EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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Form

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

OMB No. 1545-0047

ΑΙ	For th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and	ending Jt	JN 30, 2021		
B	Check if applicab	C Name of organization		D Employer identifie	cation number	
	Addre chang	INIVERSITY OF NEW HAVEN				
	Name	e Doing business as		06-0761704		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final return	300 BOSTON POST ROAD		(203) 932-70	00	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	333,920,388.	
	Amen return	WEST HAVEN, CI 00510		H(a) Is this a group re	eturn	
	Applic tion	F Name and address of principal officer: 51 F V EN II KAF DAN		for subordinates	? Yes 🗶 No	
	pendi	<sup>ng</sup> same as c above		H(b) Are all subordinates in	ncluded? Yes No	
1	Tax-ex	empt status: 🕱 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions	
		te: NWW.NEWHAVEN.EDU		H(c) Group exemptio	n number 🕨	
		forganization: X Corporation Trust Association Other	L Year (	of formation: 1920	State of legal domicile: CT	
Pa	art I	Summary				
Ø	1	Briefly describe the organization's mission or most significant activities:	HEDULE O			
Ŭ						
srna	2	Check this box F if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	1	
Š	3				32	
ۍ م	4		ndent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2705	
Viti	6	Total number of volunteers (estimate if necessary)		256		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
P	8	Contributions and grants (Part VIII, line 1h)		14,697,034.	26,087,058.	
Revenue	9	Program service revenue (Part VIII, line 2g)		268,751,654.	285,792,352.	
Je V	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,481,463.	1,597,368.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,054,953.	2,657,306.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		291,985,104.	316,134,084.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100,395,612.	112,635,619.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		- •	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		106,171,736.	100,570,633.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.	
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)  2,852,3		77.060.405	07 707 475	
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,968,485.	87,797,475.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		284,535,833.	301,003,727.	
	19	Revenue less expenses. Subtract line 18 from line 12		7,449,271.	15,130,357.	
ts or				ginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)		400,134,913.	439,200,046.	
et A	1	Total liabilities (Part X, line 26)		185,613,939.	190,781,591.	
Ž.	22 art II	Net assets or fund balances. Subtract line 21 from line 20		214,520,974.	248,418,455.	
F	art II	Oignature Diock				

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

	Cignoture of officer			Data					
Sign Here	Signature of officer <u>GEORGE S. SYNODI, VP FOR FINANCE</u> Type or print name and title		/	Date					
Paid	Print/Type preparer's name PABLO CORA	Preparer's signature	Date 05/11/2	Check if 0 2 2 self-employed	PTIN P01721022				
Preparer	Firm's name KPMG LLP		$\mathbf{b}$	Firm's EIN 🕨 🛛 13	8-5565207				
Use Only	Firm's address 🖕 550 SOUTH HOPE STREET, S	SUITE 1500							
	LOS ANGELES, CA 90071			Phone no.213-97	2 - 4000				
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
					000				

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

**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.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions.			Taxpaye	r identificati	on number (TIN)		
print	UNIVERSITY OF NEW HAVEN				06-0761704			
File by the due date filing your	Number, street, and room or suite no. If a P.C 300 BOSTON POST ROAD	. box, see instruct	tions.	I				
return. Se instructio		For a foreign add	ress, see instructions.					
Enter t	ne Return Code for the return that this application i	s for (file a separat	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than indiv	idual)		09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
	GEORGE S. SYNODI	:						
• The	books are in the care of  Markov 300 BOSTON POST	ROAD - WEST H	IAVEN, CT 06516					
Tele	phone No.  (203)932-7273		Fax No. 🕨					
• If th	e organization does not have an office or place of b	ousiness in the Uni	ited States, check this box			🕨 🗔		
• If th	s is for a Group Return, enter the organization's for	ur digit Group Exe	mption Number (GEN)	If this is fo	r the whole	group, check this		
box 🕨	. If it is for part of the group, check this box	▶ and atta	ich a list with the names and <sup>-</sup>	TINs of all memb	ers the exte	nsion is for.		
1	request an automatic 6-month extension of time ur	ntil MAY 1	.6, 2022	, to file the exen	npt organiza	ation return for		
t	ne organization named above. The extension is for	the organization's	return for:					
	► calendar year or							
	► X tax year beginning JUL 1, 2020	, an	d ending JUN 30, 2021					
<b>2</b> I	the tax year entered in line 1 is for less than 12 mo	onths, check reaso	on: 📃 Initial return	Final retu	'n			
	Change in accounting period							
					-			
3a li	this application is for Forms 990-BL, 990-PF, 990-	Г, 4720, or 6069, е	enter the tentative tax, less					
a	ny nonrefundable credits. See instructions.			3a	\$	0.		
b li	this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter any	refundable credits and					
e	stimated tax payments made. Include any prior yea	ar overpayment all	owed as a credit.	3b	\$	0.		
сE	alance due. Subtract line 3b from line 3a. Include	your payment with	h this form, if required, by					
L	sing EFTPS (Electronic Federal Tax Payment Syste	em). See instructio	ns.	3c	\$	0.		
	n: If you are going to make an electronic funds with			orm 8453-EO ar	d Form 887	'9-EO for payment		
instruc	tions							
LHA	For Privacy Act and Paperwork Reduction Act	Notice, see instru	uctions.		Form	8868 (Rev. 1-2020)		

023841 04-01-20

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Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE UNIVERSITY OF NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE	
	UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND	
	PROFESSIONAL EDUCATION. CONTINUED IN SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured 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 \$	246,566,565.)
	UNIVERSITY PROGRAM: THE UNIVERSITY OF NEW HAVEN IS A PRIVATE	
	UNIVERSITY, FOUNDED IN 1920, WITH AN 82 ACRE MAIN CAMPUS IN WEST HAVEN,	
	CT AND SATELLITE CAMPUSES IN ORANGE, CT; PRATO, ITALY; AND ALBUQUERQUE,	
	NM. THE UNIVERSITY HAS AN UNDERGRADUATE ENROLLMENT OF 5,097 STUDENTS	
	WITH 53 PERCENT RESIDING IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS 74 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 \$31,961,112.         including grants of \$4,526,644.         ) (Revenue)	e\$34,311,696.)
	GRADUATE SCHOOL: THE GRADUATE SCHOOL HAS AN ENROLLMENT OF 1,864	
	STUDENTS AND OFFERS 44 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.	
4c	(Code:) (Expenses \$ 5,264,841. including grants of \$) (Revenue	e\$7,533,356.)
	INTERNATIONAL PROGRAM: THE UNIVERSITY ASSISTED AN INTERNATIONAL PROGRAM	
	WHICH OFFERS A FOUR-YEAR BACCALAUREATE DEGREE IN SECURITIES STUDIES,	
	DELIVERED ABROAD.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses > 268,580,766.	,
		Form <b>990</b> (2020)
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Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
0	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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гош	990	(2020)

