# **COPY FOR PUBLIC INSPECTION**

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

▶ 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

A F	or the	e 2018	calendar year, or tax year beginning	07/0	1 , 2018,	and end	ding	_		06	730 <b>, 20</b>	19	
			C Name of organization					D Emplo	yer ider	ntifica	tion numb	er	
<b>B</b> c	heck if a	pplicable:	UNIVERSITY OF NEW HAVE	:N				06-	-0761	L70	4		
	Addre	ess	Doing business as					1					
	7 7	e change	Number and street (or P.O. box if mail is r	not delivered to street address)		Room/su	iite	E Teleph	hone nui	mber			
	+	l return	300 BOSTON POST ROAD					(203	) 93	2 – 7	000		
	<del>- </del>	return/	City or town, state or province, country, a	nd ZIP or foreign postal code				(200	, , ,				
	termii Amen	nated nded	WEST HAVEN, CT 06516	g p				<b>G</b> Gross	racainte	. @	299	664	989.
	returr Applio	n cation	F Name and address of principal officer:	GEORGE S. SYNOI	DT			H(a) Is the				Yes [	X No
	pendi		300 BOSTON POST ROAD,					`´ sub	ordinates	?			
_	_		· · · · · · · · · · · · · · · · · · ·	,			T	H(b) Are				Yes	No
		empt st	1 1 1 (1) (1)	) <b>◀</b> (insert no.) 4	1947(a)(1)	or	527	-			list. (see instr	uctions)	
_			WWW.NEWHAVEN.EDU			1.		. ,	<del></del>		umber <b>&gt;</b>		
				Association Other		LY	ear of forma	tion: 192	20 <b>M</b> s	State	of legal do	nicile:	CT
Pa	art I		ımmary										
	1		describe the organization's mission or							N I	S A ST	UDEN	1T-
Governance			TERED COMPREHENSIVE UNIV										
nar		LIB	ERAL ARTS AND PROFESSION	AL EDUCATION. S	SEE SCI	HEDULI	E O FOR	R DETA	IL.				
Še	2			scontinued its operations	•					3.			
ő	3	Numb	er of voting members of the governing	body (Part VI, line 1a)						3			32.
≪ v	4	Numb	er of independent voting members of the	ne governing body (Part VI,	line 1b)					4			32.
ij	5	Total	number of individuals employed in cale	ndar year 2018 (Part V, line	2a)					5		3,	137.
Activities &	6	Total	number of volunteers (estimate if necess	ary)						6			113.
ĕ	7a		unrelated business revenue from Part VI							7a			0.
	b	Net ur	nrelated business taxable income from F	Form 990-T, line 38						7b			0.
								Prior \			Curr	ent Ye	ar
a	8	Contri	ibutions and grants (Part VIII, line 1h)					13,94	8,49	0.	9,	431,	609.
Revenue	9		am service revenue (Part VIII, line 2g)					261,11	9,39	4.	269,	608,	697.
eve	10		ment income (Part VIII, column (A), line					2,57	5,88	2.	4,	368,	646.
2	11		revenue (Part VIII, column (A), lines 5,					3,51	3,75	7.	3,	924,	328.
	12		revenue - add lines 8 through 11 (must					281,15	7,52	3.	287,	333,	280.
	13		s and similar amounts paid (Part IX, colu					86,35	9,32	0.			449.
	14		its paid to or for members (Part IX, colur							0.			0.
"	4.5		es, other compensation, employee bene				- 1	100,44	5,82	2.	104,	247,	207.
Expenses	16a		ssional fundraising fees (Part IX, column						-	0.			0.
ber	h		fundraising expenses (Part IX, column (E		00,482								
Ж	17		expenses (Part IX, column (A), lines 11a	/// -				83,72	9.33	7	86.	674	202.
			expenses. Add lines 13-17 (must equal					270,53			281,		
			nue less expenses. Subtract line 18 from				• • —	10,62					422.
- S	19	Kevei	rue less expenses. Subtract line 16 from	iiile iz				ning of C		-		of Year	
Net Assets or Fund Balances	20	T-4-1						363,24			398,		
SSE	20		assets (Part X, line 16)					L62,16			190,		
ag F	21		liabilities (Part X, line 26)					201,08			208,		
			ssets or fund balances. Subtract line 21	from line 20			2	201,00	J, 44	٦٠	200,	<sub>1</sub> ) <sub>1</sub>	700.
_	rt II		of perjury, I declare that I have examined this	roturn including accompany	vina schodu	ulos and s	tataments	and to the	hoet of	my l	vnowlodgo	and ha	liof it ic
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all informa	ation of whi	ich prepar	er has any k	nowledge.	best of	iiiy i	Tiowieage	and be	
									7/13	/20			
Sig	n		Signature of officer					D	ate				
He		1 '	GEORGE S. SYNODI	7.	/P FOR	FINA	JCF						
			Type or print name and title	v	/I FOR	I TIVAI	NCE .						
_		1 '	Type preparer's name	Preparer's signature		Date			. —	.,   [	PTIN		
Paic	i		IN L DUNCAN		13/20	Che	ck [] -employe	"	P012	1050	1		
Pre	parer		. KDMC IID	Gov. 5	*	/	10/20						
Use	Only		sname NPMG LLP	PM VODY 1015	1						565207		
N 1 ~ ·	, th ^		saddress >345 PARK AVENUE N					Phone no			758-97		
$\overline{}$			iscuss this return with the preparer		uucuons)				· · · ·				<u>No</u>
ror	rape	ı work	Reduction Act Notice, see the separate	HISTRUCTIONS.							⊢orn	≀ ララリ	(2018)

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	Tomi, visit www.ns.gov/e me providers/e me n						
	6-Month Extension of Time. Only subm		· · · /				
	ions required to file an income tax return other			0-C filers), partnerships,	RE	MICs	, and trusts
nust use F	orm 7004 to request an extension of time to f	file income	tax returns.				
	T			Enter filer's identifyin			
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	r (EIN	i) or
orint				06 086180			
	UNIVERSITY OF NEW HAVEN			06-076170	4		
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)		
iling your	300 BOSTON POST ROAD						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
	WEST HAVEN, CT 06516						
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0 1
		1					
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 c	or Form 990-EZ	01	Form 990-T (corporate	tion)			07
orm 990-E		02	Form 1041-A				08
	(individual)	03	Form 4720 (other tha	an individual)			09
orm 990-P		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-1	(trust other than above)	06	Form 8870				12
	GEORGE SYNODI						
<ul><li>The bool</li></ul>	ks are in the care of $\blacktriangleright$ 300 BOSTON POST	ROAD W	EST HAVEN CT 065	516			
Telephor	ne No. ► 203 932-7273 panization does not have an office or place of	'	Fax No. ▶				
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN)		If	this is
	le group, check this box ▶ . I		art of the group, check	this box ▶ [		and a	attach
	ne names and EINs of all members the extens						
	est an automatic 6-month extension of time u			$20_{-}$ , to file the exempt	t org	janiza	ation return
for the	e organization named above. The extension is	for the org	ganization's return for:				
	1						
▶	calendar year 20 or						
ightharpoons X	tax year beginning 07/0	01_, 20_1	$8_{-}$ , and ending	06/30_,	20_	<u> 19</u>	
	tax year entered in line 1 is for less than 12 m	nonths, che	ck reason: Initial r	eturn Final returi	n		
, ,	Change in accounting period						
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any			
	fundable credits. See instructions.				3a	\$	0.
	application is for Forms 990-PF, 990-T,						
	ated tax payments made. Include any prior yea				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	equired, by using EFTPS			
-	ronic Federal Tax Payment System). See instru				3с		0.
Caution: If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form	n 88	79-EO	for payment
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	n <b>886</b>	8 (Rev. 1-2019)

UNIVERSITY OF NEW HAVEN 06-0761704 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 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? 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 X No Yes 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 \$ 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 ENDROLLMENT 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. 4b (Code: ) (Expenses \$ 33,427,446. including grants of \$ 12,188,166. ) (Revenue \$ 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. ) (Expenses \$ 4,975,943. including grants of \$ ) (Revenue \$ 8,393,824. ) INTERNATIONAL PROGRAM: THE UNIVERSITY HAS AN INTERNATIONAL PROGRAM, DELIVERED ABROAD, WHICH OFFERS A FOUR-YEAR BACCALAUREATE

DEGREE IN SECURITIES STUDIES.

