0	0	0	0	0	0	0
Caroline Koziatek VP Human Resources	(i)	218,808	35,000	2,175	21,196	46,677	323,856	0
	(ii)	0	0	0	0	0	0	0
Carolyn Chamberlin VP MARKETING	(i)	208,175	22,000	5,807	19,374	18,054	273,410	0
	(ii)	0	0	0	0	0	0	0
Rebecca Johnson VP STDT AFFAIR & DEAN OF STDT	(i)	195,191	6,500	5,624	18,819	37,211	263,345	0
	(ii)	0	0	0	0	0	0	0
Brian Kench Dean	(i)	278,911	0	630	24,957	45,088	349,586	0
	(ii)	0	0	0	0	0	0	0
Ronald S Harichandran Dean	(i)	268,661	0	3,306	40,796	22	312,785	0
	(ii)	0	0	0	0	0	0	0
Mario T Gaboury Dean	(i)	219,750	0	2,422	21,311	46,504	289,987	0
	(ii)	0	0	0	0	0	0	0
Louis C Annino Associate VP Facilities	(i)	208,360	0	1,358	18,752	3	228,473	0
	(ii)	0	0	0	0	0	0	0
Lourdes M Alvarez Dean	(i)	131,654	0	8,713	12,923	4,852	158,142	0
	(ii)	0	0	0	0	0	0	0
Daniel Mabrey Assoc Provost	(i)	175,027	0	303,833	15,752	2	494,614	0
	(ii)	0	0	0	0	0	0	0
Gene Kline Professor	(i)	274,408	0	57,829	24,926	2,544	359,707	0
	(ii)	0	0	0	0	0	0	0
Kevin Phillips Assoc VP Enrollment	(i)	220,566	18,000	15,537	20,863	12,750	287,716	0
	(ii)	0	0	0	0	0	0	0
Shobi Sivadasan SR Assoc VP admissions	(i)	208,268	0	37,264	19,177	4,810	269,519	0
	(ii)	0	0	0	0	0	0	0
Summer J MCGEE DEAN	(i)	166,163	0	23,008	16,816	2	205,989	0
	(ii)	0	0	0	0	0	0	0
Michael Jenkins ASSOC PROFESSOR	(i)	55,000	0	229,174	5,164	1	289,339	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Rows include CHEFA UNIVERSITY OF NEW HAVEN 2018 SERIES K1 and K3.

Part II Proceeds

Table with columns 1-17 and sub-columns A, B, C, D. Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.

Part III Private Business Use

Table with columns 1-2 and sub-columns A, B, C, D. Rows include Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.310 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 %					
6 Total of lines 4 and 5	0.310 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.	0 %							
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?	X			X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X			X				

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

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3A	MANAGEMENT AND SERVICE CONTRACTS ALL MANAGEMENT AND SERVICE CONTRACTS IN THIS BOND FINANCED SPACE FALL UNDER THE SAFE HARBOR PROVIDED BY REVENUE PROCEDURE 2016-44 AND WILL NOT RESULT IN PRIVATE BUSINESS USE.

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11	OTHER SPENT PROCEEDS - 2018 SERIES K1 OF THE SPENT PROCEEDS, \$96,098,090 WAS USED TO REFUND BONDS ISSUED 8/11/2010, 10/11/2013 AND 11/22/2013. OF THE SPENT PROCEEDS, \$508,360 WAS A QUALIFIED HEDGE TERMINATION PAYMENT.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B	ARBITRAGE CALCULATION - 2018 SERIES K1 THE ORGANIZATION MET THE EIGHTEEN MONTH SPENDING EXCEPTION; THEREFORE NO REBATE CALCULATION IS REQUIRED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	261,887	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 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 **29**