Yes         No.           22         Dot the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part N. column (A). Inte 21: "rys," complete Schedule (Part I and III.         23: "           24         Dot the organization answer "two Part VII. Schedul A. Jim 34: of a boot compensation of the organization is current.         23: "           24         Dot the organization have a tar-exempt bond lase with an outstanding principal annount of more than \$100,000 as of the stat day of the year. It tat day is diseased than Cenember 31, 2002? If "Yes," answer lines 24b through 24b and complete Schedule I.         24: "           24         Dot the organization meet any process of tax-exempt bond bond being a strongen target into a data of the weat to bond a set or a strongen and an excess that a refunding secrow at any time during the year 10: 666aac         24: 4         2           25         Section 501(c)(3), 501(c)(4), and 501(c)(2) organization organs that a strongen on any to be arganization proof sear and the transaction with a disqualified person in a prior year, and that the transaction reports any amount on Part X. Ins 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial accentrolucor or anglogic sector or founder, aubstantial accentrolucor, related and schedule I. Part II         26: X           25         Dot the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, aubstantial accentrolucor, relative annet any for addition and exceedpreson or trustofficer, director, trustee, key employee, creator o	Par	t IV Checklist of Required Schedules (continued)			3
22       Det the organization report more than 55,000 of grants or other assistance to or donestic individuals on Part X, low M, like 72, 47, virg, complete Schedule I, Part I M       22       X         23       Det the organization assessment "Yey" to Part M, Bection A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation grane plants 300,000 as of the sist dua of the expensition invest any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist dua of the very fit why set to a differe the employees of tax-exempt bond issue with an outstanding at any time during the year to defause any tax-exempt bonds         24a       D Did the organization must any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         24b       D Did the organization must any an eacrow account other than a refunding eacrow at any time during the year 10.       24a       X         24cd       X       Z       Z       X       Z       Z       X         24cd       X       Z       Z       X       Z       Z       X         24cd       X       Z       Z       X       Z				Yes	No
Part IX, column (A), line 72, if "Yes," completes Schedule ( <i>Parti Lend</i> III)       22       X         20       Deft the organization answer" view" of Part IV. Schedule ( <i>Parti Lend U</i> )       23       X         240       Deft the organization makes a tax-exampt bonds beyond a temporary point of mose than \$100,000 as of the last day of the yes, that vas statud after December 31, 2002? If "Yes," answer fines 240 through 244 and complete Schedule <i>I</i> , If No.' for the Part III.       240       X         241       Deft the organization makes an 'on behalf of' issuer for bonds outstanding school at any time during the year?       241       X         242       Deft the organization makes an 'on behalf of' issuer for bonds outstanding at any time during the year?       246       X         243       Deft the organization are stars on behalf of' issuer for bonds outstanding school at any time during the year?       246       X         243       Deft the organization are stars in on behalf of' issuer for bonds outstanding school at any top 940-721 if 'yes,' complete School (PAP) if 'yes,' complete School (PAP	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22       Det the arganization answer "1" hery to Park VL Section A, Ine 3, 4 of 5 stacut compensation of the organization is current and former officers, directors, trustees, key emptyces, and highest compensated emptyces? If "1%s," complete Schedule L, If %s," Longieus and Stacut Compensate Compensation of the organization and the stack of the variantizion invest any proceeds of fax.exempt bond is 2002 If "1%s," answer lines 24 through 24 and complete Schedule L, If %s," Longieus Compensate Co			22	х	
and former officers, directors, trustees, key employees, and highest compensated employees?     # "Yes, " complete Schedule 1.     23     X       24a     Dd 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 240 through 240 and complete Schedule K. 1 Wo; to or line 258     24a     X       24b     D the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24d     X       25a     Section 501(c)(3). 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction ware that a lenguaged in an excess benefit transaction with a disqualified period in a prior year, and that the transaction have not energored on any of the organizations. Did the organization is a prior year, and that the transaction have not energored on any of these period? If Yes, " complete Schedule L, Part I     25a     X       27b     D dt the organization curved ary amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or applicable filling an employee theored or any of these person? If Yes, " complete Schedule L, Part II     26a     X       27     D dt the organization prived a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or applicable filling sempores? If Yes, " complete Schedule L, Part II     26a     X       27     D dt the organization prive	22				
Schedule J       23       X         42       Did the organization have a taxee exampt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule V fWs_1 or built west issued after December 31, 2002 // 1*kg, "answer lines 24b through 24d and complete Schedule V fWs_1 or built west any proceeds of tax exampt bonds beyond a temporary period exception/       24b       X         2       Did the organization meets any proceeds of tax exampt bonds beyond a temporary period exception/       24b       X         2       Did the organization mutatian an escrow account other than a refunding escrow at any time during the year?       24d       X         2       Did the organization and tas an 'no borlad of liseuer for bonds outstanding at any time during the year?       24d       X         2       Did the organization aware that is engaged in an excess benefit transaction with a disqualed person in a prior year, and that the tarisaction has not been reported on any of the organization substantial contributor, or 35% controlled entity of clamity member of any of these specing? If Yes, 'complete Schedule L, Part I       26       X         2       Did the organization proved any of these specing? If Yes, 'complete Schedule L, Part I       26       X         2       Did the organization proved any of these specing? If Yes, 'complete Schedule L, Part I       26       X         2       Did the organization proved any of these specing? If Yes, 'complete Schedule L, Part I       26       X         2 <t< th=""><td>23</td><td><b>5 1 5</b></td><td></td><td></td><td></td></t<>	23	<b>5 1 5</b>			
24a       Duct the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued atter December 31, 2002? If "Yea," answer lines 24b through 24d and complete Schedule I, Wey, 'por low line 22a       24a       X         b Did the organization invest any proceeds of tax-exempt bond issue with an outstanding schedule A. The Yea, 'n answer lines 24b through 24d and complete Schedule A. If Wey, 'por low line as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?       24a       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization an excess benefit transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualified person in a pror year, and that the transaction with a disgualitied person in a pror year, and that the transaction with a disgualitied person in a pror year, and that the transaction and or the assistance to any of these persons? If "Yea," complete Schedule L, Part I       25a       X         27       Did the organization provide a grant or other assistance to any outent or forme ofilex, director, trutale, key employee, creator or founder, substantial contributor? If "Yea," complete Schedule L, Part I       25a       X         28       Max the organ			00	x	
Is at day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete     24a     x       24b     x       b Did the organization invest any proceeds of tax everypt bonds beyond a temporary period exception?     24b     x       c Did the organization mixet any proceeds of tax everypt bonds beyond a temporary period exception?     24d     x       c Did the organization mixet any one behalt of 'issue for bonds outstanding at any time during the year's definesse any tax-every bonds?     24d     x       24d     x     24d     x     24d     x       25a     Section 50(163), 501(24), 401(24), 401(24), 406 50(126) organizations. Du the organization engage in an excess benefit transaction with a disqualified perion during the year?     24d     x       25a     Section 50(163), 501(24), 401(24), 401(24), 406 50(126) organizations any othe cranization is prior Forms 900 or 990522; If 'Yes,' complete Schedule L, Part II     25a       25a     Du the organization on apt that the engone of any of these persons? If 'Yes,' complete Schedule L, Part II     26a     x       27     Du the organization aptice thereod, a grant or other assistance to any current or former officer, director, turke, key employee, creator or founder, director, turke, key employee, creator or founde	04-		23		
Schedule K. If 'We' go to fair 25a     24a     X       D Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?     24a     X       25a     Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person thin a fley war?     24a     X       25a     Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person thin a fley war?     25a     25a       25b     the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may of the segminization's prior Forms 900 stops 252.7 if "Yes," complete Schedule L, Part I     25a       25b     Did the organization any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereol or family member of any of these persons? If "Yes," complete Schedule L, Part II     25a       27     X     25a     X     25a       28     Was the organization provide agrin or othe assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II     27a       28     Was the organization neaves agrin or other assistance to any current or former officer, founder schedule I, Part II     27a       28 <t< th=""><td>24a</td><td></td><td></td><td></td><td></td></t<>	24a				
b Dotte organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     x       c Dotte organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     x       d Dotte organization invest any proceeds of tax exempt bonds outstanding at any time during the year to detease any tax-sempt bonds?     24d     x       d Dotte organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year to detease any tax-sempt bonds?     24d     x       d Dotte organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d     x       d Dotte organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d     x       d Dotte organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     25d     x       d Dotte organization aver tax that rengaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, director, rustee, key employee, creator or former office, director, trustee, key employee, creator or founder, director, rustee, key employee, creator or founder, or substantial contributor?     27     X       29 b A family member of any oftware stanson?     17 ws, 'complete Schedule L, Part IV     28a     X       29 b A family member of any oftware stanson?     17 ws, 'complete Schedule L, Part IV     28a				v	
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tixe exempt bonds?       24d       X         250       Section 501(c)(X), 501(c)(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d       X         250       Section 501(c)(X), 501(c)(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       1/192, 1/	_			Λ	
any tax-example bonds?     24c     X       251     Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     24d     X       253     Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     11/2     25a     X       254     Did the organization aver that the regardina we excess benefit transaction with a disqualified person of under year, and that the transaction report any amount on Part X, line 5 or 22, for recrivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or aprox part selection committe embershow, or 1 a 35% controlled entity or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part I     28     X       27     Did the organization apent that a contributor employee thereof or family member of any of these persons? If 'Yes,' complete Schedule L, Part II     28     X       28     Was the organization apent to a business transactor with one of the following parties (see Schedule L, Part II     28     X       29     D d the organization receive contributions of an information schedule schedule L, Part II     28     X       20     M current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''res,' complete Schedule L, Part II     28     X       20     M current or former officer, director, trustee, key employee, creator or foun			24b		X
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?     24d     X       256 Section 501(ck), 501(ck), 501(ck), and 501(cg)20 progranzitions. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if Yes, "complete Schedule L, Part I     25a     X       b is the organization apport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 53% controlled entity or family mether of any of the organization prof Pomer officer, director, trustee, key employee, creator or founder, substantial contributor, or 53% controlled entity (including an employee) thereoid, a grant selection committee member, or ta 33% controlled entity (including an employee) thereoid, a grant selection committee member, or ta 35% controlled entity (including an employee) thereoid a grant or other assistance to any current or fourmer officer, director, trustee, key employee, creator or founder, substantial contributor? #     26     X       28     Was the organization provide a grant or other assistance to any current or fourmer officer, director, trustee, key employee, creator or founder, or substantial contributor? #     28     X       28     Was the organization provide a grant or other assistance to any current or fourmer officer, director, trustee, key employee, creator or founder, or substantial contributor? #     28     X       29     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #     28     X       29     D A tis miny mether of any individual described on ine 2	С				
25       Section 501(e)(3), 501(e)(4), and 501(e)(2) 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         26       Dis the organization exceed the enganization is prior Forms 980 or 990-E27 // 'Yes,' complete Schedule L, Part I       25a         27       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or applicable Schedule L, Part I       26a         28       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or applicable filing thresholds, conditions, and exceptions?       27         29       Did the organization part to a build the organization applicable filing thresholds, conditions, and exceptions?       27       X         20       Was the organization applicable filing thresholds, conditions, and exceptions?       11 'Yes,' complete Schedule L, Part IV       28a       X         21       Mambi member of any of these persons?       11 'Yes,' complete Schedule L, Part IV       28a       X         22       A 35% contolled entity of num persons, and exceptions?       11 'Yes,' complete Schedule L, Part IV       28a       X         23       Did the organization neceive more than 425.000 in non-cash contributors? If 'Yes,' complete Schedule N, Part II       28a </th <td></td> <td></td> <td></td> <td></td> <td></td>					
transaction with a disqualified person during the yea? If "Yes," complete Schedule L, Part I     25a     X       b is the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of indiug member of any of these persons? If "Yes," complete Schedule L, Part II     26a     X       27     Did the organization provide a grant or thera ssistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (incluing an employee thereof) of ranso of these persons? If "Yes," complete Schedule L, Part II     27     X       28     Was the organization provide a grant or thera assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "xs," complete Schedule L, Part II     28a     X       29     Did the organization provide a grant or thera ssistance to acceptions?     If "Yes," complete Schedule L, Part IV     28a     X       29     Did the organization receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I     28a     X       20     Did the organization receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I     20a     X       21     Did the organization receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions			24d		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualifed person in a prior year, and that the transaction has not been reported on any of the organization prior forms 990 or 900-E27 (ff 'Yes,' complete Schedule L, Part I       259       X         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms of ficer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? (ff 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity to a business transaction with one of the following parties (see Schedule L, Part II)       28       X         28 Was the organization applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustes, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization neevies more than \$25,000 in non-eash contributions? If 'Yes,' complete Schedule M.       20       X       20       X         20 Did the organization neevies contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.       20       X       21       X         21 Did the organization neevies contributions of at, historical treasures, or other similar assets, or qualifi	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I     25b     X       26     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, frustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       27     Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II     27     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II     28     X       29     Was the organization receive more individual secretion with one of the following parties (see Schedule L, Part II     28     X       20     Did the organization receive more individual secretion of any of these persons? If "Yes," complete Schedule L, Part II     28     X       20     Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     29     X       20     Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M     20     X       21     Did the organization receive ontributions of art. historical treasures, or other similar assets, or qualified conservation sections 301.7701-32 and 301.7701-32 if "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ine 1     33		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I       25b       X         26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or former officer, director, trustee, key employee, creator or founder, substantial contributors or any of these persons? If "Yes," complete Schedule L, Part IV       27       X         28 Was the organization proved, director, furstee, key employee, creator or founder, or substantial contributor? If 'Yes," complete Schedule L, Part IV       28a       X         29 A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV       28a       X         30 Did the organization receive wore than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I       30       X         30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I       30       X         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I       31       X         32 Did the organization sell, exchange, dispose of, or transfer more than 25	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
20 Det the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of number of any of these persons? If "key, "complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or family member of any of these persons? If "key, "complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV)       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "%s," complete Schedule L, Part IV       28       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, functer, trustee, key employee, creator or founder, substantial contribution, or 35%     26     X       27     Did the organization provide a grant or other assistance to any current of more officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereol, a grant selection committee member, or a 35% controlled entity infududing an employee thereol or fainly member of any of these persons? If "Key," complete Schedule L, Part II     27     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV     28     X       29     Na Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     Yes," complete Schedule L, Part IV     28a     X       20     A current or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If     Yes," complete Schedule L, Part IV     28a     X       20     Did the organization receive more than 325,000 in non-cash contributions? If "Yes," complete Schedule M, Part I     21a     X       30     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I     31     X       31     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I     31     X       32     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Ye		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? // If 'Yes,' complete Schedule L, Part II     26     X       27     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thered, a grant selection committee member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? // If 'Yes,' complete Schedule L, Part II     27     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II     28     X       29     A family member of any individual described in line 288? // 'Yes,' complete Schedule L, Part IV     28     X       29     Did the organization receive more than \$25,000 in non-cash contribution? // 'Yes,' complete Schedule M     29     X       30     Did the organization receive more than \$25,000 in non-cash contributions? // 'Yes,' complete Schedule N, Part I     30     X       31     Did the organization receive more than \$25,000 in non-cash contributions? // 'Yes,' complete Schedule N, Part I     31     X       32     Did the organization isel, exchange, dispose of, or transfer more than 25% of its net assets; or orgalized Schedule N, Part I     31     X       33     Did the organization receive on or thix bisorical treasures, or other ansitzation under Regulations sections 501.7012 and \$31.7013.71 // Yes,' complete Schedule R, Part I     31     X       32     Did the organization isel, exchange, dispose of,	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27       Did the organization provide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including a employee) thereof, a framily member of any of these persons? If "Yes," complete Schedule L, Part II       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III       27       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         20       A stamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         20       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization receive on thistorical treasures, or other similar assets? If "Yes," complete Schedule N, Part II       31       X         33       Did the organization receive contributions of an thistorical treasures, or other similar assets? If "Yes," complete Schedule N, Part II       31       X         34       Was the organization on with 00% of an entit		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II     Z7     X       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II     Z8     X       29     A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV     Z8     X       29     Did the organization a party to a business and/or organizations described in lines 28a or 28b? If     Y28     X       29     Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     Z9     X       30     Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? or qualified conservation contributions? If "Yes," complete Schedule M, Part I     31     X       31     Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I     31     X       32     Did the organization network to reave than 25% of its net assets? If "Yes," complete Schedule M, Part I     33     X       33     Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part I     33     X       33     Did the organization network to taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
entity (including an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // **********************************	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</li> <li>A Starten or to more officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</li> <li>A Safe controlled entity of one or more individuals and/or organizations celeve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I.</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions self, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.</li> <li>Did the organization receive more intity disregarded as separate from the organization under Regulations sections 501.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</li> <li>Did the organization related to any taxexempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</li> <li>Did the organization self, exchange, bid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>Did the organization. Solid the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purpos</li></ul>		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</li> <li>A Starten or to more officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</li> <li>A Safe controlled entity of one or more individuals and/or organizations celeve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I.</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions self, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I.</li> <li>Did the organization receive more intity disregarded as separate from the organization under Regulations sections 501.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</li> <li>Did the organization related to any taxexempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</li> <li>Did the organization self, exchange, bid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>Did the organization. Solid the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purpos</li></ul>		entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		Х
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? /// 28a x b A family member of any individual described in line 28a? // 'Yes,' complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ''es,'' complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ''es,'' complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ''es,'' complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organization sective more than \$25,000 in non-cash contributions? // I' Yes,'' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // I' Yes,'' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operation?' // I' Yes,'' complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // I' Yes,'' complete Schedule R, Part I did the organization related to any tax-exempt or taxable entity?' // I' Yes,'' complete Schedule R, Part I, III, or IV, and Part V, line 1 did the organization related to any tax-exempt from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? did the organization complete Schedule R, Part V, line 2 did the organization complete Schedule R, Part V, line 2 did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 1 did the organization complete Schedule O and provide explanations in Schedule O for Part V, line 1 did the organization complete Schedule O and provide explanations in Schedule O f	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       28a       X         b A family member of any individual described in line 28a? # 'Yes,' complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #       28b       X         29       Did the organization receive contributions? If *Yes,' complete Schedule M       20       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,' complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes,' complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I       34       X         34       Was the organization notify disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If *Yes,' complete Schedule R, Part V, line 2       34       X         35       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       36       X </th <td></td> <td></td> <td></td> <td></td> <td></td>					
"Yes," complete Schedule L, Part IV       28a       x         b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV       28b       x         c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // ff       28c       x         29       Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M       28c       x         30       Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M       20       x         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule N, Part I       31       x         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // *Yes," complete Schedule R, Part I       33       x         34       Was the organization related to any tax exempt or taxable entity? // *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       35a       x         35a       Did the organization have a controlled entity within the meaning of secton 512(b)(13)?       35a       x         36       Bid the organization. Such Schedule R, Part V, line 2       35a       x         37       Did the organization complete Schedule R, Part V, line 2       35a	а				
b       A family member of any individual described in line 28a? If *Yes,* complete Schedule L, Part IV       28b       X         c       A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If *Yes,* complete Schedule M       30       X         31       Did the organization injuidate, terminate, or dissolve and cease operations? If *Yes,* complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If *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, or IV, and Part V, line 1       34       X         35a       Did the organization. Note a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If *Yes* to line 35a, did the organization make any transfers to an exempt non-charitable related organization?       36       X         355       X       Section 501(c)(3) org			28a		х
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // // *******************************	b				Х
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34       X         35a       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 V       35a       X         36       Section 512(b)(13)?       If "Yes," complete Schedule R, Part V, line 2       35a       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36a       X         38					
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, or IV, and Part V, line 1       34       X         35a       Did the organization ava a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       If "xes," complete Schedule R, Part V, line 2         37       Did the organization combute to more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for	-		28c		х
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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       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, or IV, and Part V, line 1       34       X         35a       Did the organization nave 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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       Ma					
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       32       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O       and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	00		30		х
21       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       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 related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 files are required to complete Schedule O         A the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b	31				
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, or IV, and Part V, line 1       34       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35b       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line 1       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule I income tax purposes? If "Yes," complete Schedule R, Part VI       38       X         39       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         30       Did the organization complete Schedule O       Sch					
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? /// *Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? // *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35a       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       36       X         38       Not the organization complete Schedule O complete Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O.       38       X         39       Part V       Statements Regarding Other IRS Filings and Tax Compliance       1a       259         30       Line organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         31       Extern the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a	02		32		x
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, or IV, and Part V, line 1       34       X         35a       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 controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1a       1a       259       Ves       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1b       0       1c       X         12       Did the o	22		52		
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       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 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 related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       1       1       259 1       1         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1       1       259 1       1       1       2       1       1       2	33		22		x
Part V, line 1       34       X         35a       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 controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Omplete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       V       38       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         020004       12-23-20	24		33		
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35b       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 controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36a       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 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       36       X       X         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259       1b       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0 <t< th=""><td>34</td><td></td><td>0.4</td><td>v</td><td></td></t<>	34		0.4	v	
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 related organization?       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 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Section 50 fl(c)(3) or Form 1096. Enter -0- if not applicable       1a       259       Yes       No         1a       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1a       259       1b       0       1c       X         032004       12-23-20       Form 990 (2020)       Form 990 (2020)       Form 990 (2020)	05 -				
within the meaning of section 512(b)(13)? /f "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 related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1       259       Ves       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1       259       Ves       No         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1       X         12       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1       X         13       Enter the number of prize winners?       1       X       X <td></td> <td></td> <td>35a</td> <td>А</td> <td></td>			35a	А	
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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       36       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       259         Check if Schedule O contains a response or note to any line in this Part V       1       1         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1       1       259         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1       1       2       1         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1       X       1       X         032004       12-23-20	a		0.51	v	
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 19?       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O schedule O       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       Image: Schedule G       Yes       No         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Yes       No         Statements Regarding Other 12. Enter -0- if not applicable       Image: Schedule C         0       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Image: S	20		350	Δ	
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 19?       38       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes No         Part V         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       Image: Check if Schedule O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if Schedule O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O complete Schedule in line 1a. Enter -0- if not applicable       Image: Check if O com	36				v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	<b>0-</b>		36		
38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Mate: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 filers are required to complete Schedule O         Office: All Form 990 (2020)         Office: All Form 990 (2020)         Form 990 (2020)	37				v
Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259       V       V         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       V       V         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         Meret 990 (2020)			37		X
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         032004       12-23-20       Form 990 (2020)	38			Ŧ	
Check if Schedule O contains a response or note to any line in this Part V         Yes       No         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         032004       12-23-20       Form 990 (2020)	Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
1a       259       Yes       No         b       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259       b         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         032004       12-23-20       Form 990 (2020)	Fal				
1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       259         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         032004       12-23-20       Form 990 (2020)		Uneck if Schedule U contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 032004 12-23-20 Form <b>990</b> (2020)			-		
(gambling) winnings to prize winners?         Ic         X           032004 12-23-20         Form 990 (2020)			-		
032004 12-23-20 Form <b>990</b> (2020)	С			v	
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Form	<u>990 (</u> 2020) UNIVERSITY OF NEW HAVEN 06-076170	4	Р	age <b>5</b>
Par	t V 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 2705			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note:</b> 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 on 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	
b	If "Yes," enter the name of the foreign country <b>I</b> TALY			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	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 solicit			
04	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 gifts	<u> </u>		
		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	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 required			
Ŭ	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f		76 7f		x
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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 against			
~	amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	х	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	le the experiencies on educational institution subject to the postion 1000 evolution to you not investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
			000	