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

) (Revenue \$

(Expenses \$ including grants of \$

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

JSA
8E1020 1.000

Form 990 (2018)

Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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21 1.000	TQ7557 2219 7/13/2020 2:02:07 PM V 18-8.6F 788607			AGE

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b		20h		Х
_	Schedule L, Part IV	28b		- 21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		X
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			· v
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			· v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		7.7	
	or IV, and Part V, line 1	34	X	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		3.5	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.5
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		7.7	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
			$\alpha \alpha \alpha$	

Form **990** (2018)

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,137			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country: ▶ ITALY			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
اء ما	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. • Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16		16		Х
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.			
	ii 166, complete i viili 4120, voneuule O.			

Page 6

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 throwards response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 32	)		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 32	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	tionship with			
	any other officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or unc				
	supervision of officers, directors, or trustees, or key employees to a management company or other	person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele	• •	_		3,7
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval b				x
	stockholders, or persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions under	taken during			
	the year by the following:		8a	Х	
a	The governing body?		8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?				
Э	the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inter		Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of si				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur	poses?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form? .	11a	X	
b	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		12a	Х	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could give		37	
	rise to conflicts?		12b	X	₩
С	Did the organization regularly and consistently monitor and enforce compliance with the pol		40-	Х	
	describe in Schedule O how this was done		12c	X	┼
13	Did the organization have a written whistleblower policy?		13	X	_
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation a		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	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?	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{\mathrm{CT}}$ ,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable    X Own website   Another's website   X Upon request   Other (explain in Sche	ly.	(Sec	tion 5	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	, conflict of int	erest	policy	y, and

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

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financial statements available to the public during the tax year.

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

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

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

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

	Check this box if neither	the organization nor	r any related	organization cor	npensated any c	current officer, director, of	or trustee.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson lirect	e than cois both tor/trust	an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations
(1)MICHAEL H. AMBROSE	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(2)PHILIP H. BARTELS	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(3)MARC N. BENHURI	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(4)SAMUEL S. BERGAMI JR.	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(5)KENNETH W. BIERMACHER	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(6)WILLIAM L. BUCKNALL JR.	1.00									
CHAIR	0.	X						0.	0.	0.
(7)CECILIA K. CARTER	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.
(8)K. ONI CHUKWU	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.
(9)ROGER J. COOPER	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.
(10) RAPHAEL G. CRAWFORD	1.00									
BOARD OF GOVS (BEGAN 9/28/18)	0.	X						0.	0.	0.
(11) JOHN DESTEFANO JR.	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.
(12)EILEEN EDER	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.
(13)DOLORES J. ENNICO	1.00									
BOARD OF GOVERNORS	0.	Х						0.	0.	0.
(14)JOHN J. FALCONI	1.00									
BOARD OF GOVERNORS	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per	(do r	not c		ition mor	e than c	ne	Reportable compensation	Reportable compensation from	Estima amour	
	week (list any	box,	unle	ss pe	erson	is both	an	from	related	othe	er
	hours for related	Office				tor/trust □ ⊈ 표		the	organizations	compen	
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organiz	ation
	below dotted line)	lual t	tions		nplo	st co yee				and rel organiza	
	11110)	ruste	12		yee	mpe				organiza	410110
		8	stee			nsate					
15) LAWDENGE D. DIAMAGAN	1 00					e e					
15) LAWRENCE P. FLANAGAN BOARD OF GOVERNORS	1.00	X						0.	0.		0.
16) ROSA M. GATTI	1.00	Λ						0.	0.		0.
BOARD OF GOVERNORS	1.00	X						0.	0.		0.
17) JEFFERY P. HAZELL	1.00										
BOARD OF GOVERNORS	0.	Х						0.	0.		0.
18) JENNIFER D. JACKSON	1.00										
BOARD OF GOVS (BEGAN 1/31/19)	0.	Х						0.	0.		0.
19) JANET JENSEN	1.00										
BOARD OF GOVS (THRU 8/16/18)	0.	X						0.	0.		0.
20) ROBERT M. LEE	1.00	3.7									0
BOARD OF GOVERNORS 21) ALLEN G. LOVE JR.	1.00	X						0.	0.		0.
BOARD OF GOVERNORS	1.00	X						0.	0.		0.
22) DENNIS R. MCGOUGH	1.00										
BOARD OF GOVERNORS	† <u>-</u> 0.	Х						0.	0.		0.
23) JOSEPHINE MORAN	1.00										
BOARD OF GOVS (BEGAN 1/31/19)	0.	Х						0.	0.		0.
24) KEVIN A. MYATT	1.00										
BOARD OF GOVERNORS	0.	X						0.	0.		0.
25) DAVID J. PETERSON JR.	1.00	,									0
BOARD OF GOVERNORS	0.	X					<u> </u>	0.	0.		0.
1b Sub-total								6,069,398.	0.	1,024	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)				• •	• •			6,069,398.	0.	1,021	
2 Total number of individuals (including but not							o re		\$100.000 of	, -	, -
reportable compensation from the organizatio		349				,			,		
										Ye	es No
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						3	X
4 For any individual listed on line 1a, is the											
organization and related organizations gr										4 >	7
individual										4 2	7
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors	oo, oompie	.5 501	.out	U	. 101	Juon	μοι				

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 72

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Part VII Section A. Officers, Directors, Tru	1	y <u></u>	ιριυ			anu I	···y			oriariae		
(A) Name and title	Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	ss pe	ition more	e than of is both cor/trust employe	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am com fro	(F) stimated nount of other pensation om the anization d related	f ion on
	line)	Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee					anizatio	
26) CHARLES E. POMPEA	1.00											
VICE CHAIR	0.	X						0.	0.			0
27) MICHAEL J. QUIELLO	1.00											
BOARD OF GOVERNORS	0.	Х						0.	0.			0
28) ANTHONY SCILLIA	1.00											
BOARD OF GOVERNORS	0.	X						0.	0.			0
29) ERNEST F. SCHAUB	1.00											
BOARD OF GOVS (BEGAN 7/1/18)	0.	X						0.	0.			0
30) ASTRID G. SCHROEDER DE FARKAS	1.00											
BOARD OF GOVS (THRU 8/17/18)	0.	X						0.	0.			0
31) SHELLEY A. STEWART	1.00											
BOARD OF GOVS (BEGAN 9/28/18)	0.	X						0.	0.			0
32) STEPHEN P. TAGLIATELA	1.00											
BOARD OF GOVERNORS	0.	X						0.	0.			0
33) ROWENA TRACK	1.00											
BOARD OF GOVERNORS	0.	X						0.	0.			0
34) JAMES P. ZANDER BOARD OF GOVS (BEGAN 1/31/19)	1.00	Х						0.	0.			0
35) STEPHEN H KAPLAN	35.00											
PRESIDENT	0.			Х				1,083,603.	0.	1	.87,6	543
36) GEORGE S SYNODI	35.00											
VP FINANCE	0.			Х				404,185.	0.		87,8	313
1b Sub-total							$\blacktriangleright$					
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but not				d at	OOV	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	349	)									
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of												

year.