	Yes	No
30a 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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS THE AMOUNT IN COLUMN B INDICATES THE NUMBER OF INDIVIDUAL CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	ORGANIZATION'S MISSION OUR MISSION IS TO PREPARE OUR STUDENTS TO LEAD PURPOSEFUL AND FULFILLING LIVES IN A GLOBAL SOCIETY BY PROVIDING THE HIGHEST QUALITY EDUCATION THROUGH EXPERIENTIAL, COLLABORATIVE, AND DISCOVERY-BASED LEARNING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10A	BRANCHES THE UNIVERSITY OPERATES IN THE FOLLOWING CAMPUSES: WEST HAVEN, CT; ORANGE, CT; PRATO, ITALY; AND ALBUQUERQUE, NM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS A COMPLETED COPY OF THE FORM 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS VIA A SECURE WEB PORTAL FOR REVIEW, COMMENT AND QUESTIONS PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY WAS CREATED TO COMPLY WITH THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT WHICH MEETS THE REQUIREMENTS OF THE INTERNAL REVENUE SERVICE. THE POLICY IDENTIFIES WHAT CONSTITUTES A CONFLICT OF INTEREST FOR A BOARD MEMBER AND WHAT IS REQUIRED OF A BOARD MEMBER IF A CONFLICT WERE TO ARISE. THE UNDERLYING PRINCIPLES OF THE POLICY ARE AIMED AT INSURING A FULL AND TIMELY DISCLOSURE MADE BY A BOARD MEMBER REGARDING ANY CONFLICT OF INTEREST THAT MAY EXIST. BOARD MEMBERS WITH CONFLICTS ARE NOT TO BE INVOLVED IN ANY BOARD DELIBERATIONS OR VOTE ON THE MATTER. IN ADDITION, IF THE TRANSACTION IS TO BE APPROVED AT THE UNIVERSITY STAFF LEVEL, THEN, THE BOARD MEMBER SHALL HAVE NO INVOLVEMENT IN THE STAFF DECISION MAKING PROCESS. THE PROCEDURES REGARDING THE IMPLEMENTATION OF THE CONFLICTS POLICY CONTAINS THREE STEPS; SUBMISSION OF THE ANNUAL CONFIRMATION FORM, REPORTING OF SUBSEQUENT CONFLICTS OF INTEREST AND THE SECRETARY'S ROLE IN REPORTING CONFLICTS TO THE ETHICS SUBCOMMITTEE OF THE BOARD'S EXECUTIVE COMMITTEE. THE SCOPE OF THIS POLICY COVERS CURRENT BOARD MEMBERS, AND IS REVIEWED AND MONITORED WITH THE SUBMISSION OF THE ANNUAL CONFIRMATION FORM BEING SUBMITTED TO THE EXECUTIVE ASSISTANT TO THE PRESIDENT. AN ADDITIONAL CONFIRMATION IS SECURED WITH A REVIEW OF THE ANNUAL CONFIRMATION FORMS BY THE UNIVERSITY ADMINISTRATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	<p>COMPENSATION POLICY AND PROCEDURES THERE ARE TWO SEQUENTIAL STEPS TAKEN EACH FISCAL YEAR AT THE UNIVERSITY OF NEW HAVEN WITH REGARD TO THE DECISIONS MADE BY THE BOARD OF GOVERNORS IN CONNECTION WITH THE COMPENSATION AWARDED TO THE TOP MANAGEMENT OFFICIALS AT THE UNIVERSITY. SENIOR OFFICERS CONSIST OF: (I) THE PRESIDENT; (II) THE PROVOST; AND (III) THE VICE PRESIDENTS. THE FIRST STEP INVOLVES A SPECIAL COMMITTEE OF THE BOARD OF GOVERNORS, THE COMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS COMPRISED OF FIVE MEMBERS: (I) THE BOARD CHAIR AND VICE CHAIR; AND (II) THREE OTHER BOARD MEMBERS. THE MEMBERS OF THE COMMITTEE ARE ELECTED BY THE BOARD CHAIR; AND THE COMMITTEE HAS BEEN AUTHORIZED BY THE BOARD TO ACT IN ITS SPECIAL CAPACITY. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO ARE ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH." WITH REGARD TO THE UNIVERSITY'S 7/1/18-6/30/19 FISCAL YEAR, THE COMMITTEE CONDUCTED AN IN-DEPTH REVIEW, AND DISCUSSION, OF FOUR RELEVANT MATTERS. FIRST, IT REVIEWED THE VARIOUS ELEMENTS OF THE COMPENSATION FOR EACH SENIOR OFFICER, INCLUDING BASE SALARY, BONUS INCENTIVES, STANDARD ERISA-QUALIFIED HEALTH AND RETIREMENT PLANS, TAXABLE ALLOWANCES, AND OTHER BENEFITS. SECOND, THE COMMITTEE REVIEWED APPROPRIATE COMPENSATION COMPARABILITY DATA BASED ON THE GEOGRAPHIC LOCATION, ACADEMIC PROGRAMS OFFERED