	990 (2020) UNIVERSITY OF NEW HAVEN		06-0761704		Pa	age <b>6</b>
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	h 7b below	, and for a "N	lo" re	spons	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See					
	Check if Schedule O contains a response or note to any line in this Part VI					X
C	tion A. Governing Body and Management					
			_		Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year	a	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	b	32			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	h any other				
	officer, director, trustee, or key employee?			2		Х
	Did the organization delegate control over management duties customarily performed by or under the dire	ect supervis	sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 w	vas filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•		5		Х
6	Did the organization have members or stockholders?			6		Х
'a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt one or				
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock					
	persons other than the governing body?			7b		х
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following	: Г			
а	The governing body?	-		8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		Γ			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue					
		,			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?		Г	10a	х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte		E F			
				10b		х
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		Г	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•				
2a	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 that could give rise to co			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."		Γ			
	in Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?			13	х	
ŧ	Did the organization have a written document retention and destruction policy?		Г	14	х	
5	Did the process for determining compensation of the following persons include a review and approval by					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a				
Ju				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
				16b		
24	exempt status with respect to such arrangements?					
,	List the states with which a copy of this Form 990 is required to be filed $\mathbf{P}^{CT}$					
5	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	90-1 (Sectio	on 501(c)(3)s	oniy)	avallal	bie
	for public inspection. Indicate how you made these available. Check all that apply.					
,	X Own website Another's website J Upon request Other (explain on Schedule Q whether (and if as how) the exception made its governing desumants configu		,	ina-		
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	a or interest	policy, and f	inano	Jai	
	statements available to the public during the tax year.		•			
)	State the name, address, and telephone number of the person who possesses the organization's books a GEORGE S SYNOPT $= (203)932 - 7273$	and records	▶			
	GEORGE S. SYNODI - (203)932-7273 300 BOSTON POST ROAD, WEST HAVEN, CT 06516					
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Form 990 (2		06-0761704	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII		Х						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Name and title         Average hours per veck         Description intermediations of balance         Description representation (submetation table)         Perotable compensation from organization (W-2/1089-MISC)         Estimated aunual of other compensation from related organization           (1)         STEVEN H KAPLAN         35.00         X         3,635,364         0.         177,482.           (2)         DANIEL MAREEY         35.00         X         561,658         0.         10,513.           (3)         GENE KLINE         35.00         X         4644,782.         0.         9,738.           (4)         HISHANCE         30.00         X         464,782.         0.         4,288.           (5)         GRORES STRUE         35.00         X         464,782.         0.         4,288.           (5)         GRORES STRUE         35.00         X         454,782.         0.         4,288.           (5)         GRORE STRUE FOR DF INTELEG STUDIE         0.00         X         454,782.         0.         4,384.           (6)         HISHANC & ADMINISTRATION         1.00         X         255.00         0.         4,288.           (7)         DELEXANCE & STRUDI         35.00         X         2266,356.         0.         82,564.	(A)	(B)			(	C)			(D)	(E)	(F)
hours per veck, missepannis bath an internet affective and affe	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week (list ary organizations organizations (1) STEVEN H KAPLAN         Week (list ary organizations (list ary line)         In organization (list ary organizations (list ary line)         In organization (list ary line)         Output (list ary line)         In organization (list ary line)         Output (list ary line)         In organization (list ary line)         Output (list ary line)         Output (list ary line)         In organization (list ary line)         Output (list ary line)         In organization (list ary line)         Output (list ary line)         Out		hours per	box	, unle	ss pe	rson i	s botł	n an	compensation	compensation	amount of
(1)         STEVEN H KAPLAN         35.00         X         3,635,364.         0.         177,482.           (2)         DANTEL MAREY         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         X         416,426.         0.         4,288.           (5)         GENEGES S SYNDI         34,00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (10)         STEPEN MORIN         35.00         X         268,945.         0.         80,377. <td< td=""><td></td><td></td><td></td><td>cer ar</td><td></td><td>Irecto</td><td>r/trus</td><td>tee)</td><td></td><td></td><td></td></td<>				cer ar		Irecto	r/trus	tee)			
(1)         STEVEN H KAPLAN         35.00         X         3,635,364.         0.         177,482.           (2)         DANTEL MAREY         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         X         416,426.         0.         4,288.           (5)         GENEGES S SYNDI         34,00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (10)         STEPEN MORIN         35.00         X         268,945.         0.         80,377. <td< td=""><td></td><td></td><td>recto</td><td></td><td></td><td></td><td></td><td></td><td></td><td>U</td><td></td></td<>			recto							U	
(1)         STEVEN H KAPLAN         35.00         X         3,635,364.         0.         177,482.           (2)         DANTEL MAREY         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         X         416,426.         0.         4,288.           (5)         GENEGES S SYNDI         34,00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (10)         STEPEN MORIN         35.00         X         268,945.         0.         80,377. <td< td=""><td></td><td></td><td>e or di</td><td>ee</td><td></td><td></td><td>sated</td><td></td><td>, , , , , , , , , , , , , , , , , , ,</td><td>(W-2/1099-MISC)</td><td></td></td<>			e or di	ee			sated		, , , , , , , , , , , , , , , , , , ,	(W-2/1099-MISC)	
(1)         STEVEN H KAPLAN         35.00         X         3,635,364.         0.         177,482.           (2)         DANTEL MAREY         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         X         416,426.         0.         4,288.           (5)         GENEGES S SYNDI         34,00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (10)         STEPEN MORIN         35.00         X         268,945.         0.         80,377. <td< td=""><td></td><td></td><td>rustee</td><td>trus</td><td></td><td>ee</td><td>npen</td><td></td><td>(00-2/1099-00130)</td><td></td><td></td></td<>			rustee	trus		ee	npen		(00-2/1099-00130)		
(1)         STEVEN H KAPLAN         35.00         X         3,635,364.         0.         177,482.           (2)         DANTEL MAREY         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         561,658.         0.         10,513.           (3)         GENE RLINE         35.00         X         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         X         416,426.         0.         4,288.           (5)         GENEGES S SYNDI         34,00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GADOURY         35.00         X         268,945.         0.         80,377.           (10)         STEPEN MORIN         35.00         X         268,945.         0.         80,377. <td< td=""><td></td><td>, s</td><td>dual ti</td><td>itiona</td><td></td><td>nploy</td><td>st cor</td><td>-</td><td></td><td></td><td></td></td<>		, s	dual ti	itiona		nploy	st cor	-			
(1)         STEVEN H KAPLAN         35.00         X         3,635,364         0.         177,482.           PRESIDENT         0.00         X         561,658.         0.         107,482.           INTERNATIONAL PROGRAM MANAGER         0.00         X         561,658.         0.         10,513.           (3)         GENE KLINE         0.00         X         454,782.         0.         9,738.           (4)         HISLEM AKHONBAY         35.00         X         416,426.         0.         4.288.           (5)         GENEGES S SYNOLI         34,00         X         416,426.         0.         4.288.           (5)         GENGER S SYNOLI         31,00         X         300,920.         0.         73,001.           (7)         PRIAN         85.00         X         300,920.         0.         84,384.           (6)         SEEAHON ZENGER         35.00         X         268,945.         0.         80,377.           (7)         BRAN         0.00         X         268,945.         0.         80,377.           (9)         MARIO T GABOURY         35.00         X         266,356.         0.         82,536.           (10)         SEEMON			ndivid	nstitu	Office	key er	Highe	-orme			o gamzanono
(2)         DANTEL MABREY         35.00         x         561,658.         0.         10,513.           INTERNATIONAL PROGRAM MANAGER         0.00         x         561,658.         0.         10,513.           INTL PROG DIRECTOR OF INTELEG STUDIE         0.00         x         454,782.         0.         9,738.           (4)         HISHAM ARHONBAY         35.00         x         416,426.         0.         4,288.           (5)         GEORGE S SYNODI         34.00         x         323,723.         0.         84,384.           (6)         SHEAHON ZENGER         35.00         x         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         x         300,920.         0.         73,001.           (7)         BRAIN KENCH         35.00         x         266,945.         0.         82,564.           (8)         GREGORY EICHHORN         35.00         x         266,355.         0.         82,564.           (9)         MARIO T GABOURY         35.00         x         266,355.         0.         82,565.           (10) CROLINE KOZIATEK         35.00         x         285,655.         0.         47,471.           (11) CACOLINE	(1) STEVEN H KAPLAN	35.00									
(2)         DANIEL MAREY         35.00         x         561,658.         0.         10,513.           INTERNATIONAL PROGRAM MANAGER         0.00         x         561,658.         0.         10,513.           SINTL PROG DIRECOR OF INTELEG STUDIE         0.00         x         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         x         416,426.         0.         4,288.           (5)         GEORGE S SYNODI         34.00         x         416,426.         0.         4,288.           (5)         GEORGE S SYNODI         34.00         x         323,723.         0.         84,384.           (6)         SHEAHON ZENGER         35.00         x         300,920.         0.         73,001.           DIRECTOR OF ATHLETICS         0.00         x         206,945.         0.         82,564.           (8)         GREGORY EICHHORN         35.00         x         266,945.         0.         80,377.           (9)         MARIO T GABOURY         35.00         x         256,356.         0.         47,471.           (11) CACDLEKOZIATEK         35.00         x         285,655.         0.         47,471.           (12)         REM	PRESIDENT	0.00	1		x				3,635,364.	0.	177,482.
(3)         GENE KLINE         35.00         x         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         x         454,782.         0.         9,738.           (4)         HISHAM AKHONBAY         35.00         x         416,426.         0.         4,288.           (5)         GEORGE S STNODI         34.00         x         323,723.         0.         84,384.           (6)         SHEAHON ZENCER         35.00         x         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         x         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         x         268,945.         0.         80,377.           (8)         GREGORY EICHHORN         35.00         x         268,945.         0.         80,377.           (9)         MARI T GABOURY         35.00         x         285,655.         0.         47,471.           (10)         STEPLEN MORIN         35.00         x         285,655.         0.         47,471.           (11)         CAOLINEK KOILATEK         35.00         x         195,436.         0.         81,134.	(2) DANIEL MABREY	35.00									
INTL PROG DIRECTOR OF INTELEG STUDIE         0.00         X         454,782.         0.         9,738.           (4) HISHAM AKHONDAY         35.00         X         416,426.         0.         4,288.           (5) GEORE S SYNOI         34.00         X         416,426.         0.         4,288.           (6) SHEAHON ZENGER         35.00         X         323,723.         0.         84,384.           (6) SHEAHON ZENGER         35.00         X         300,920.         0.         73,001.           (7) BRIAN KENCH         35.00         X         205,235.         0.         82,564.           (8) GREGORY EICHNON         35.00         X         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         X         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         X         268,945.         0.         82,536.           (10) STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11) CANOLINE KOZIATEK         35.00         X         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         X         195,436.         0.         34,944.	INTERNATIONAL PROGRAM MANAGER	0.00					x		561,658.	0.	10,513.
(4) HISHAM AKHONBAY       35.00       X       416,426.       0.       4,288.         (5) GEORGE S SYNODI       34.00       X       416,426.       0.       4,288.         (5) GEORGE S SYNODI       34.00       X       416,426.       0.       4,288.         (6) SHEAHON ZENGER       35.00       X       323,723.       0.       84,384.         (6) SHEAHON ZENGER       35.00       X       300,920.       0.       73,001.         (7) BRIAN KENCH       35.00       X       200,920.       0.       73,001.         (7) BRIAN KENCH       35.00       X       2068,945.       0.       82,564.         (8) GREGORY EICHORN       35.00       X       268,945.       0.       82,564.         (9) MARIO T GABOURY       35.00       X       256,356.       0.       82,536.         (10) STEPHEN MORIN       35.00       X       285,655.       0.       47,471.         (11) CAROLINE KOZIATEK       35.00       X       218,311.       0.       81,134.         (12) REBECCA JOHNSON       35.00       X       218,311.       0.       81,134.         (13) JEAN HUSTED       35.00       X       195,436.       0.       34,944.      <	(3) GENE KLINE	35.00									
INTL PROG KNOWLEDGE XFER MGR         0.00         X         416,426,         0.         4,288.           (5)         GEORGE S SYNODI         34.00         X         323,723,         0.         84,384.           (6)         SHEAND ZENGGR         35.00         X         300,920,         0.         73,001.           DIRECTOR OF ATHLETICS         0.00         X         300,920,         0.         73,001.           (7)         BRIAN KENCH         35.00         X         275,235,         0.         82,564.           (8)         GEGORY EICHORN         35.00         X         268,945.         0.         80,377.           (9)         MARIO T GABOURY         35.00         X         266,565.         0.         82,565.           (10)         STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11)         CARDURY         35.00         X         218,311.         0.         81,134.           (12)         REBCCA JOHNSON         35.00         X         195,436.         0.         34,944.           (13)         JEAN VOF STDT         0.00         X         195,356.         0.         28,270.           (14) <t< td=""><td>INTL PROG DIRECTOR OF INTELEG STUDIE</td><td>0.00</td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td>454,782.</td><td>0.</td><td>9,738.</td></t<>	INTL PROG DIRECTOR OF INTELEG STUDIE	0.00					Х		454,782.	0.	9,738.
(5) GEORGE S SYNDI       34.00       X       323,723.       0.       84,384.         (6) SHEAHON ZENGER       35.00       X       300,920.       0.       73,001.         (7) BRIAN KENCH       35.00       X       200,920.       0.       73,001.         (7) BRIAN KENCH       35.00       X       200,920.       0.       73,001.         (8) GREGORY EICHHORN       35.00       X       268,945.       0.       82,564.         (9) MARTO T GABOURY       35.00       X       268,945.       0.       80,377.         (9) MARTO T GABOURY       35.00       X       285,655.       0.       82,536.         (10) STEPHEN MORIN       35.00       X       285,655.       0.       47,471.         (11) CARCLINE KOZIATEK       35.00       X       285,655.       0.       41,344.         (12) REBECCA JOINSON       35.00       X       195,436.       0.       34,944.         (13) JEAN HUSTED       35.00       X       195,436.       0.       28,270.         YP CHIEF OF STAFF       0.00       X       195,436.       0.       28,270.         YP CHIEF OF STAFF       0.00       X       196,081.       0.       28,270.	(4) HISHAM AKHONBAY	35.00									