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

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

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(A)	(B)			(C	<b>;</b> )			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unless er and	Posi neck s per l a di	ition more rson irect	than or is both a or/truste	an e)	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	on d
37) STEPHEN MORIN	35.00											
VP INSTITUTIONAL ADV	0.			Х				320,121.	0.		51,3	386
38) DANIEL J MAY PROVOST	35.00			Х				293,798.	0.		89,1	196.
39) WALTER F CAFFEY  VP ENROLLMENT MANAGEMENT	35.00			Х				269,626.	0.		68,5	573
40) CAROLINE KOZIATEK  VP HUMAN RESOURCES	35.00			Х				255,983.	0.		67,8	373
41) CAROLYN CHAMBERLIN  VP MARKETING	35.00			Х				235,982.	0.		37,4	128
42) REBECCA JOHNSON  VP STDT AFFAIR & DEAN OF STDT	35.00			Х				207,315.	0.		56,0	030
43) GAYLE TAGLIATELA CHIEF OF STAFF & SEC	35.00			Х				90,943.	0.		40,4	114
44) BRIAN KENCH DEAN	35.00				Х			279,541.	0.		70,0	045
45) RONALD S HARICHANDRAN  DEAN	35.00				Х			271,967.	0.		40,8	318
46) MARIO T GABOURY  DEAN	35.00				Х			222,172.	0.		67,8	315
47) LOUIS C ANNINO ASSOCIATE VP FACILITIES	35.00				Х			209,718.	0.		18,7	755
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	=						<b>A A</b>					
Total number of individuals (including but not reportable compensation from the organization)		hose l		d ab	OOV	e) who	re	ceived more than	\$100,000 of			
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo	or, or ch ind	tru:	stee	е, І	key ei	mp	loyee, or highes	t compensated	3	Yes	X
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	le c	om	pen	sation	ar	nd other compens	sation from the			
individual										4	X	

#### Section B. Independent Contractors

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

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

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

	Section A. Officers, Directors, Tru (A)	(B)	ĺ	•	((				(D)	(E)		(F)	
Name and title		Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an com	stimated nount of other pensation the	f ion
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		an	anizatio d relate anizatio	d
8)	LOURDES M ALVAREZ	35.00											
	DEAN	0.				Х			140,367.	0.		17,	17
9)	SUMMER J MCGEE	35.00											
	DEAN	0.				X			189,171.	0.		16,8	31
0)	DANIEL MABREY	35.00											
	ASSOC PROVOST	0.					X		478,860.	0.		15,	75
1 ) 	GENE KLINE	35.00							222 227			0.5	. –
<u> </u>	PROFESSOR	0.					Х		332,237.	0.		27,4	Ŧ./
۷) 	KEVIN PHILLIPS	35.00					3.7		254 102			22 /	- 1
2 \	ASSOC VP ENROLLMENT SHOBI SIVADASAN	0.					Х		254,103.	0.		33,6	
3 ) ——	SR ASSOC VP ADMISSIONS	35.00					x		245,532.	0.		23,9	. כ
4 )	MICHAEL JENKINS	35.00					Δ		243,332.	0.		۷۵,3	_
	ASSOC PROFESSOR	0.					X		284,174.	0.		5,3	16
													_
			-										
1b	Sub-total							<b></b>					
С	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$					
d	Total (add lines 1b and 1c)							<b>&gt;</b>					
2	Total number of individuals (including but not				d al	bove	e) who	re	eceived more than	\$100,000 of			
	reportable compensation from the organization	n <b>▶</b>	349	<del>)</del>								1.4	_
							_					Yes	
	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete Scheduler of the sch										3		
	For any individual listed on line 1a, is the corganization and related organizations graindividual	eater than	\$15	0,0	00?	lf.	"Yes	;"	complete Schedu	le J for such	4	Х	
_											4		
	for services rendered to the organization? If "You										5		
Sec	individual	accrue co es," comple pensated i	mpen te Scl	sati hedu ende	on fule J	fron I for	n any such tracto	un <i>per</i> rs t	related organizati	on or individual e than \$100,000 o	of		

year.

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

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

### Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512-514
<u>د</u> اع	a	Federated campaigns	1a					
[	b	Membership dues	1b					
<u>ا</u> ا	С	Fundraising events		69,070.				
<u>⊒</u> a	d	Related organizations						
<u></u>	е	Government grants (contribu		5,073,891.				
ine.	f	All other contributions, gifts,	-	4 200 640				
and Other Similar Amounts	_	and similar amounts not included  Noncash contributions included i		4,288,648.				
ة   a	g h	Total. Add lines 1a-1f			9,431,609.			
2				Business Code				
2	а	TUITION		611600	219,594,086.	219,594,086.		
.	b	RESIDENCE FEES		721310	28,086,633.	28,086,633.		
	С	DINING FEES		722320	13,085,768.	13,085,768.		
3   4	d	INTERNATIONAL PROGRAMS		611710	8,393,824.	8,393,824.		
2:	е	COMMISSIONS		900099	307,686.	307,686.		
2	f	All other program service rev			140,700.	140,700.		
	g	Total. Add lines 2a-2f			269,608,697.			
3		,	cluding dividen		2,867,353.			2,867,35
		and other similar amounts).			69,163.			69,1
5		Income from investment of Royalties	•	•	0.			05,1
			(i) Real	(ii) Personal	0.			
6	•	Gross rents	220,747.					
		Less: rental expenses	155,918.					
	c	Rental income or (loss)	64,829.					
	d	Net rental income or (loss)			64,829.			64,8
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	13,560,766.					
	b	Less: cost or other basis						
		and sales expenses	12,128,636.					
	С	Gain or (loss)	1,432,130.					
'	d	Net gain or (loss)			1,432,130.			1,432,13
y 8	а	Gross income from fundra	•					
87		events (not including \$						
2		of contributions reported on	,	61,055.				
		See Part IV, line 18						
1		Less: direct expenses  Net income or (loss) from fu			13,900.			13,9
		Gross income from gaming	-					
"	u	See Part IV, line 19		0.				
	b	Less: direct expenses						
		Net income or (loss) from g		▶	0.			
108	а	Gross sales of inventor	•					
		returns and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sal		Business Code	0.			
			<u> </u>		1 064 700	1 064 700		
118		GRANT IDC  AMORTIZATION OF CAPITAL C	OMADITATO	900099	1,064,709.	1,064,709.		
	b	ATHLETIC REVENUE	CMINITOUTIONS	900099	503,561.	503,561.		
	۲ C				992,865.	992,865.		
	d	All other revenue  Total. Add lines 11a-11d			3,845,599.	332,003.		
_ I _ '	е				287,333,280.	273,454,296.		4,447,3

### 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,		(B)		(D)			
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses			
			ехрепзез	general expenses	ехрепзез			
'	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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	2 152 426	2 152 426					
_	individuals. See Part IV, lines 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.	64 654 020	10 000 151	1 045 000			
	Other salaries and wages	77,909,272.	64,654,238.	12,009,151.	1,245,883.			
8	Pension plan accruals and contributions (include	F 672 202	4 416 405	1 156 561	00 216			
	section 401(k) and 403(b) employer contributions)	5,672,202. 10,104,243.	4,416,425. 8,590,947.	1,156,561.	99,216. 169,828.			
9	Other employee benefits	5,280,021.	4,383,484.	810,070.	86,467.			
10	Payroll taxes	5,200,021.	4,303,404.	010,070.	00,407.			
11	Fees for services (non-employees):	100,520.	100,520.					
	Management	837,131.	106,376.	730,755.				
	Legal	272,620.	42,343.	230,277.				
	Accounting	124,325.	124,325.	23072771				
	Lobbying Professional fundraising services. See Part IV, line 17	0.						
	· · · · · ·	432,625.	371,681.	60,944.				
		•	,	,				
9	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	0						
	for any federal, state, or local public officials	102,502.	96,373.	4,629.	1,500.			
19	Conferences, conventions, and meetings	3,923,436.	3,550,293.	334,304.	38,839.			
20	Interest	3,923,430.	3,330,433.	337,307.	30,039.			
21 22	Payments to affiliates  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.)							
а	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.					
е	All other expenses	6,698,879.	4,957,754.	1,547,202.	193,923.			
	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   if following SOP 98-2 (ASC 958-720)	0.						
		0.]						