AND THE FINANCIAL RESOURCES OF OTHER UNIVERSITIES. THIRD, THE REASONABLENESS OF THIS DATA WAS SUBSTANTIATED WITH BENCHMARKING EACH SENIOR OFFICER'S POSITION WITH MARKET NORMS. FOURTH, AND FINALLY, THE LEVELS OF RESPONSIBILITY AND OVERALL QUALIFICATIONS OF EACH OF THE SENIOR OFFICERS RELATIVE TO MARKET COMPARABLE POSITIONS, AND ALSO EACH SENIOR OFFICER'S JOB PERFORMANCE, WERE ALSO REVIEWED. (AS IS PRUDENT, THE COMMITTEE'S DELIBERATIONS AND DECISIONS WERE DOCUMENTED BY CONTEMPORANEOUSLY-PREPARED MINUTES BY A COMMITTEE MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.) THE FINAL STEP IN THE COMPENSATION ANNUAL REVIEW AND APPROVAL PROCESS COMMENCED WITH THE COMMITTEE'S PRESENTATION OF ITS ANNUAL REPORT AND RECOMMENDATIONS AT A MEETING OF THE BOARD OF GOVERNORS WITH REGARD TO: (I) THE DATA THAT THE COMMITTEE HAD REVIEWED; AND (II) ITS COMPENSATION RECOMMENDATIONS TO THE BOARD. (HAD THIS CONTEXT, ALL MEMBERS OF THE BOARD ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO ARE ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH.") THE BOARD THEN DISCUSSED THIS DATA FROM THE COMMITTEE AND ALSO THE COMMITTEE'S RECOMMENDATIONS. THEREUPON, A RESOLUTION WAS ADOPTED BY A MAJORITY OF THE BOARD IN ITS APPROVAL OF THE PARTICULAR COMPENSATION AMOUNTS TO BE AWARDED TO EACH OF THE SENIOR OFFICERS. (AS IS PRUDENT, THE BOARD'S DELIBERATIONS AND DECISIONS WERE DOCUMENTED BY CONTEMPORANEOUSLY-PREPARED MINUTES BY A BOARD MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.) IN ADDITION, COMPENSATION FOR KEY EMPLOYEES IS CALCULATED IN A SIMILAR FASHION AS PROVIDED ABOVE BUT DOES NOT REQUIRE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	COMMITTEE OR BOARD REVIEW OR APPROVAL. THEREFORE, THE UNIVERSITY OF NEW HAVEN HAS DETERMINED THAT ITS POLICY AND PROCEDURES FOR DETERMINING THE COMPENSATION OF ITS TOP MANAGEMENT OFFICIALS, AND ALL OTHER OFFICERS AND KEY EMPLOYEES, OF THE UNIVERSITY MEET THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PUBLIC DISCLOSURE POLICY THE UNIVERSITY ALLOWS ACCESS TO IMPORTANT DOCUMENTS OF PUBLIC INTEREST THROUGH THE UNIVERSITY'S WEB SITE. THE UNIVERSITY'S TAX RETURN (FORM 990) AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGE IN NET ASSETS LOSS ON CHANGE IN ACCOUNTING PRINCIPLE \$ (390,766) FORM 990, PART X, LINES 27-29 NET ASSET CLASSIFICATION THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO: WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY; THEREFORE, THE UNIVERSITY HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS, RESPECTIVELY.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HENRY C LEE INST OF FORENSIC SCIENCE 300 BOSTON POST ROAD WEST HAVEN, CT 06516 06-1629144	EDUCATION	CT	501(C) (3)	12A(I)	UNH	Yes	
(2) UNIVERSITY OF NEW HAVEN DENTAL CENTER 300 BOSTON POST ROAD WEST HAVEN, CT 06516 06-1629143	INACTIVE CORP	CT	501(C) (3)	12A(i)	UNH	Yes	
(3) LYME ACADEMY COLLEGE OF FINE ARTS INC 84 LYME STREET OLD LYME, CT 06371 06-0942210	EDUCATION	CT	501(C) (3)	2	UNH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)CHARITABLE REMAINDER TRUSTS (2)	Charitable Trust	CT	NA					Yes	

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0761704
Name: UNIVERSITY OF NEW HAVEN

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HENRY C LEE INSTITUTE OF FORENSIC SCIENCE	N	336,307	FMV
(1)	HENRY C LEE INSTITUTE OF FORENSIC SCIENCE	O	398,596	FMV
(2)	HENRY C LEE INSTITUTE OF FORENSIC SCIENCE	R	503,165	FMV
(3)	HENRY C LEE INSTITUTE OF FORENSIC SCIENCE	S	187,613	FMV
(4)	LYME ACADEMY COLLEGE OF FINE ARTS INC	O	2,377,651	FMV
(5)	LYME ACADEMY COLLEGE OF FINE ARTS INC	R	6,202,289	FMV
(6)	LYME ACADEMY COLLEGE OF FINE ARTS INC	S	3,824,638	FMV