VP FINANCE & ADMINISTRATION         1.00         X         323,723.         0.         84,384.           (6) SHEAHON ZENGER         35.00         X         300,920.         0.         73,001.           (7) BRIAN KENCH         35.00         X         200,920.         0.         73,001.           (7) BRIAN KENCH         35.00         X         275,235.         0.         82,564.           (8) GREGORY EICHHORN         35.00         X         268,945.         0.         80,377.           (9) MARTO T GABOURY         35.00         X         256,356.         0.         82,536.           INTERIM PROV.4SR.VP OF ACAD.         0.00         X         256,356.         0.         82,536.           (10) STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         X         218,311.         0.         81,134.           (12) REBECA JOHNSON         35.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         195,436.         0.         28,270.           YF CHIEF OF STAFF         0.00         X         195,695.         0.         47,445.	INTL PROG KNOWLEDGE XFER MGR	0.00					x		416,426.	0.	4,288.
(6)         SHEAHON ZENGER         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         300,920.         0.         73,001.           (7)         BRIAN KENCH         35.00         X         275,235.         0.         82,564.           (8)         GREGORY EICHHORN         35.00         X         268,945.         0.         80,377.           (9)         MARTO T GABOURY         35.00         X         256,356.         0.         82,536.           (10)         STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11)         CAROLINE KOZIATEK         35.00         X         218,311.         0.         81,134.           (12)         REBECA JOHNSON         35.00         X         195,436.         0.         34,944.           (13)         JEAN HUSTED         35.00         X         195,436.         0.         47,445.           (14)         DANIEL J MAY         35.00         X         195,436.         0.         34,944.           (13)         JEAN HUSTED         35.00         X         196,081.         0.         28,270.	(5) GEORGE S SYNODI										
DIRECTOR OF ATHLETICS         0.00         x         300,920.         0.         73,001.           (7) BRIAN KENCH         35.00         x         275,235.         0.         82,564.           (8) GREGORY EICHHORN         35.00         x         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         x         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         x         256,356.         0.         82,564.           (10) STEPHEN MORIN         35.00         x         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         x         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         x         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         x         196,081.         0.         28,270.           VP CHIEF OF STAFF         0.00         x         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         x         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         x         196,081.         0.         28,270.           (15)	VP FINANCE & ADMINISTRATION	1.00			X				323,723.	0.	84,384.
(7)       BRIAN KENCH       35.00       x       275,235.       0.       82,564.         (8)       GREGORY EICHHORN       35.00       x       268,945.       0.       80,377.         (9)       MARIO T GABOURY       35.00       x       268,945.       0.       80,377.         (9)       MARIO T GABOURY       35.00       x       268,945.       0.       80,377.         (10)       STEPHEN MORIN       35.00       x       285,655.       0.       82,536.         (11)       CADUANCEMENT       0.00       x       285,655.       0.       47,471.         (11)       CADUANCEMENT       0.00       x       218,311.       0.       81,134.         (12)       REBECCA JOINSON       35.00       x       195,436.       0.       34,944.         (13)       JEAN HUSTED       35.00       x       196,081.       0.       28,270.         (14)       DANIE J MAY       35.00       x       122,359.       0.       47,445.         (15)       CAROLYN CHAMBERLIN       35.00       x       122,359.       0.       47,445.         (15)       CAROLYN CHAMBERLIN       35.00       x       122,359.       0.	(6) SHEAHON ZENGER	35.00									
DEAN         0.00         x         275,235.         0.         82,564.           (8) GREGORY EICHORN         35.00         x         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         x         256,356.         0.         82,536.           (10) STEPHEN MORIN         35.00         x         256,356.         0.         82,536.           (11) CAROLINE KOZIATEK         35.00         x         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         x         218,311.         0.         81,134.           (12) REBECCA JOINSON         35.00         x         218,311.         0.         81,134.           (12) REBECCA JOINSON         35.00         x         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         x         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         x         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         x         125,359.         0.         12,609.           VP MARKETING         0.000         x         125,359.         0.         0.         0.           <	DIRECTOR OF ATHLETICS	0.00					Х		300,920.	0.	73,001.
(8)         GREGORY EICHHORN         35.00         x         268,945.         0.         80,377.           (9)         MARIO T GABOURY         35.00         x         256,356.         0.         82,536.           (10)         STEPHEN MORIN         35.00         x         285,655.         0.         47,471.           (11)         CAROLINE KOZIATEK         35.00         x         218,311.         0.         81,134.           (12)         REBECCA JOHNSON         35.00         x         195,436.         0.         34,944.           (13)         JEAN HUSTED         35.00         x         196,081.         0.         28,270.           (14)         DANIEL J MAY         35.00         x         196,081.         0.         28,270.           (14)         DANIEL J MAY         35.00         x         125,359.         0.         47,445.           (15)         CAROLYN CHAMBERLIN         35.00         x         126,081.         0.         28,270.           (14)         DANIEL J MAY         35.00         x         126,359.         0.         47,445.           (15)         CAROLYN CHAMBERLIN         35.00         x         126,09.         0.         0. <td< td=""><td>(7) BRIAN KENCH</td><td>35.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(7) BRIAN KENCH	35.00									
VP ENROLLMENT & STUDENT SUCCESS         0.00         X         268,945.         0.         80,377.           (9) MARIO T GABOURY         35.00         X         256,356.         0.         82,536.           (10) STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         X         288,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         X         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         126,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         196,081.         0.         12,609.           VP MARKETING         0.00         X         126,359.         0.         12,609.           (16) MICHAEL H AMBROSE         2.00         X         0.         0.         0. <t< td=""><td>DEAN</td><td>0.00</td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>275,235.</td><td>0.</td><td>82,564.</td></t<>	DEAN	0.00					X		275,235.	0.	82,564.
(9)       MARIO T GABOURY       35.00       X       256,356.       0.       82,536.         (10)       STEPHEN MORIN       35.00       X       285,655.       0.       47,471.         (11)       CAROLINE KOZIATEK       35.00       X       285,655.       0.       47,471.         (11)       CAROLINE KOZIATEK       35.00       X       285,655.       0.       47,471.         (11)       CAROLINE KOZIATEK       35.00       X       218,311.       0.       81,134.         (12)       REBECCA JOHNSON       35.00       X       195,436.       0.       34,944.         (13)       JEAN HUSTED       35.00       X       196,081.       0.       28,270.         (14)       DANIEL J MAY       35.00       X       125,359.       0.       47,445.         (15)       CAROLYN CHAMBERLIN       35.00       X       125,359.       0.       47,445.         VP       MARKETING       0.00       X       142,976.       0.       12,609.         (16)       MICHAEL H AMBROSE       2.00       VICE CHAIR       0.       0.       0.       0.         VICE CHAIR       0.00       X       0.       0.       0. <td>(8) GREGORY EICHHORN</td> <td>35.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) GREGORY EICHHORN	35.00									
INTERIM PROV.&SR.VP OF ACAD.         0.00         X         256,356.         0.         82,536.           (10) STEPHEN MORIN         35.00         X         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         X         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         126,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         126,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         126,09.         0.         0.         12,609.           VP CICE CHAIR         0.00         X         0.         0.         0.         0.         0.           BOARD OF GOVERNORS         1.00         X         0.         0.	VP ENROLLMENT & STUDENT SUCCESS	0.00			Х				268,945.	0.	80,377.
(10) STEPHEN MORIN       35.00       x       285,655.       0.       47,471.         (11) CAROLINE KOZIATEK       35.00       x       285,655.       0.       47,471.         (11) CAROLINE KOZIATEK       35.00       x       218,311.       0.       81,134.         (12) REBECCA JOHNSON       35.00       x       195,436.       0.       34,944.         (13) JEAN HUSTED       35.00       x       196,081.       0.       28,270.         (14) DANIEL J MAY       35.00       x       125,359.       0.       47,445.         (15) CAROLYN CHAMBERLIN       35.00       x       142,976.       0.       12,609.         VP MARKETING       0.000       x       0.       0.       0.       0.         VICE CHAIR       0.000       x       0.       0.       0.       0.         VICE CHAIR       0.00       x       0.       0.       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(9) MARIO T GABOURY	35.00									
VP FOR ADVANCEMENT         0.00         x         285,655.         0.         47,471.           (11) CAROLINE KOZIATEK         35.00         x         218,311.         0.         81,134.           VP HUMAN RESOURCES & TITLE IX COORDI         0.00         x         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         x         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         x         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         x         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         x         125,359.         0.         47,445.           (16) MICHAEL H AMBROSE         2.00         x         142,976.         0.         12,609.           VICE CHAIR         0.000         x         0.         0.         0.         0.           (17) PHILIP H BARTELS         1.00         x         0.         0.         0.         0.	INTERIM PROV.&SR.VP OF ACAD.	0.00			Х				256,356.	0.	82,536.
(11) CAROLINE KOZIATEK       35.00       X       218,311.       0.       81,134.         VP HUMAN RESOURCES & TITLE IX COORDI       0.00       X       218,311.       0.       81,134.         (12) REBECCA JOHNSON       35.00       X       195,436.       0.       34,944.         (13) JEAN HUSTED       35.00       X       196,081.       0.       28,270.         VP CHIEF OF STAFF       0.00       X       196,081.       0.       28,270.         (14) DANIEL J MAY       35.00       X       125,359.       0.       47,445.         (15) CAROLYN CHAMBERLIN       35.00       X       142,976.       0.       12,609.         VP MARKETING       0.00       X       0.       0.       0.       0.       0.         VICE CHAIR       0.000       X       0.       0.       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       X       0.       0.       0.       0.       0.       0.       0.	(10) STEPHEN MORIN	35.00									
VP         HUMAN RESOURCES & TITLE IX COORDI         0.00         X         218,311.         0.         81,134.           (12) REBECCA JOHNSON         35.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         142,976.         0.         12,609.           VP MARKETING         0.00         X         4         0.         0.         0.         0.         0.           VICE CHAIR         0.00         X         4         0.	VP FOR ADVANCEMENT	0.00			х				285,655.	0.	47,471.
(12) REBECCA JOHNSON       35.00       X       195,436.       0.       34,944.         (13) JEAN HUSTED       35.00       X       195,436.       0.       34,944.         (13) JEAN HUSTED       35.00       X       196,081.       0.       28,270.         (14) DANIEL J MAY       35.00       X       125,359.       0.       47,445.         (15) CAROLYN CHAMBERLIN       35.00       X       142,976.       0.       12,609.         VP MARKETING       0.00       X       0.       0.       0.       0.         VICE CHAIR       0.00       X       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       X       0.       0.       0.       0.       0.	(11) CAROLINE KOZIATEK										
VP STDT AFFAIR & DEAN OF STDT         0.00         X         195,436.         0.         34,944.           (13) JEAN HUSTED         35.00         X         196,081.         0.         28,270.           VP CHIEF OF STAFF         0.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         125,359.         0.         47,445.           PROFESSOR         0.00         X         142,976.         0.         12,609.           VP MARKETING         0.00         X         0.         0.         0.           VICE CHAIR         0.00         X         0.         0.         0.         0.           UTO F GOVERNORS         1.00         X         0.         0.         0.         0.         0.	VP HUMAN RESOURCES & TITLE IX COORDI	0.00			Х				218,311.	0.	81,134.
(13) JEAN HUSTED       35.00       X       196,081.       0.       28,270.         (14) DANIEL J MAY       35.00       X       196,081.       0.       28,270.         (14) DANIEL J MAY       35.00       X       125,359.       0.       47,445.         (15) CAROLYN CHAMBERLIN       35.00       X       142,976.       0.       12,609.         VP MARKETING       0.00       X       142,976.       0.       12,609.         (16) MICHAEL H AMBROSE       2.00       X       0.       0.       0.         VICE CHAIR       0.00       X       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       X       0.       0.       0.       0.       0.	(12) REBECCA JOHNSON	35.00									
VP CHIEF OF STAFF         0.00         X         196,081.         0.         28,270.           (14) DANIEL J MAY         35.00         X         125,359.         0.         47,445.           PROFESSOR         0.00         X         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         142,976.         0.         12,609.           VP MARKETING         0.00         X         142,976.         0.         12,609.           (16) MICHAEL H AMBROSE         2.00         X         0.         0.         0.           VICE CHAIR         0.00         X         0         0.         0.         0.           BOARD OF GOVERNORS         1.00         X         0         0.         0.         0.         0.		0.00			х				195,436.	0.	34,944.
(14) DANIEL J MAY       35.00       x       125,359.       0.       47,445.         PROFESSOR       0.00       x       125,359.       0.       47,445.         (15) CAROLYN CHAMBERLIN       35.00       x       142,976.       0.       12,609.         VP MARKETING       0.00       x       142,976.       0.       12,609.         (16) MICHAEL H AMBROSE       2.00       0.       0.       0.       0.         VICE CHAIR       0.000       x       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       x       0.       0.       0.       0.       0.	(13) JEAN HUSTED										
PROFESSOR         0.00         X         125,359.         0.         47,445.           (15) CAROLYN CHAMBERLIN         35.00         X         142,976.         0.         12,609.           VP MARKETING         0.00         X         142,976.         0.         12,609.           (16) MICHAEL H AMBROSE         2.00          0.         0.         0.         0.           VICE CHAIR         0.000         X         0         0.         0.         0.         0.           (17) PHILIP H BARTELS         1.00         X         0         0.         0.         0.           BOARD OF GOVERNORS         1.00         X         0         0.         0.         0.	VP CHIEF OF STAFF	0.00			х				196,081.	0.	28,270.
(15) CAROLYN CHAMBERLIN       35.00       x       142,976.       0.       12,609.         VP MARKETING       0.00       x       142,976.       0.       12,609.         (16) MICHAEL H AMBROSE       2.00        0.       0.       0.         VICE CHAIR       0.00       x       0.       0.       0.       0.         (17) PHILIP H BARTELS       1.00       x       0.       0.       0.       0.         BOARD OF GOVERNORS       1.00       x       0.       0.       0.       0.	(14) DANIEL J MAY	35.00									
VP MARKETING         0.00         X         142,976.         0.         12,609.           (16) MICHAEL H AMBROSE         2.00               12,609.           VICE CHAIR         0.00         X           0.         0.         0.         0.           (17) PHILIP H BARTELS         1.00         X              0.         0.         0.         0.         0.         0.          0.								Х	125,359.	0.	47,445.
(16) MICHAEL H AMBROSE         2.00         0.0	(15) CAROLYN CHAMBERLIN	35.00									
VICE CHAIR         0.00 X         0.								Х	142,976.	0.	12,609.
(17) PHILIP H BARTELS         1.00         X         0.<											
BOARD OF GOVERNORS 1.00 X 0. 0. 0.			Х						0.	0.	0.
	BOARD OF GOVERNORS	1.00	Х						0.	0.	