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## Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		X
					(A)		(B)
	ı				Beginning of year		End of year
	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	forme	r officers, directors,			
		trustees, key employees, and highest co					
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	s defined under section			
		and sponsoring organizations of section 501(c)(9) volu					
G		organizations (see instructions). Complete Part II of Sche			0.	6	0.
šets	7	Notes and loans receivable, net			2,612,060.	7	1,813,882.
Assets	8	Inventories for sale or use			0.	8	0.
•	9	Prepaid expenses and deferred charges			2,436,734.	9	1,249,488.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	407,457,468.			
	b	Less: accumulated depreciation	10b	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		F	0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			363,244,797.	16	398,607,936.
	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 Pa	art IV	of Schedule D	0.	21	0.
S	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abi		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			10,137,863.	23	6,811,008.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		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.
		Organizations that follow SFAS 117 (ASC 958),	chec				
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
lan	27	Unrestricted net assets			145,207,432.	27	150,853,304.
Ba	28	Temporarily restricted net assets	35,061,074.	28	36,616,992.		
pu	29	Permanently restricted net assets			20,814,723.	29	20,981,692.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ			31		
	32	Retained earnings, endowment, accumulated incomment			32		
Net	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.
_	U-T	Total habilitios and not assets/fulla balances		<u> </u>	300,211,771.	54	Form <b>990</b> (2018)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		87,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	81,9		
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	2	01,0		
5	Net unrealized gains (losses) on investments	5		2,3	67,1	.03.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	90,7	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	2	08,4	51,9	88.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	ant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in		3.5	
	the Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х	

Form **990** (2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **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 instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization UNIVERSITY OF NEW HAVEN Employer identification number 06-0761704

Рa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).		
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	•				,,,,,,,,		
7		An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		•					
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or	
		university:							
10		An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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 <b>section 509(a)(2).</b> (Complete Part III.)							
11		An organization organized	•	•	-		, , , ,		
12		An organization organized	•	•				• • •	
		of one or more publicly su							
		Check the box in lines 12a t	=				•	_	
а	L	Type I. A supporting orga	•		•		•	,, , , , ,	
		the supported organization				ajority of	the directors or truste	es of the	
	Г	supporting organization.	-					anda) las da asida a	
b	_	Type II. A supporting org control or management or	•						
		organization(s). You must		=	lile Saili	e persor	is that control of man	age the supported	
С	Г	Type III functionally integ	•		ated in c	onnectio	n with and functional	ly integrated with	
Ŭ	_	its supported organization						iy intogratod with,	
d		Type III non-functionally	. , .	•				ted organization(s)	
		that is not functionally inte			-				
		requirement (see instruct			-				
е		Check this box if the orga						I, Type III	
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.		
f	En	ter the number of supported	l organizations						
g	Pro	ovide the following information	on about the suppo	orted organization(s).	1				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(D)	_								
/E/									
(E)									
Tota	al								
							1	l .	

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

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

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	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.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
7	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.) . ATCH. 1	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. (s	see instructions) .				12	1,255,746,333.		
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section			
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2018 (li	ne 6, column (f)	divided by line	11, column (f)).		14	60.91 <b>%</b>		
15	Public support percentage from 2017	Schedule A, Pa	rt II, line 14			15	67.55 <b>%</b>		
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	heck this		
	box and stop here. The organization q								
b	331/3% support test - 2017. If the org	ganization did n	ot check a box o	on line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check		
	this box and <b>stop here.</b> The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶ □		
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					-	•		
	Part VI how the organization meets t			_	•				
	organization								
b	10%-facts-and-circumstances test - 2		•						
	15 is 10% or more, and if the orga						-		
	Explain in Part VI how the organizati				•	•			
	supported organization								
18	Private foundation. If the organization								
	instructions						<u>▶ □</u>		

### 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.)

Sec	tion A. Public Support			, i	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
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	or the organiza	tion's first seco	nd. third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	,	, ,			` ` ` '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 10							
18	Investment income percentage from 2017 \$					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions -

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
   Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yos " explain in Part VI how the organization determined that the supported
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
-,	1		
us ed			
	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn <i>on</i>			
	4b		
on ed B)			
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s," IN			
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	5a		
dy	5b		
	5c		
to ed or			
	6		
or ity			
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7?	8		
re ed			
	9a		
ch	9b		
fit	9с		
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to	10a		
	10b		

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	yr a rype reapperming erganizations		Yes	No
4	Did the directors, trustoca, or membership of one or more supported expenizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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.	1		
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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
000	on type it dupper ting diguinzations		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)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	inetru	ctions)	
·	The organization supported a governmental entity. Describe in t art vi now you supported a government entity (see	monuc	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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	14		
factors (explain in detail in <b>Part VI</b> ):			
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 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(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			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result 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:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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.)

					ATTACHMENT	1
SCHEDULE A, PART II -	OTHER INCOM	E				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISC			736,156.	790,941.	992,865.	2,519,962.
AMORTIZATION OF CAP CONT	1,192,589.	1,141,537.	1,241,601.	1,248,749.	1,284,464.	6,108,940.
ATHLETIC				305,613.	503,561.	809,174.
GRANT IDC		1,396,835.	1,320,471.	1,487,066.	1,064,709.	5,269,081.
TOTALS	1,192,589.	2,538,372.	3,298,228.	3,832,369.	3,845,599.	14,707,157.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

UNIVERSITY OF NEW HAVEN 06-0761704 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number

			06-0761704
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number 06-0761704

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES		
		\$56,054.	VAR
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SECURITIES		
		\$183,374.	VAR
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization UNIVERSITY OF NEW HAVEN **Employer identification number** 06-0761704 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

(b) Purpose of gift

(c) Use of gift

(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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.

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.

If the	, , , , ,	that have NOT filed Form 5768 (electic on Form 990, Part IV, line 5 (Proxy	, ,		-
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization				ntification number
	VERSITY OF NEW HAVEN			06-076	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the definition of "political campa	organization's direct and indirect pign activities")	oolitical campaign a	ctivities in Part IV. (see in	nstructions for
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	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.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	5).
1	activities	expended by the filing organization		▶\$	
2	527 exempt function activiti	ng organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiza divered to a separate po	ations to which the filing cation's funds. Also ente plitical organization, suc
	(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)					
		l	I.	1	I .

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

301	nedule C (Form 990 of 990-EZ) 2016	T / LIC	DIII OI	14114 11174111		00 0	/OI/OI Fage Z
P	art II-A Complete if the organ section 501(h)).	nizatio	on is exen	npt under section	1 501(c)(3) and	filed Form 5768 (ele	ction under
Α	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).						
В	Check ► if the filing organization	on che	ecked box A	A and "limited contro	ol" provisions app	oly.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expenditure	es" me	eans amour	nts paid or incurred.	)	organization's totals	group totals
18	a Total lobbying expenditures to influ	uence	public opini	on (grass roots lobb	ying)		
	<b>b</b> Total lobbying expenditures to influ		_				
	c Total lobbying expenditures (add li						
	d Other exempt purpose expenditure						
	e Total exempt purpose expenditure						
f	f Lobbying nontaxable amount. En	ter the	e amount f	rom the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or	(b) is:			is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000,00			us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,			us 10% of the excess			
	Over \$1,500,000 but not over \$17,000	),000		us 5% of the excess of	ver \$1,500,000.		
_	Over \$17,000,000  g Grassroots nontaxable amount (er	otor 25	\$1,000,000		-		
	<b>h</b> Subtract line 1g from line 1a. If zer		•				
	i Subtract line 1f from line 1c. If zero						
	j If there is an amount other than					tion file Form 4720	
J	reporting section 4911 tax for this						Yes No
_	reporting section 4011 tax for this			aging Period Unde			103110
	(Some organizations that m				• • •	ete all of the five colum	nns below.
	, ,			te instructions for I	=		
_		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	(a)	2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
28	a 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	f Grassroots lobbying expenditures						