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032007 12-23-20

Form 990 (2020)

16560427 153541 398240

2020.05093 UNIVERSITY OF NEW HAVEN 398240 1

Form 990 (2020) UNIVERSITY OF	' NEW HAVEN								06-07	6170	4	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(da		Posi				Reportable	Reportable		Es	timate	d
	hours per	box	, unle	heck r ss per	son i	s both	an	compensation	compensatio	n	an	nount c	of
	week	offi	cer ar	nd a di	irecto	r/trust	tee)	from	from related	k		other	
	(list any	ctor						the	organization	IS	com	pensat	ion
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	;
	related	stee o	trustee			ensa		(W-2/1099-MISC)			org	anizati	on
	organizations	al trus	nal tr		oyee	com p					and	d relate	ed
	below	ndividual trustee or director	In stit utional	Officer	ƙey employee	Highest compensated employee	Former				orga	anizatio	ons
4.6.	line)	Indi	Inst	Offi	Key	Hig emi	For						
(18) SAMUEL S BERGAMI JR BOARD OF GOVERNORS	1.00	x						0.		٥.			0
(19) KENNETH W BIERMACHER	1.00	л	-					0.		0.			0.
BOARD OF GOVERNORS	1.00	x						0.		٥.			0.
(20) CAROLYN BREHM	1.00									••			
BOARD OF GOVERNORS	0.00	х						0.		٥.			Ο.
(21) WILLIAM L BUCKNALL JR	1.00												
BOARD OF GOVERNORS	0.00	х						0.		٥.			٥.
(22) K. ONI CHUKWU	1.00												
BOARD OF GOVERNORS	0.00	х						0.		٥.			٥.
(23) ROGER J COOPER	1.00												
BOARD OF GOVERNORS	0.00	х						0.		٥.			٥.
(24) RAPHAEL G CRAWFORD	1.00												
BOARD OF GOVERNORS	0.00	х						0.		0.			0.
(25) EILEEN EDER BOARD OF GOVERNORS	1.00	x						0.		Ο.			0.
(26) DOLORES J ENNICO	1.00	~						0.		•.			•.
BOARD OF GOVERNORS	0.00	x						0.		٥.			Ο.
							856,7						
c Total from continuation sheets to Part VI								0.		0.		/	0.
d Total (add lines 1b and 1c)								7,657,227.		٥.		856,5	756.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	э			
compensation from the organization						-							355
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for se	ıch individual										3	X	
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fi	roma	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ich p	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con										pensat	ion fro	om	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ng w	ith c	or wi	<u>inin</u>	i the organization's tax y (B)	ear.		10		
(A) Name and business	address							(ם) Description of s	ervices	С	<b>(C</b> ompe	•) nsatior	ı
CONSIGLI CONSTRUCTION CO., INC.													
72 SUMNER ST, MILFORD, MA 01757							k	CONSTRUCTION			19	015,7	799.
SODEXO, INC													
PO BOX 360170, PITTSBURGH, PA 15251								FOOD SERVICE			9	976,4	189.
MILESTONE CONSTRUCTION SERVICES, INC													
442 FORBES AVE, NEW HAVEN, CT 06512-3	.932							CONSTRUCTION			2	255,3	371.
DIVERSIFIED BUILDING SERVICES, 101 N													
PLAINS INDUSTRIAL RD, WALLINGFORD, CT							_	MAINTENANCE			1	645,0	)35.
EDUCATION DYNAMICS, LLC, ASLANIAN MAR	KET										1	611	
RESEARCH, HOBOKEN, NJ 07030-5722 2 Total number of independent contractors (ir		<b>at 1</b> 1-	nita	1 + ~ 1	thee		_	STUD MKTG RESRCH	are then		1	611,6	. 202
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	JL III	me	1 10 1	105 49		rea	abovej who received mo					
SEE PART VII, SECTION A CONTINU		TS									Form	<b>990</b> (2	2020)

		npic	oyee			lign	est	Compensated Employe	, ,		
(A)	(B)			(0				(D)	(E)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated	
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of	
	per week					e		from the	from related organizations	other compensatior	
	(list any	ctor				ploye		organization	(W-2/1099-MISC)	from the	
	hours for	r direc				ed en		(W-2/1099-MISC)		organization	
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related	
	organizations	al trus	onal ti		oloyee	comp				organizations	
	below	lividu	stitutio	Officer	Key employee	ghest	Former				
	line)	Ē	Ë	0f	ξe	Ŧ	ß				
(27) JOHN J FALCONI BOARD OF GOVERNORS	1.00	x						0.	0.		
(28) LAWRENCE P FLANAGAN	1.00	^						0.	0.	(	
BOARD OF GOVERNORS	0.00	x						0.	0.		
(29) ROSA M GATTI	1.00	A						••	••		
BOARD OF GOVERNORS	1.00	x						0.	0.		
(30) JEFFERY P HAZELL	1.00						-		••	,	
BOARD OF GOVERNORS	0.00	x						0.	0.		
(31) JENNIFER D JACKSON	1.00										
BOARD OF GOVERNORS	0.00	x						0.	0.		
(32) ROBERT M LEE	1.00										
BOARD OF GOVERNORS	0.00	x						0.	Ο.		
(33) ALLEN G LOVE JR	1.00										
BOARD OF GOVERNORS	0.00	х						٥.	Ο.		
(34) DENNIS R MCGOUGH	1.00										
BOARD OF GOVERNORS	0.00	х						0.	Ο.		
(35) JOSEPHINE MORAN	1.00										
BOARD OF GOVERNORS	0.00	Х						0.	0.		
(36) KEVIN A MYATT	1.00										
BOG - AS OF 07/01/2020	0.00	X						0.	0.		
(37) DAVID J PETERSON JR	1.00										
BOG - AS OF 07/01/2020	0.00	Х						0.	0.		
(38) CHARLES E POMPEA	2.00										
CHAIR	0.00	Х						0.	0.		
(39) MICHAEL J QUIELLO	1.00										
BOARD OF GOVERNORS	0.00	Х						0.	0.		
(40) ANTHONY SCILLIA	1.00										
BOARD OF GOVERNORS	0.00	Х						0.	0.		
(41) ERNEST F SCHAUB	1.00										
BOARD OF GOVERNORS	0.00	Х						0.	0.		
(42) ANIL SHAH	1.00										
BOARD OF GOVERNORS	0.00	х						0.	0.		
(43) SHELLEY A STEWART	1.00	v									
BOARD OF GOVERNORS	0.00	х	-			<u> </u>	<u> </u>	0.	0.		
(44) STEPHEN P TAGLIATELA	1.00								0.		
BOARD OF GOVERNORS	0.00	х	-			<u> </u>		0.	U.		
(45) RANDAL THOMPSON	1.00								0.		
30ARD OF GOVERNORS	0.00	х	-			<u> </u>		0.	U.		
(46) ROWENA TRACK	1.00								0.		
BOARD OF GOVERNORS	0.00	Х		1			L	0.	υ.		

Form 990 UNIVERSITY									06-0761	704
Part VII Section A. Officers, Directors, T		nplo	yee			ligh	est (			<i>(</i> <b>–</b> )
(A) Name and title	(B) Average hours	(cl		Pos	<b>C)</b> ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PRATHIBHA VARKEY	1.00									
BOG - END 06/30/2021 (48) JAMES P ZANDER	0.00	х						0.	0.	0.
BOG - END 12/20/2020	0.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c										

032201 04-01-20

			Cont	ans a respoi	ise c	I note to any line	e in this Part VIII (A)	(B)	(C)	<u>(</u> D)
							Total revenue	Related or exempt function revenue		Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						360110113 3 12 -
nut		. Manuala surala la calcara		41.						
0 E		Fundraising events				88,785.				
ΓA										
nila		Government grants (con				12,028,044.				
Sir		All other contributions, gift								
her	-	similar amounts not include				13,970,229.				
ŏ	g					1,323,694.				
and Other Similar Amounts		Total. Add lines 1a-1f				<b>&gt;</b>	26,087,058.			
						Business Code				
	2 a	TUITION				611600	238,156,408.	238,156,408.		
~		RESIDENCE FEES				721310	27,647,721.	27,647,721.		
nue	с	DINING FEES				722320	12,153,461.	12,153,461.		
eve	d	INTERNATIONAL PROG	RAMS			611710	7,533,356.	7,533,356.		
Revenue	е	COMMISSIONS				900099	29,431.	29,431.		
	f	All other program servic	e reve	nue		900099	271,975.	271,975.		
		<b>Total.</b> Add lines 2a-2f				<b>&gt;</b>	285,792,352.			
	3	Investment income (incl								
		other similar amounts)					2,009,447.			2,009,4
	4	Income from investment of tax-exempt bond proceeds			273.			2		
	5	Royalties	<u></u>			🕨 🚺				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	277,7	14.					
	b	Less: rental expenses	6b	247,6	82.					
	С	Rental income or (loss)	6c	30,0	32.					
	d	Net rental income or (los	ss) <u>.</u> .			►	30,032.			30,0
	7 a	Gross amount from sales o		(i) Securiti		(ii) Other				
		assets other than inventory	7a	17,098,9	90.					
	b	• Less: cost or other basis								
D n		and sales expenses		17,511,3						
aniiaaau	С	Gain or (loss)	. 7c	-412,3	52.					
		Net gain or (loss)				🕨	-412,352.			-412,3
	8 a	<ul> <li>Gross income from fundrai including \$</li> </ul>	•	ents (not 785. of						
		contributions reported o	n line	1c). See						
		Part IV, line 18			8a	35,290.				
	b	Less: direct expenses			8b	27,280.				
	С	Net income or (loss) fror	n fund	raising even	ts	►	8,010.			8,0
	9 a	Gross income from gam	ing ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) fror				►				
	10 a	Gross sales of inventory	, less	returns						
		and allowances			10a					
	b	Less: cost of goods sold	ł		10b					
	С	Net income or (loss) fror	n sale	s of inventor	y	🕨				
						Business Code				
Revenue		GRANT IDC			_	900099	882,193.	882,193.		
enu		STATE OF CT REIMBU			_	900099	532,506.	532,506.		
ev	С	AMORTIZATION CAPIT	AL C			900099	496,964.	496,964.		
Щ	d	All other revenue					707,601.	707,601.		
	е	• Total. Add lines 11a-110	d			►	2,619,264.			
	12	Total revenue. See instruc	tions				316,134,084.	288,411,616.	0.	1,635,4

Form 990 (2020)

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06 - 0761704

Page **9** 

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### 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 108,457,013, 108,457,013, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4,178,606. 4,178,606. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 5,874,813. 530,512. 3,882,042. 1,462,259. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 71,896,978. 60,800,107. 10,248,529. 848,342. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,112,304 4,323,834 729,708 58,762. 12,027,590 8,030,835 3,759,289 237,466. 9 Other employee benefits 5,658,948 3,957,543 1,630,276 71,129. 10 Payroll taxes Fees for services (nonemployees): 11 112,012. 112,012. а Management 2,435,906. 807,262, 3,243,168, b Legal 256,606. 231,372, 25,234 С Accounting 97,778 97,778. Lobbying d Professional fundraising services. See Part IV, line 17 е 253,957. 135,367. 118,590 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 3,951,216 2,927,329 984,734 39,153. column (A) amount, list line 11g expenses on Sch O.) 889,631 817,815, 69,720 2,096. Advertising and promotion 12 1,194,127 67,809. 8,353,830. 7,091,894 13 Office expenses 4,461,698 1,611,713. 2,844,270 5,715. 14 Information technology Royalties 15 4,108,587 3,852,473. 256,114 16 Occupancy 453,452 396,457. 46,274 10,721. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 95. Conferences, conventions, and meetings ..... 21,483 20,128. 1,260 19 5,521,456, 5,096,304, 425,152 20 Interest Payments to affiliates 21 11,015,425 10,167,231 848,194 22 Depreciation, depletion, and amortization ..... 3,040,457 2,953,282 87,175 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) FOOD SERVICE 11,066,055. 11,054,498. 10,265 1,292. а OTHER SERVICE AGREEMENT 8,742,753 25,347. 9,431,216 663,116 b REPAIR AND MAINTENANCE 6,553,972, 6,465,172. 88,747, 53. С 2,166. LEASE AND RENTAL 5,025,492. 4,905,168. 118,158 d 9,939,984 9,187,664 19,993. 732,327 All other expenses е 301,003,727 268,580,766 29,570,563 2,852,398. Total functional expenses. Add lines 1 through 24e 25

13

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

032010 12-23-20

2020.05093 UNIVERSITY OF NEW HAVEN

Form 990 (2020)

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			903,801.	1	244,258
	2	Savings and temporary cash investments			17,909,062.	2	28,126,569
	3	Pledges and grants receivable, net			4,499,563.	3	1,425,64
	4	Accounts receivable, net			3,939,225.	4	2,987,22
	5	Loans and other receivables from any current or			, ,		, ,
	Ū	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	•			-	
	•	under section 4958(f)(1)), and persons described				6	
<u> </u>	7	Notes and loans receivable, net			903,525.	7	688,98
Assels	8	Inventories for sale or use		F	,	8	,
Ĩ	9	<b>–</b>			1,507,778.	9	1,480,85
		Land, buildings, and equipment: cost or other	I		, ,	-	, ,
		basis. Complete Part VI of Schedule D	10a	463,278,613.			
	b	Less: accumulated depreciation		185,743,638.	276,353,169.	10c	277,534,97
	11	Investments - publicly traded securities			84,053,671.	11	94,241,69
	12	Investments - other securities. See Part IV, line 1			10,065,119.	12	12,149,48
	13	Investments - program-related. See Part IV, line 1			_ , _ ,=	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	20,320,35
	16	Total assets. Add lines 1 through 15 (must equa			400,134,913.	16	439,200,04
	17	Accounts payable and accrued expenses			30,095,210.	17	32,307,88
	18	Grants payable		1,599,885.	18	1,384,96	
	19	Deferred revenue	25,116,771.	19	12,669,24		
	20				121,383,044.	20	120,590,72
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P			, , , -	21	, ,
	22	Loans and other payables to any current or forme				21	
	LL	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelat			3,480,846.	23	
	24	Unsecured notes and loans payable to unrelated		Γ	, = , , = , .	24	
	25	Other liabilities (including federal income tax, pay		Г			
	20	parties, and other liabilities not included on lines					
		of Schedule D	,		3,938,183.	25	23,828,77
	26	Total liabilities. Add lines 17 through 25			185,613,939.	26	190,781,59
	20	Organizations that follow FASB ASC 958, check	k here	X	, , -	20	<u> </u>
ß		and complete lines 27, 28, 32, and 33.					
	27				151,020,330.	27	181,551,96
	28				63,500,644.	28	66,866,48
	20	Organizations that do not follow FASB ASC 95			, , -	20	, ,
Net Assets of Fully Datalices		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
2	30	Paid-in or capital surplus, or land, building, or equ				30	
001	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances			214,520,974.	32	248,418,45
Z	33	Total liabilities and net assets/fund balances			400,134,913.	33	439,200,04

Form 990 (2020)

032011 12-23-20

Form	1990 (2020) UNIVERSITY OF NEW HAVEN	06-076170	4	Pa	<sub>ae</sub> 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	316,	134,	084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	301,	003,	727.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,	130,	357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	214,	520,	974.
5	Net unrealized gains (losses) on investments	5	18,	767,	124.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	248,	418,	455.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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," explain in Schedule (	D.			
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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	<u> </u>

Form **990** (2020)

032012 12-23-20

SCI	IED	ULE	Α
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(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2020	
Open to Public	

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		0	pen to Public Inspection	
Nam	e of t	the organizati		0.0 10 11 11 10 190					Employer	· ident	tification number	
				SITY OF NEW HAV	/EN						761704	
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior				
The	organ				For lines 1 through 12, c							
1			-		on of churches described	•		()(A)(i).				
2	X				(Attach Schedule E (Forn			· //· ·//·				
3					anization described in s			ii).				
4			•	1 0	njunction with a hospital				)(iii). Enter	the ho	ospital's name.	
-		city, and stat	-	·	, , , , , , , , , , , , , , , , , , , ,				~ /		, , , , , , , , , , , , , , , , , , ,	
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
				Complete Part II.)	<b>č</b>	•	, ,					
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7				-	Intial part of its support fi				he general r	oublic	described in	
		-		omplete Part II.)		U			0 1			
8					(1)(A)(vi). (Complete Par	t II.)						
9					in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	colleg	je	
					culture (see instructions).							
		university:					-		-			
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gros	s receipts from	
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gi	ross investment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after Ju	une 30, 1975.	
		See section	<b>509(a)(2).</b> (Co	mplete Part III.)								
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	<b>09(a)(4)</b> .				
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purpo	ses of one or	
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
		_lines 12a thro	ough 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and	d 12g.			
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving		
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upport	ing	
				complete Part IV, S								
b				-	d or controlled in connect			-		-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
				t complete Part IV,								
с			-		ig organization operated				lly integrate	ed with	۱,	
	_	¬ ··	•		s). You must complete l						(-)	
d			-		porting organization oper				-			
					zation generally must sat				an allenin	/eness	\$	
•		-			mplete Part IV, Sections written determination fro							
е			•		mally integrated supporti			турет, туре	п, туре ш			
f	Ente		of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
, a			• •	n about the supporte	ed organization(s)					L		
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi)	Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	suppo	ort (see instructions)	
Tota	I											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 16

### Schedule A (Form 990 or 990-EZ) 2020 UNIVERSITY OF NEW HAVEN

06-0761704

Page **2** 

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23,472,329.	13,948,490.	9,431,609.	14,697,034.	26,087,058.	87,636,520.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	23,472,329.	13,948,490.	9,431,609.	14,697,034.	26,087,058.	87,636,520.
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)						14,567,647.
	Public support. Subtract line 5 from line 4.						73,068,873.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4	23,472,329.	13,948,490.	9,431,609.	14,697,034.	26,087,058.	87,636,520.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	1,210,542.	1,771,532.	3,157,263.	3,122,723.	2,287,434.	11,549,494.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,298,228.	3,832,369.	3,845,599.	2,928,525.	2,619,264.	16,523,985.
11	Total support. Add lines 7 through 10						115,709,999.
12	Gross receipts from related activities,	etc. (see instructio	ons)			<b>12</b> 1	,333,068,514.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2020 (I		•			14	63.15 %
	Public support percentage from 2019					15	59.41 %
<b>16</b> a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% of	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		►
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶□
					Sche	dule A (Form 990	or 990-F7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

16560427 153541 398240

Schedule A (Form 990 or 990-EZ) 2020	UNIVERSITY	OF	NEW	HAVEN
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### Part III Support Schedule for Organizations Described in Section 509(a)(2)

06-0761704 Page **3** 

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			<u> </u>	
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from a	2019 Schedule A,	Part III, line 17 $_{.}$			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box ar	-	•		•••		▶□
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		1 9	2	Scl	hedule A (Forn	n 990 or 990-EZ) 2020

2020.05093 UNIVERSITY OF NEW HAVEN

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 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.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

19

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Yes No

Yes No

2a

2b

3a

3b

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>			
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	a second a second second in this second	2		

### <u>d organizations played in this regard</u> Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test du	ring the year (see instructions	).
--	---------------------------------	----

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c The organization supported a governmental entity. Describe in Part VI how you supported a govern	nental entity (see instruction <u>s).</u>
--	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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a qualifying trust on N	Nov. 20. 1970 ( explain in	
		Part VI). See instructio
tions must complete :	Sections A through E.	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
ns) <b>6</b>		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
mount,		
4		
5		
6		
7		
8		
		Current Year
1		
2		
A) 3		
4		
5		
6		
	1         2         3         4         5         ns)       6         7         8         7         8         11         12         33         4         5         11         12         13         14         15         11         2         3         mount,         4         5         6         7         8         7         8         7         3         1         2         3         4         5         6         7         8         7         8         1         2         3         4         5         6	$(A) \operatorname{Prior Year}$ $(A) $

032026 01-25-21

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instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 UNIVERSITY OF NEW HAVEN

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continu	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	[		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 UNIVERSITY OF NEW HAVEN

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2016 AMOUNT: \$	736,156.	
2017 AMOUNT: \$	790,941.	
2018 AMOUNT: \$	992,865.	
2019 AMOUNT: \$	973,191.	
2020 AMOUNT: \$	1,143,069.	
AMORTIZATION OF	CAP CONT	
2016 AMOUNT: \$	1,241,601.	
2017 AMOUNT: \$	1,248,749.	
2018 AMOUNT: \$	1,284,464.	
2019 AMOUNT: \$	532,380.	
2020 AMOUNT: \$	496,964.	
ATHLETIC		
2017 AMOUNT: \$	305,613.	
2018 AMOUNT: \$	503,561.	
2019 AMOUNT: \$	598,145.	
2020 AMOUNT: \$	97,038.	
GRANT IDC		
2016 AMOUNT: \$	1,320,471.	
2017 AMOUNT: \$	1,487,066.	
2018 AMOUNT: \$	1,064,709.	
2019 AMOUNT: \$	824,809.	