Pa	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768		
Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	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:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	Х	- 2		124	,325
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	- 21	Х			, 525
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?				124	,325
j	Total. Add lines 1c through 1i		х			7323
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	Tt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501 and 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amout political expenses for which the section 527(f) tax was paid).  Current year	m the (c)(5) OR (l	prior, or s b) Pa  of	year? ection	2 3 ine 3, is	
2 (s	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate see instructions); and Part II-B, line 1. Also, complete this part for any additional information.  E PAGE 4	a grou	JP IIST	); Part II-	A, lines 1	and

#### Part IV Supplemental Information (continued)

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)

# Supplemental Financial Statements ► 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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	te of the organization	Employer identification number
UN:	IVERSITY OF NEW HAVEN	06-0761704
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D,	art 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).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certified filstofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	no form of a concernation
_	· · · · · · · · · · · · · · · · · · ·	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a		2a
b		2b
С	(·),····	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	<del></del>
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	L Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	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.	
Pa	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 re works of art, historical treasures, or other similar assets held for public exhibition, educations and the same of the control of the contr	venue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ition, or research in furtherance of the sthese items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
.,	works of art, historical treasures, or other similar assets held for public exhibition, education	
	public service, provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	<b></b> ▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990 Part X	• ¢

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, or	Other	Similar Assets (	continu	ed)	<u> </u>
3	Using the organization's acquisition	on, accession, and o	other records, check	any of the	follow	ing that are a sigr	nificant	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan o	or exchange	progran	ns			
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the org	anization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art, histo	orical treasu	ıres, or c	other similar			_
	assets to be sold to raise funds rath		ained as part of the o	organization	's collec	tion?	Yes		No
Pa	Complete if the organiza 990, Part X, line 21.		es" on Form 990, F	art IV, line	9, or re	eported an amoui	nt on F	orm	
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for c	ontributions	or other	assets not			
	included on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following tab	ole:					
						Amount			
С	Beginning balance			1c					
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been p	rovided o	on Part XIII			
Pa	Endowment Funds.	ation anawared "Va	on Form 000 F	Oort IV/ line	10				
	Complete if the organiza					/-N Th	(-) F		la a a la
		(a) Current year 63,793,485.	<b>(b)</b> Prior year 47,521,985.	(c) Two yea 43,588		(d) Three years back	(e) Fou		131.
	Beginning of year balance	101,480.	13,612,687.	1,403		44,898,458. 1,242,766.			670.
	Contributions	101,400.	13,012,007.	1,403	,033.	1,242,700.	12,	J40,	070.
С	Net investment earnings, gains,	3,954,168.	4,067,022.	4,020	339	-1,587,249.	1	189	095.
	and losses	887,128.	508,214.		,673.	538,821.			862.
	Grants or scholarships	00771201	3007211.	007	7073.	330,021.		100,	
е	Other expenditures for facilities	542,293.	899,995.	622	,819.	426,851.		182.	576.
	and programs	0 == , = = 0			,	,		/	
f	Administrative expenses	66,419,712.	63,793,485.	47,521	,985.	43,588,303.	44,	898,	458.
g	End of year balance							,	
2 a	Provide the estimated percentage Board designated or quasi-endown	nent <b>\</b> 49.6000	end balance (line 1g,	column (a))	neid as:				
	Permanent endowment ► 17.0								
	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a	Are there endowment funds not in	•		are held an	d admin	istered for the			
	organization by:	•	J					Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b		
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fur	nds.					
Pa	rt VI Land, Buildings, and Equ	uipment.	" <b>-</b> 000 I	5 4 B 4 B	44 6		. X. II	4.0	
	Complete if the organization of property								•
	Description of property	(a) Cost or (invest		or other basis ther)		eciation	l) Book v	alue	
1a	Land		-	05,229.			12,9	05,2	229.
b	Buildings			91,639.			165,0		
С	Leasehold improvements			35,895.		09,411.		26,4	
d	Equipment			22,297.		35,654.	11,2		
	Other			02,408.		56,871.	53,5		
Γota	I. Add lines 1a through 1e. (Column	n (d) must equal Forn	n 990, Part X, columi	n (B), line 10	)c.)	▶	242,9	78,9	97.

Schedule D (Form 990) 2018 Page **3** 

(a) Description of security or category (b) Book value  (c) Method of vier function value  (c) Costs) redict deptity interests.  (d) Costs) redicted equity interests.  (d) Costs) redicted equity interests.  (d) Costs redicted equity interests.  (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests			(b) Book value	
(2) Closely-held equity interests	(1) Financia	al derivatives		
(A) (B) (C) (C) (C) (C) (C) (E) (F) (F) (G) (H) (Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII (C) (B) (C) (B) (C) (C) (C) (H) (T) (B) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-	held equity interests		
(E) (C) (D) (E) (F) (G) (H) Total, (Column (b) must equal Form 990. Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.				
(C) (D) (E) (F) (F) (G) (H) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(b) (c) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				
(E) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.				
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.				
(**)** Total. (Column (b) must equal Form 990, Part X, cot. (8) fine 12.) ▶    Total. (Column (b) must equal Form 990, Part X, cot. (8) fine 12.) ▶				
Part V   Investments - Program Related.   Complete if the organization answered   Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Part VIII		(h) must aqual Form 000. Part V. cal. (P) lina 12.)		
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 value Cost or end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  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)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1014) (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.  (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (7) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (7) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (7) (9) (7) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (7) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part VIII	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line 13.
(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) 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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.		(a) Description of investment	(b) Book value	
(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) 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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(1)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XX  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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part XX  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717.  (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(2)			
(5) (6) (7) (8) (9)  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) must equal Form 990, Part X, col. (B) line 15.)  (4) (5) (6) (7) (8) (9)  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 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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)    4, 289, 717.	(3)			
(6) (7) (8) (9)  Toral. (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.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(4)			
(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.  1. (a) Description (b) Book value  (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(5)			
(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.  1. (a) Description (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶    Part X   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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4,289,717. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	(7)			
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.           1.         (a) Description of liability         (b) Book value           (1) Federal income taxes         (2) POST RETIREMENT OBLIGATION         4 , 289 , 717 .           (3)         (4)         (5)           (6)         (7)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         4 , 289 , 717 .				
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)  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.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) POST RETIREMENT OBLIGATION 4,289,717.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.				
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4,289,717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	Part IX		I "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
(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.  1.  (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.		<b>(a)</b> De	scription	(b) Book value
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(1)			
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(2)			
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(3)			
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	_(4)			
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(5)			
(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.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4,289,717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.				
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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.           1. (a) Description of liability (b) Book value           (1) Federal income taxes           (2) POST RETIREMENT OBLIGATION 4, 289, 717.           (3) (4) (5) (6) (7) (8) (9)           (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.		(1)	45)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4, 289, 717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.			ine 15.)	······
(1) Federal income taxes (2) POST RETIREMENT OBLIGATION 4,289,717. (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	Part X	Complete if the organization answered	I "Yes" on Form 990	D, Part IV, line 11e or 11f. See Form 990, Part X,
(2) POST RETIREMENT OBLIGATION 4,289,717.  (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	1.	(a) Description of liability	(b) Book valu	Je .
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.	(2) POST	RETIREMENT OBLIGATION	4,289,	717.
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	(3)			
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4,289,717.	(4)			
(7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶ 4,289,717.				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4 , 289 , 717 .				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4 , 289 , 717 .				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 4, 289, 717.				
				84.8
	Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 4,289,	111.