Chedule A	(Form 990 or 990-EZ) 2020 UNIVERSITY OF NEW HA <b>Supplemental Information.</b> Provide the expla Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	nations required by Part II, line 10; Part II, line	06-0761704 e 17a or 17b; Part III, line 12; lines 1 and 2: Part IV, Section	Page
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	n E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1	I; Part V, Section B, line 1e; Pa	irt V,
32028 01-25-2	1	S	Schedule A (Form 990 or 990-	EZ) 202

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Name of the organization

Organization type (check one)

# 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

# 2020

Employer identification number

06-0761704
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UNIVERSITY	OF	NEW	HAVEN

J.
Section:
X 501(c)( <sup>3</sup> ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### **Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash X (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
		\$	Person Payroll 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Page 3

UNIVERSITY OF NEW HAVEN

Name of organization

Employer identification number

06-0761704

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	l 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	
	SECURITIES			
1				
		\$971,180.	05/20/21	
(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	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
023453 11-25	5-20	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2020)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05093 UNIVERSITY OF NEW HAVEN

16560427 153541 398240

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lame of org	ganization		Employer identification number
NTVERSTT	Y OF NEW HAVEN		06-0761704
Part III		) through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
(a) Na	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	π
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
( ) N			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
( ) N		[	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
_	Transferee's name, address, a	nd 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 gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-25-2	20		Schedule B (Form 990, 990-EZ, or 990-PF) (20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

### 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

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizations: Complete Part III.
NI 6 1 11	

ivar	the of organization			Empi	over identification number
		OF NEW HAVEN			06-0761704
Pa	art I-A Complete if the org	panization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1 2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures	-	► \$	
Pa	art I-B Complete if the org	panization is exempt unde	er section 501(c)(	(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	5 🕨 \$	
3	If the organization incurred a sectio	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV.	<u> </u>			1(0)
		panization is exempt unde			
	Enter the amount directly expended	, , ,			
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for s		
3				,	
_					
4	Did the filing organization file <b>Form</b>				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organizes separate political org	zation's funds. Also enter the anization, such as a separate	e amount of political
	<b>(a)</b> 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

Schedule C (Form 990 or 990-EZ) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032041 12-02-20

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Schedule C (	Form 990	or 990-EZ) 2020	UNIVERSITY	OF	NEW	HAVEN

Part II-A Complete if the organiza section 501(h)).	ation is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
A Check   if the filing organization be	elongs to an affi	liated group (and list in	Part IV each affiliated	aroup member's nam	e address FIN
expenses, and share of expenses					,,
B Check ► if the filing organization cl	, ,	• •	ovisions apply.		
	Lobbying Expe	nditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the	amount from the				
If the amount on line 1e, column (a) or (b) is	: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	00 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
<ul> <li>i Subtract line 1f from line 1c. If zero or les</li> <li>j If there is an amount other than zero on a reporting section 4911 tax for this year?</li> <li>(Some organizations that maginal section)</li> </ul>	either line 1h or 4-Year Ave ade a section 5	eraging Period Under 01(h) election do not	ation file Form 4720 Section 501(h) have to complete all o		Yes No
	· ·	ate instructions for lin			
Calendar year (or fiscal year beginning in)	(a) 2017	( <b>b)</b> 2018	(c) 2019	<b>(d)</b> 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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		
	Deid staff an expression in the second section is an expression and the lines to the second till		x		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			97,778.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
i	Total. Add lines 1c through 1i				97,778.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
l ui	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		<u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (See instructions)	<u></u>	5		
Par			•		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. I II-B, LINE 1, LOBBYING ACTIVITIES:				
FARI	II-B, LINE I, LOBBIING ACTIVITIES:				
LOBE	YING ACTIVITY				
THE	UNIVERSITY OF NEW HAVEN USES THE SERVICES OF 'THE NORMANDY GROUP'.				
'THE	NORMANDY GROUP' WORKS WITH THE UNIVERSITY TO ADVANCE ITS FEDERAL,				
LEGI	SLATIVE AGENDA AND OBTAIN FUNDING THROUGH THE VARIOUS FY21				

APPROPRIATION BILLS.

032043 12-02-20

IN ADDITION, THE UNIVERSITY PAYS DUES TO VARIOUS PROFESSIONAL

ORGANIZATIONS. AN IMMATERIAL AMOUNT OF THESE DUES ARE ATTRIBUTED TO

LOBBYING EXPENSES.

Schedule C (Form 990 or 990-EZ) 2020

16560427 153541 398240

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Nam	e of the organization	Employer identification number					
Do	UNIVERSITY OF NEW HAVEN	06-0761704					
Pa		Counts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.	(b) Funda and other accounts					
		(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 fun						
6	are the organization's property, subject to the organization's exclusive legal control?						
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
		·					
Pa	Impermissible private benefit?           t II         Conservation Easements.         Complete if the organization answered "Yes" on Form 990, Part IV						
	Purpose(s) of conservation easements held by the organization (check all that apply).	, inte 7.					
1		orically important land area					
		orically important land area ified historic structure					
	Preservation of open space	med historic structure					
2		precruation accoment on the last					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	Held at the End of the Tax Year					
	day of the tax year. Total number of conservation easements	2a					
a h		2a 2b					
b	Total acreage restricted by conservation easements	20 2c					
с С	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
d	listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ						
3	year	ization during the tax					
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
5		Yes No					
6	violations, and enforcement of the conservation easements it holds?						
Ŭ		in easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year					
•		sements daming the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	)(i)					
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten						
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th						
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,					
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	. • \$					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,						
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1	. • \$					
b	Assets included in Form 990, Part X	<b>N</b> A					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020					
03205	12-01-20						
	33						

2020.05093 UNIVERSITY OF NEW HAVEN 398240\_1

		OF NEW HAVEN				0761704	Page <b>2</b>	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar As	sets <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its					,		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research e Other							
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpose in l	Part XIII.		
5	During the year, did the organization solicit o	•	•	•				
	to be sold to raise funds rather than to be ma					Yes	No No	
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai		ste in the englineate			,		
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets no	t included			
Ĩ	on Form 990, Part X?					Yes	No	
h	If "Yes," explain the arrangement in Part XIII							
D			iowing table.			Amoun	+	
~	Reginning balance				1c	Amount		
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fe					Yes	No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i					<u></u>		
1 41								
	De sinsis e oferen holonoo	(a) Current year 66,919,161.	(b) Prior year	(c) Two years back 63,793,485			588,303.	
	Beginning of year balance		66,419,712.					
	Contributions	7,550,172.	1,008,670.				403,835.	
	Net investment earnings, gains, and losses	18,707,868.	1,446,474.				020,339.	
	Grants or scholarships	800,155.	710,130.	887,128	. 508,2	14.	867,673.	
е	Other expenditures for facilities	4 495 445		<b>540.000</b>			622,819.	
	and programs	1,425,415.	1,245,565.	542,293	. 899,9	95.		
f	Administrative expenses							
g	End of year balance	90,951,631.			. 63,793,4	85. 47,	521,985.	
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:				
	Board designated or quasi-endowment	46.4000	_%					
	Permanent endowment  32.0000	%						
С	Term endowment  21.6000	%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	d administered for	the organization	r		
	by:						Yes No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations						X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 3	K, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulated	(d) Bool	k value	
		basis (investr	,	. ,	lepreciation			
1a	Land			,477,655.		13,	477,655.	
	Buildings		333	,739,863.	100,755,222.	232,	984,641.	
	Leasehold improvements		7	,491,505.	6,954,438.		537,067.	
	Equipment		75	,303,509.	63,140,090.	12,	163,419.	
	Other		33	,266,081.	14,893,888.	18,	372,193.	
	. Add lines 1a through 1e. (Column (d) must e		X. column (R) line 1		►	277,	534,975.	
						dule D (Form	n 990) 2020	
					0010			

### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (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. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes OPERATING LEASE LIABILITIES 20,591,180. (2)POST RETIREMENT OBLIGATION 3,237,591 (3) (4) (5) (6)

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

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

Schedule D (Form 990) 2020

►

23,828,771.

032053 12-01-20

(7) (8) (9)

Sche	dule D (Form 990) 2020 UNIVERSITY OF NEW HAVEN			06-0	761704 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	
	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	225,592,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	18,767,124.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-109,329,435.		
е	Add lines 2a through 2d			2e	-90,562,311.
3	Subtract line 2e from line 1			3	316,155,089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	253,957.		
b	Other (Describe in Part XIII.)	4b	-274,962.		
с	Add lines 4a and 4b			4c	-21,005.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	316,134,084.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Witl	n Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	191,256,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		736,088.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	736,088.
3	Subtract line 2e from line 1			3	190,520,747.
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		253,957.		
b	Other (Describe in Part XIII.)	4b	110,229,023.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	110,482,980.
5				5	301,003,727.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional infor	mation.		
PART	V, LINE 4:				

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THE UNIVERSITY'S ENDOWMENT CONSISTS OF 246 INDIVIDUAL FUNDS. THROUGH THE

ENDOWMENT'S INVESTMENT POLICY, FUNDS ARE AVAILABLE FOR SCHOLARSHIPS,

PROFESSORSHIPS, EQUIPMENT, RESEARCH AND PROFESSIONAL DEVELOPMENT.

PART X, LINE 2:

USE OF ENDOWMENT FUNDS

INCOME TAXES

FOOTNOTE FROM CONSOLIDATED FINANCIAL STATEMENTS:

THE UNIVERSITY WAS GRANTED AN EXEMPT STATUS UNDER THE INTERNAL REVENUE

CODE (IRC) SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)

(3). UNDER IRC SECTION 501(A) THE UNIVERSITY IS GENERALLY EXEMPT FROM

032054 12-01-20

Schedule D (Form 990) 2020

UNIVERSITY OF NEW HAVEN

Part XIII Supplemental Information (continued)		
INCOME TAXES. THE UNIVERSITY BELIEVES IT HAS NO SIG	GNIFICANT UNCERTAIN TAX	
OSITIONS.		
ART XI, LINE 2D - OTHER ADJUSTMENTS:		
	-110 229 023	
	-110,229,023.	
	899,588.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-109,329,435.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
	-27,280.	
	-247,682.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE	247,682.	
FUNDRAISING EXPENSE	27,280.	
ADJUSTMENT FOR NON-CONSOLIDATED SUB	461,126.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	736,088.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
FINANCIAL AID	110,229,023.	
		Schedule D (Form 990) 20

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

2020
Open to Public

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

			YES	NO NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	··· , ··· ····························			
5	Does the organization discriminate by race in any way with respect to:			
a		5a		x
b	Admissions policies?	5b		x
c	Employment of faculty or administrative staff?	5c		x
	Scholarships or other financial assistance?	5d		x
e		5e		x
	Educational policies? Use of facilities?	5e 5f		x
		5g		x
	Athletic programs?	5g 5h		x
	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	If you answered Tes to any of the above, please explain. If you need more space, use Part II.			
<b>C</b> -		0	x	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	л	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	-	v	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2020

032061 11-10-20

Schedule E (Form 990 or 990-EZ) 2020	Page <b>2</b>
<b>Part II</b> Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, an applicable. Also provide any other additional information.	nd 7, as
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	
	nedule E (Form 990 or 990-EZ) 2020

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Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
SUCCESSF	ULLY COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN
AWARDED,	AS INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD
LETTER.	
032062 11-10	-20 Schedule E (Form 990 or 990-EZ) 2020

Schedule E (Form 990 or 990 EZ) 2020 UNIVERSITY OF NEW HAVEN

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06-0761704

Page 2

Department of the Treasury Internal Revenue Service	► Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	information.		pection
Name of the organization		-			Employer iden	ification number
UNIVERSITY OF NEW HAVE			side the United States. Comple		06-0761704	11. Z 11
		cuvilles Out	side the Onited States. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part N 1 For grantmakers. Does		maintain record	ds to substantiate the amount of its gra	ints and other :	assistance	
-	•		the selection criteria used to award the			Yes No
	J g	,,		J	······ <u>·</u>	
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance ou	tside the
United States.						
			n be duplicated if additional space is n	· · · · · · · · · · · · · · · · · · ·		
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
		In the region				
EUROPE	1	7	PROGRAM SERVICES	INSTRUCTION	1	362,914.
MIDDLE EAST AND	1	7	DROCRAM GERVICES	TNEMDUCMTON	T	2 009 529
NORTH AFRICA	1	/	PROGRAM SERVICES	INSTRUCTION	4	3,008,538.
EUROPE	0	0	PROGRAM SERVICES	RECRUITMENT	1	4,500.
EAST ASIA AND						2 000
PACIFIC	0	0	PROGRAM SERVICES	RECRUITMENT		3,000.
MIDDLE EAST AND						
NORTH AFRICA	0	0	PROGRAM SERVICES	RECRUITMENT		13,500.
SOUTH ASIA	0	0	PROGRAM SERVICES	RECRUITMENT	1	339,900.
CENTRAL						
AMERICA/CARIBBEAN	0	0	GRANTMAKING			302,272.
						, <u>,</u>
EAST ASIA AND						
PACIFIC	0		GRANTMAKING			345,375.
3 a Subtotal	2	14				4,379,999.
<b>b</b> Total from continuation	0	0				2 520 050
sheets to Part I c Totals (add lines 3a		0				3,530,959.
and 3b)	2	14				7,910,958.