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

X

Schedule D (Form 990) 2018 Page **4** 

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		
a b	Donated services and use of facilities		
	Recoveries of prior year grants		
c 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.)		
	Add lines 4a and 4b	4c	432,625.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	287,333,280.
Part		urn.	
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		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 432,625		
b	Other (Describe in Part XIII.)		
С	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.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

### Part XIII Supplemental Information (continued)

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.

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

\$(91,019,449) FINANCIAL AID

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)

Page 5

Part XIII	Supplemental	Information	(continued)
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SCHEDULE D, PART XII, LINE 2D

\$47,155 FUNDRAISING EXPENSES

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**

► 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/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization UNIVERSITY OF NEW HAVEN Employer identification number

06-0761704

			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	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		v	
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
,	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		X	
ı	with student admissions, programs, and scholarships?	4c 4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	74		
	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		
)	Admissions policies?	5b		
	Employment of faculty or administrative staff?	5c		
	Scholarships or other financial assistance?	5d		
	Educational policies?	5e		
	Use of facilities?	5f		
	Athletic programs?	5g		
	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<b>V</b>		
	Does the organization receive any financial aid or engistence from a governmental agency?	6a	X	
	Does the organization receive any financial aid or assistance from a governmental agency?	6b		H
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1

Schedule E (Form 990 or 990-EZ) (2018) Page 2

**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).

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

Schedule E (Form 990 or 990-EZ) (2018) Page 2

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).

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)

## Statement of Activities Outside the United States

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

► Attach to Form 990.

► Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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UNIVERSITY OF NEW HAVEN 06-0761704

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 X grants or assistance? 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.) (c) Number of (e) If activity listed in (d) is (b) Number (d) Activities conducted in the (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) EUROPE 23. PROGRAM SERVICES INSTRUCTION 1,625,221. (2) MIDDLE EAST AND NORTH AFRICA 13. PROGRAM SERVICES INSTRUCTION 2,930,004. 1. (3) EUROPE 0. 0. PROGRAM SERVICES STUDY ABROAD 607,366. Ω PROGRAM SERVICES 41,207. CENTRAL AMERICA/CARIBBEAN Ω STUDY ABROAD RUSSIA/INDEPENDENT STATES Ω Ω PROGRAM SERVICES STUDY ABROAD 23,341. (6) MIDDLE EAST AND NORTH AFRICA 0. Ω PROGRAM SERVICES RECRIITMENT 14,000. EAST ASIA AND THE PACIFIC 0. Ο. PROGRAM SERVICES RECRUITMENT 7,000. (8) SOUTH ASIA 0. 0. PROGRAM SERVICES RECRUITMENT 543,600. 361,247. (9) EUROPE 0. Ο. GRANTMAKING (10) MIDDLE EAST AND NORTH AFRICA 0. Ο. GRANTMAKING 207,280. CENTRAL AMERICA/CARIBBEAN 0. 0. GRANTMAKING 183,940. RUSSIA/INDEPENDENT STATES 0. 0. 40,514. GRANTMAKING (13) EAST ASIA AND THE PACIFIC 0. 0. GRANTMAKING 653,802. (14) SUB-SAHARAN AFRICA 0. 0. GRANTMAKING 134,372. Ω GRANTMAKING 1,406,900. (15) SOUTH ASIA Ω (16) SOUTH AMERICA Ω Ω GRANTMAKING 142,157. (17) NORTH AMERICA 0. Ω GRANTMAKING 23,224. Subtotal 2. 36. 8,945,175. 3a Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

8,945,175.

Part II	Grants and Other Assist Part IV, line 15, for any							red "Yes" on	Form 990,
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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ent	er total number of recipient orq the IRS, or for which the grante er total number of other organ	e or counsel has provide	ed a section 501(c)(3) e	quivalency lette	r		<b>.</b>		

Schedule F (Form 990) 2018

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) UNH INSTITUTIONAL AID	CENT. AMERICA/CARIBBEAN	6.	183,940.	ACCT CREDIT			
(2) UNH INSTITUTIONAL AID	EAST ASIA/PACIFIC	64.	653,802.	ACCT CREDIT			
(3) UNH INSTITUTIONAL AID	EUROPE/ICELAND/GREENLAND	18.	361,247.	ACCT CREDIT			
(4) UNH INSTITUTIONAL AID	MIDDLE EAST/NORTH AFRICA	21.	207,280.	ACCT CREDIT			
(5) UNH INSTITUTIONAL AID	RUSSIA/NEWLY IND. STATES	3.	40,514.	ACCT CREDIT			
(6) UNH INSTITUTIONAL AID	SOUTH AMERICA	9.	142,157.	ACCT CREDIT			
(7) UNH INSTITUTIONAL AID	SOUTH ASIA	315.	1,406,900.	ACCT CREDIT			
(8) UNH INSTITUTIONAL AID	SUB-SAHARAN AFRICA	25.	134,372.	ACCT CREDIT			
(9) UNH INSTITUTIONAL AID	NORTH AMERICA	2.	23,224.	ACCT CREDIT			
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2018 Page **5** 

## 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).

SCHEDULE F, PART I

METHOD OF ACCOUNTING

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

SCHEDULE F, PART I, LINE 2

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

Schedule F (Form 990) 2018 Page 5

## 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).

ARE NORMALLY APPLIED AS CREDITS TO STUDENT ACCOUNTS.

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
UNIVERSITY OF NEW HAVEN					06-0761704	
<b>Form 990-EZ filers are no</b>				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization ra	aised funds through	any of the	following	activities. Check	all that apply.	
a Mail solicitations	е	Solid	itation of	non-government g	<sub>j</sub> rants	
<b>b</b> Internet and email solicitations	f	Solid	itation of	government grant	S	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
<ul> <li>2a Did the organization have a written or key employees listed in Form 99</li> <li>b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the</li> </ul>	0, Part VII) or entity dividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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		53 (v)	
1						
2						
3						
4						
6						
7						
8						
9						
10						
Total			<b>•</b>			
3 List all states in which the organiz registration or licensing.	ation is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2018 Page **2** 

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contributi			
		evente with gross receipts gre	(a) Event #1  GOLF TOURNAMENT  (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	130,125.	(event type)	(total number)	130,125.
ፚ	2	Less: Contributions	69,070.			69,070.
	3	Gross income (line 1 minus line 2)	61,055.			61,055.
	4	Cash prizes				
	5	Noncash prizes	11,895.			11,895.
Direct Expenses	6	Rent/facility costs	35,260.			35,260.
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
De	11	Direct expense summary. Add line.  Net income summary. Subtract line.	ne 10 from line 3, colu	ımn (d)		47,155. 13,900.
Pa	rt l	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		res" on Form 990, i	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
<u>□</u>	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	obtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 8	l )	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	Yes No
l O a		Were any of the organization's gaming If "Yes," explain:				Yes No

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
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:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par			

Schedule G (Form 990 or 990-EZ) 2018

## SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization Employer identification number UNIVERSITY OF NEW HAVEN 06-0761704 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

## 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 INSTITUTIONAL AID	5,195.	85,663,703.			
2 FEDERAL GRANTS	211.	715,829.			
3 STATE GRANTS	242.	780,869.			
4 PRIVATE GRANTS	282.	705,612.			
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.

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

## 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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_ 7					

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

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
j					
3					

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

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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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.    First-class or charter travel   X	Part	Questions Regarding Compensation			
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charler travel				Yes	No
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1a	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  First-class or charter travel  Tax indemnification and gross-up payments  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees			
explain.  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 5a or 5b, describe in Part III.  7 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? If "Yes" on line 6a or 6b, describe in Part III.  Were any amounts reported on Form 990, Part VII, section A line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contr	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee		explain	1b	X	
1a?  3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee	2				
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee				v	
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee			2	Λ	
organization or a related organization:  a Receive a severance payment or change-of-control payment?.  b Participate in, or receive payment from, an equity-based compensation arrangement?.  c Participate in, or receive payment from, an equity-based compensation arrangement?.  d	3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X			
a Receive a severance payment or change-of-control payment?.  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?.  c Participate in, or receive payment from, an equity-based compensation arrangement?.  dt "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  f "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? if "Yes," describe in Part III.  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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					37
c Participate in, or receive payment from, an equity-based compensation arrangement?.  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  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:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  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.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_			v	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  ff "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  ff "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				Λ	У
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	C		40		21
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section $501(c)(3)$ $501(c)(4)$ and $501(c)(20)$ organizations must complete lines 5-9			
compensation contingent on the revenues of:  a The organization?	5				
The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  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:  The organization?  Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  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.  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ū				
b Any related organization?	а	· ·	5a		Х
If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?	b		5b		Х
compensation contingent on the net earnings of:  a The organization?  b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" on line 5a or 5b, describe in Part III.			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		compensation contingent on the net earnings of:			
If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а		6a		X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	b		6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III		If "Yes" on line 6a or 6b, describe in Part III.			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7			v	
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				Λ	
in Part III	ŏ				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			ا و ا		x
	a		0		21
	9	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018 Page 2

## 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STEPHEN H KAPLAN	(i)	647,547.	325,000.	111,056.	149,179.	38,464.	1,271,246.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE S SYNODI	(i)	318,503.	82,500.	3,182.	43,547.	44,266.	491,998.	0.
2 <sup>VP FINANCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN MORIN	(i)	288,644.	30,000.	1,477.	37,000.	14,386.	371,507.	0.
3 <sup>VP</sup> INSTITUTIONAL ADV	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL J MAY	(i)	261,775.	28,000.	4,023.	43,332.	45,864.	382,994.	0.
<b>4</b> PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
WALTER F CAFFEY	(i)	241,232.	26,000.	2,394.	23,122.	45,451.	338,199.	0.
5 <sup>VP</sup> ENROLLMENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROLINE KOZIATEK	(i)	218,808.	35,000.	2,175.	21,196.	46,677.	323,856.	0.
6 VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROLYN CHAMBERLIN	(i)	208,175.	22,000.	5,807.	19,374.	18,054.	273,410.	0.
7 <sup>VP MARKETING</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
REBECCA JOHNSON	(i)	195,191.	6,500.	5,624.	18,819.	37,211.	263,345.	0.
8 STDT AFFAIR & DEAN OF STDT	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN KENCH	(i)	278,911.	0.	630.	24,957.	45,088.	349,586.	0.
<b>9</b> <sup>DEAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
RONALD S HARICHANDRAN	(i)	268,661.	0.	3,306.	40,796.	22.	312,785.	0.
10 <sup>DEAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIO T GABOURY	(i)	219,750.	0.	2,422.	21,311.	46,504.	289,987.	0.
11 <sup>DEAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
LOUIS C ANNINO	(i)	208,360.	0.	1,358.	18,752.	3.	228,473.	0.
12 <sup>ASSOCIATE VP FACILITIES</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
LOURDES M ALVAREZ	(i)	131,654.	0.	8,713.	12,923.	4,852.	158,142.	0.
13 <sup>DEAN</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL MABREY  14  ASSOC PROVOST	(i)	175,027.	0.	303,833.	15,752.	2.	494,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GENE KLINE 15 <sup>PROFESSOR</sup>	(i)	274,408.	0.	57,829.	24,926.	2,544.	359,707.	0.
	(ii)	0.	0.	15 527	0.	0.	0.	0.
KEVIN PHILLIPS  16 ASSOC VP ENROLLMENT	(i)	220,566.	18,000.	15,537.	20,863.	12,750.	287,716.	0.
16 PRINCIPLE IN COLUMN IN	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018 Page 2

## 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title  SHOBI SIVADASAN  1SR ASSOC VP ADMISSIONS  SUMMER J MCGEE  (i)	0. 166,163.	(ii) Bonus & incentive compensation  0.	(iii) Other reportable 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
1 <sup>SR</sup> ASSOC VP ADMISSIONS (ii) SUMMER J MCGEE (i)	0. 166,163.	0.		19,177.			
1 <sup>SR ASSOC VP ADMISSIONS</sup> (ii) SUMMER J MCGEE (i)	0. 166,163.		_		4,810.	269,519.	0.
SUMMER J MCGEE (i)	166,163.		0.	0.	0.	0.	0.
DEAN		0.	23,008.	16,816.	2.	205,989.	0.
2 <sup>DEAN</sup> (ii)		0.	0.	0.	0.	0.	0.
MICHAEL JENKINS (i)	55,000.	0.	229,174.	5,164.	1.	289,339.	0.
3 <sup>ASSOC PROFESSOR</sup> (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
4 (ii)							
(i)							
5 (ii)							
(i)							
6 (ii)							
(i)							
7 (ii)							
(i)							
8 (ii)	)						
(i)							
9 (ii)	)						
(i)							
10 (ii)							
(i)							
_11 (ii)							
(i)							
12 (ii)							
(i)							
13 (ii)							
(i)							
14 (ii)							
(i)							
15 (ii)							
(i)							
_16 (ii)							

Schedule J (Form 990) 2018

#### Part | 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.

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).

Schedule J (Form 990) 2018

#### Part | 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.

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.

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).

(f) Description of purpose

#### **SCHEDULE K** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

(a) Issuer name

OMB No. 1545-0047

Open to Public Inspection

**(h)** On

behalf of

issuer

(g) Defeased

(i) Pooled

financing

Employer identification number UNIVERSITY OF NEW HAVEN 06-0761704 Part I **Bond Issues** 

(d) Date issued

(e) Issue price

(c) CUSIP #

(b) Issuer EIN

A CHEFA	A UNIVERSITY OF NEW HAVEN 2018 SERIES K1														No
		060806186	20774Y4T1	05/01/20	18 97	,611,168.	REFUND 2010	& 2013 SERI	ES BONDS		Х		Х		х
<b>B</b> CHEFA	A UNIVERSITY OF NEW HAVEN 2018 SERIES K3	060806186	20774Y6K8	11/01/20	18 26	,904,071.	CONSTRUCT AC	CADEMIC BLDG	}		Х		Х		Х
С															
D															<u> </u>
Part II	Proceeds														
						A		В	С				D		
	mount of bonds retired														
	nount of bonds legally defeased														
	otal proceeds of issue				97,6	11,168	. 26,9	04,071.							
	ross proceeds in reserve funds														
_ <b>5</b> Ca	apitalized interest from proceeds														
<b>6</b> Pro	oceeds in refunding escrows														
<b>7</b> Iss	suance costs from proceeds				1,0	04,718	. 5	31,301.							
	edit enhancement from proceeds														
	orking capital expenditures from proceeds														
	apital expenditures from proceeds														
<b>11</b> Otl	ther spent proceeds				96,6	06,450	. 26,3	72,770.							
<b>12</b> Otl	ther unspent proceeds														
<b>13</b> Ye	ear of substantial completion				201	5									
					Yes	No	Yes	No	Yes	No		Yes		No	
	ere the bonds issued as part of a refunding	•	•	, ,											
	issued prior to 2018, a current refunding issue)? .				X			Х							
	ere the bonds issued as part of a refunding	•													
	sued prior to 2018, an advance refunding issue)?.					X		X							
	as the final allocation of proceeds been made?				X			X							
	oes the organization maintain adequate boo														
fina	al allocation of proceeds?	<u> </u>		<u> </u>	X		X								

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

Schedule K (Form 990) 2018

JSA

06-0761704 UNIVERSITY OF NEW HAVEN

Schedule K (Form 990) 2018

Par	t III Private Business Use	CHEFA UNI	IVERSITY	OF NEW	HAVEN 20	18 SERI	ES K		
			Α		В		C		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		Х				
2	Are there any lease arrangements that may result in private business use of	f							
	bond-financed property?	X			Х				
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	•						ļ	
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of	f						ļ	
	bond-financed property?		X		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other	r						ļ	
	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 ▶	·	.3100 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization								
	another section 501(c)(3) organization, or a state or local government ▶	•	%		%		%		%
6	Total of lines 4 and 5		.3100 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a							ļ	
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued	I?	X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								1
	sections 1.141-12 and 1.145-2?								<u> </u>
9	Has the organization established written procedures to ensure that all								I
	nonqualified bonds of the issue are remediated in accordance with the								I
	requirements under Regulations sections 1.141-12 and 1.145-2?	. X		X					<u>                                     </u>
Par	t IV Arbitrage								
			Α		В	(	C		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		Х				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	. X		X					
	Exception to rebate?				Х				
	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was	3							
	performed								
3	Is the bond issue a variable rate issue?	.	X		X		1		

Schedule K (Form 990) 2018

Page 2

Part IV Arbitrage (Continued)								
		A	E	3	(	3	[	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х		X				
Part V Procedures To Undertake Corrective Action								
		A	Е	3		3	[	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X			X				
Part VI Supplemental Information. Provide additional information for responses to	o question	ns on Sche	dule K. Se	e instruct	tions			

Page 4

Schedule K (Form 990) 2018

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

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.

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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 instructions and the latest information.

Employer identification number UNIVERSITY OF NEW HAVEN 06-0761704

Par	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	Method o			
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		4.	261,887.	MARKET V	ALUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
45	contribution - Other							
15	Real estate - Residential							
16 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 org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least t	•			•			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement							
31	Does the organization have a	-		<u>-</u>				
	contributions?					31	X	
32a	Does the organization hire or use	•	•	•				7.7
_	contributions?					32a		X
	If "Yes," describe in Part II.		aluman (a) for a f	manda dan sebelah sebesah dan	A far all and the			
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a	) is checked,			

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

Schedule M (Form 990) (2018) Page **2** 

Part II Supplem

**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.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS

THE AMOUNT IN COLUMN B INDICATES THE NUMBER OF INDIVIDUAL CONTRIBUTIONS.

Schedule M (Form 990) (2018)

## 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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Open to Pu
Inspection
Employer identification number

Name of the organization

UNIVERSITY OF NEW HAVEN 06-0761704

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.

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.

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.

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

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

Employer identification number

06-0761704

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.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B 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

06-0761704

MEMBERS. THE MEMBERS OF THE COMMITTEE ARE SELECTED 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 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

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.

FORM 990, PART XI, LINE 9

OTHER CHANGE IN NET ASSETS

LOSS ON CHANGE IN ACCOUNTING PRINCIPLE \$ (390,766)

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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 AND

#### ATTACHMENT 1

|--|

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONSIGLI CONSTRUCTION CO., INC. 72 SUMNER ST MILFORD, MA 01757-1663	CONSTRUCTION	30,790,058.
SODEXO, INC PO BOX 3601470 PITTSBURGH, PA 15251	FOOD SERVICE	15,459,640.
MILESTONE CONSTRUCTION SERVICES, LLC 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 06405-2950	CONSTRUCTION	3,140,109.

Schedule O (Form 990 or 990-EZ) 2018 Page **2** 

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

ATTACHMENT 1 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

EDUCATIONDYNAMICS, LLC ASLANIAN MARKET RESEARCH HOBOKEN, NJ 07030 STUD. MKTG RESEARCH 1,198,488.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 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 Identification of Disregarded Entities. Complete if the organization	ion answered "Yes" or	n Form 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)					
(3)					
(5)					
(6)					

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>(b)</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	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) HENRY C. LEE INST. OF FORENSIC SCIENCE 06-1629144							
300 BOSTON POST ROAD WEST HAVEN, CT 06516	EDUCATION	CT	501(C) (3)	12A(I)	UNH	X	
(2) UNIVERSITY OF NEW HAVEN DENTAL CENTER 06-1629143							
300 BOSTON POST ROAD WEST HAVEN, CT 06516	INACTIVE CORP	CT	501(C) (3)	12A(I)	UNH	X	
(3) LYME ACADEMY COLLEGE OF FINE ARTS, INC. 06-0942210							
84 LYME STREET OLD LYME, CT 06371	EDUCATION	CT	501(C) (3)	2	UNH	X	
(4)							
(5)	_						
(6)							
_(7)							ĺ

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

Schedule R (Form 990) 2018

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	Section 512(b) contro	)(13) olled
								Yes N	<u>10</u>
(1) CHARITABLE REMAINDER TRUSTS (2)	CHARITABLE TRUST	CT	N/A					x	
(2)									
(3)									
(4)									
(5)									_
(6)									
(7)									

Schedule R (Form 990) 2018

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.									
1	During the tax year, did the organization engage in any of the following transactions with one or more	elated organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
	c Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
0	Sharing of paid employees with related organization(s)				10	X			
-	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r	X			
	Other transfer of cash or property from related organization(s).				1s	Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must complete to		•	action thre		S.			
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method	(d) of dete	rminin	ıa		
	·	type (a-s)		amou	ınt invo	olved	•		
(1)	HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	N	336,307.	FMV					
(1)	HENRI C. LEE INSTITUTE OF FORENSIC SCIENCE	1/1	330,307.	FINIA					
(2)	HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	0	398,596.	FMV					
(2)	THENK! C. LEE INDITIONS OF POREMBIC SCIENCE		370,370.	I I I V					
(3)	HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	R	503,165.	FMV					
(3)	MEMILI C. BEE INSTITUTE OF FOREMOTE SCIENCE	10	505,105.	T. 1-1 A					
(4)	HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	S	187,613.	FMV					
(+)	ADDITION OF TOXABLE DETERCE	5	107,013.	T 1-1 V					
(5)	LYME ACADEMY COLLEGE OF FINE ARTS INC.	0	2,377,651.	FMV					
(3)	THE MODERN CORRECT OF FINE AND INC.		2,311,031.	T. 1.1 A					
(6)	IVME ACADEMY COLLECT OF TIME ADDC INC	D	6 202 289	E MIT					

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#### Schedule R (Form 990) 2018 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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

JSA			Sc	hedule R (F	orm 990	) 2018
(6)						
(5)						
(4)						
(3)						
(2)						
(1)	LYME ACADEMY COLLEGE OF FINE ARTS INC.	S	3,824,638.	FMV		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) of determin nt involved	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete		<u> </u>	action thre	sholds.	
S	Other transfer of cash or property from related organization(s)				1s	
r	Other transfer of cash or property to related organization(s)				1r	
q	Reimbursement paid by related organization(s) for expenses				14	
-	Reimbursement paid to related organization(s) for expenses				1p 1q	
	Sharing of paid employees with related organization(s)				10	
m n	Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m 1n	-
I	Performance of services or membership or fundraising solicitations for related organization(s)				11 1m	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
i	Exchange of assets with related organization(s)				1i	
y h	Sale of assets to related organization(s)				1h	
f ~	Dividends from related organization(s)				1f 1g	
					46	
	Loans or loan guarantees by related organization(s)				1e	
c d	Gift, grant, or capital contribution from related organization(s)				1c	
b	Gift, grant, or capital contribution to related organization(s)				1b	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			

8E1309 1.000

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Yes No

Schedule R (Form 990) 2018

## 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) (c) Primary activity Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	(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
			sections 512-514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)												_	
(12)													
(13)												_	
(14)													
(15)													
								_					
(16)													

Schedule R (Form 990) 2018

Page 4

Part VI

Schedule R (Form 990) 2018 Page 5

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.