**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.

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

**Open to Public** 

032071 12-03-20

SCHEDULE F (Form 990)

Department of the Treasury

Schedule F (Form 990) Part I Continuation	UNIVERSITY C		• (Schedule F (Form 990), Part I, line 3)	06-0761704	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTMAKING		445,333
					110,000
MIDDLE EAST AND NORTH AFIRICA	0	0	GRANTMAKING		129,224
NORTH AMERICA	0	0	GRANTMAKING		37,542
RUSSIA AND					
NEIGHBORING STATES	0	0	GRANTMAKING		29,817
SOUTH AMERICA	0	0	GRANTMAKING		129,050
SOUTH ASIA	0	0	GRANTMAKING		2,335,871
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		424,122
					,
Totals					3,530,959

032181 04-01-20

**3** Enter total number of other organizations or entities

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t or counsel has provided a sect			▶		

UNIVERSITY OF NEW HAVEN Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2020 Part II

Page 2

Schedule F (Form 990) 2020

Part III	Grants and Other Assistanc	e to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.
	Part III can be duplicated if a	dditional space is needec	d.				
			(a) Niumahawaf			(f) A manual of	() D

(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)
	EAST ASIA AND						
UNH INSTITUTIONAL AID	PACIFIC	0	345,375.	ACCT CREDIT	0.		
	CENTRAL						
UNH INSTITUTIONAL AID	AMERICA/CARIBBEAN	0	302,272.	ACCT CREDIT	0.		
UNH INSTITUTIONAL AID	EUROPE	0	445,333.	ACCT CREDIT	0.		
	MIDDLE EAST AND						
UNH INSTITUTIONAL AID	NORTH AFRICA	0	129,224.	ACCT CREDIT	0.		
UNH INSTITUTIONAL AID	NORTH AMERICA	0	37,542.	ACCT CREDIT	0.		
	RUSSIA AND						
	NEIGHBORING						
UNH INSTITUTIONAL AID	STATES	0	29,817.	ACCT CREDIT	0.		
UNH INSTITUTIONAL AID	SOUTH AMERICA	0	129,050.	ACCT CREDIT	0.		
UNH INSTITUTIONAL AID	SOUTH ASIA	0	2,335,871.	ACCT CREDIT	0.		
UNH INSTITUTIONAL AID	SUB-SAHARAN AFRICA	0	424,122.	ACCT CREDIT	0.		

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Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

UNIVERSITY OF NEW HAVEN

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 UNIVERSITY OF NEW HAVEN	06-0761704	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accoun	*	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho	,, , , , , , , , , , , , , , , , , , , ,	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. 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 ARE NORMALLY APPLIED AS CREDITS TO		

STUDENT ACCOUNTS.

032075 12-03-20

Schedule F (Form 990) 2020

Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of	f funds); Part I, line 3, column (f) (accounting meth	od; amounts of
	investments vs. expenditures per region); Part II, line 1 (accour		
	(estimated number of recipients), as applicable. Also complete	this part to provide any additional information. Se	ee instructions.
			· · · · · · · · · · · · · · · · · · ·
032075 12-03-	3-20	 	chedule F (Form 990) 2020
		47	

06 - 0761704

Page 5

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ.       Open to Public         ► Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection							
Name of the organization		to www.irs.gov/Form990 for instri	uction	sanu	the latest mormation	on.	Employer ic	lentification number
		OF NEW HAVEN					06-07617	
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitati</li> <li>b Internet and e</li> <li>c Phone solicit</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul>	ons email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr riduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	istody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
	ch the organizatio	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from 1	registration
or licensing.								
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2020

032081 11-25-20

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

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF TOURNAMENT	VIRTUAL SCHOLAR		col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	83,840.	40,235.		124,075.
	2	Less: Contributions	48,550.	40,235.		88,785.
	3	Gross income (line 1 minus line 2)	35,290.			35,290.
	4	Cash prizes				
6	5	Noncash prizes				
pense	6	Rent/facility costs	27,280.			27,280.
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	27,280.
		Net income summary. Subtract line 10 from li	ine 3, column (d)		►	8,010.
Pa	rt I	<b>II Gaming.</b> Complete if the organization \$\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes _ No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 UNIVERSITY OF NEW HAVEN	06-0761704	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	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		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt	
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he	
Da	organization's own exempt activities during the tax year <b>s</b> <b>rt IV Supplemental Information.</b> Provide the explanations required by Part L line 2b, columns (iii) and (v); a		01 401
Га	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	96, 106,
	Tob, Tob, To, and Tro, as applicable. Also provide any additional information. See instructions.		
0320	33 11-25-20 Schedule G	i (Form 990 or 990	)-EZ) 2020
	50		,

Schedule G (Form 990 or 99	0-EZ)

032084 04-01-20

SCHEDUI (Form 990 Department o	<b>))</b> f the Treasury		Go	Grants and Oth vernments, ar ete if the organizatio	n answered "Yes" Attach to For	<b>ls in the Úni</b> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
				Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		•
Name of th	he organization UN	IVERSITY OF	NEW HAVEN						Employer identification number 06-0761704
Part I	General Informati	on on Grants a	nd Assistance						
crite	eria used to award the cribe in Part IV the or Grants and Other	e grants or assis ganization's pro Assistance to	stance? ocedures for monit Domestic Organia	amount of the grants oring the use of grant zations and Domestic be duplicated if additi	funds in the United Governments.	l States. Complete if the org			X Yes No
1 (a) №	Name and address of or governmen	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente		er organization	s listed in the line <sup>-</sup>	ganizations listed in the					Sabadula I (Earm 999) 2020

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

Schedule I (Form 990) 2020

UNIVERSITY OF NEW HAVEN

06-0761704

Page 2

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. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FEDERAL	285	781,575.	0.		
PRIVATE	239	655,260.	0.		
STATE	297	1,011,137.	0.		
INSTITUTIONAL AID	6016	103,602,444.	0.		
EMERGENCY AID TO STUDENTS	2544	2,406,596.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin		(b); and any other ac	ditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING USE OF GRANTS					
FINANCIAL AID PROGRAMS: THE UNIVERSITY OF NEW HAVE	N IS COMMITTE	D TO			
ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. T	HE UNIVERSITY	OFFERS A			
COMPREHENSIVE FINANCIAL AID PROGRAM, WITH THE STUD	ENTS RECEIVIN	G ASSISTANCE			
IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS	, AND PART-TI	ME			
EMPLOYMENT WHICH ARE AVAILABLE FROM FEDERAL AND ST	ATE FUNDS, PR	IVATE			
SPONSORS, AND FROM UNIVERSITY RESOURCES. MORE THAN	90% OF THE U	NIVERSITY'S			
FULL-TIME UNDERGRADUATE STUDENTS RECEIVE SOME FORM	OF FINANCIAL	ASSISTANCE.			
032102 11-02-20					Schedule I (Form 990) 20

# UNIVERSITY OF NEW HAVEN 06 - 0761704Schedule I (Form 990) Part IV Supplemental Information MOST FINANCIAL AID AWARDS ARE BASED ON AN INDIVIDUAL'S DEMONSTRATION OF NEED AFTER CAREFUL CONSIDERATION OF THE APPLICATION FOR ASSISTANCE. IN CALCULATING NEED, THE FINANCIAL AID OFFICE ATTEMPTS TO CONSIDER ALL ASPECTS OF A STUDENT'S FINANCIAL CIRCUMSTANCES. NEED-BASED AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. SOME FUNDS ARE AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL ACADEMIC RECORDS OR ATHLETIC ABILITY. STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS AND BE IN GOOD ACADEMIC STANDING IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID. GRADUATE STUDENTS MUST SUCCESSFULLY COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN AWARDED, AS INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD LETTER. FEDERAL, STATE, PRIVATE GRANT FUNDS AND INSTITUTIONAL AID FUNDS ARE NORMALLY APPLIED AS CREDITS TO STUDENT ACCOUNTS. PART III, LINE 5 THE UNIVERSITY PROVIDED DIRECT EMERGENCY AID TO ELIGIBLE STUDENTS FOR

THEIR EXPENSES RELATED TO THE DISRUPTION OF CAMPUS OPERATIONS DUE TO

CORONAVIRUS, SUCH AS FOOD, HOUSING, COURSE MATERIALS, TECHNOLOGY,

HEALTHCARE, AND CHILDCARE EXPENSES. \$2,406,596 WAS FUNDED BY THE HIGHER

EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT).

Schedule I (Form 990)

032291 04-01-20

SCH	EDULE J	Compe	ensation Information	1	OMB No. 1	1545-004	47		
(For	m 990)	۔ For certain Officers, Dir	ectors, Trustees, Key Employees, and Highest		2020				
			Compensated Employees fon answered "Yes" on Form 990, Part IV, line 23.		2020				
	nent of the Treasury		Attach to Form 990.		Open to		ic		
-	Revenue Service		m990 for instructions and the latest information.		Inspe				
Name	of the organizatior			Employer id		on nui	nber		
Par		UNIVERSITY OF NEW HAVEN s Regarding Compensation		06-07	61/04				
T ai		s negaring compensation				Vac	Ne		
1a (	Check the appropri	ate box(es) if the organization provided	any of the following to or for a person listed on Form	000		Yes	No		
			relevant information regarding these items.	990,					
י ר	First-class or c		X Housing allowance or residence for perso	naluse					
ſ	X Travel for com		Payments for business use of personal res						
Γ		ation and gross-up payments	Health or social club dues or initiation fee						
ſ		spending account	Personal services (such as maid, chauffeu						
L				i, enery					
b I	f any of the boxes (	on line 1a are checked, did the organiza	ation follow a written policy regarding payment or						
	•		d above? If "No," complete Part III to explain		1b	х			
			sing or allowing expenses incurred by all directors,						
			r, regarding the items checked on line 1a?		2	х			
		-,							
3	ndicate which, if ar	ny, of the following the organization use	d to establish the compensation of the organization's						
	•		k any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but							
	X Compensation		. Written employment contract						
[		ompensation consultant	X Compensation survey or study						
Ī		ther organizations	X Approval by the board or compensation c	ommittee					
		-							
4 [	During the year, did	any person listed on Form 990, Part VI	I, Section A, line 1a, with respect to the filing						
C	organization or a re	lated organization:							
al	Receive a severanc	e payment or change-of-control paymer	nt?		. 4a	Х			
b	Participate in or rec	eive payment from a supplemental non	qualified retirement plan?		. 4b	Х			
сF	Participate in or rec	eive payment from an equity-based con	npensation arrangement?		. 4c		X		
I	f "Yes" to any of lin	es 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organiza	-						
5 F	For persons listed o	on Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensatio	n					
	contingent on the re								
a	The organization?				5a		X		
					5b		X		
		r 5b, describe in Part III.							
			, did the organization pay or accrue any compensatio	n					
	contingent on the n	-							
a	The organization?				<u>6a</u>		X		
					6b		X		
		r 6b, describe in Part III.							
			, did the organization provide any nonfixed payments		_		v		
			l		. 7		X		
			accrued pursuant to a contract that was subject to th				v		
					8		X		
			table presumption procedure described in						
			one for Form 000		9   9	- 000	0000		
LINA	FOI Paperwork Re	eduction Act Notice, see the Instruction		Schedu	le J (Forn	1 390)	/ ZUZU		

032111 12-07-20

06-0761704

### 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	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) STEVEN H KAPLAN	(i)	681,267.	0.	2,954,097.	134,524.	42,958.	3,812,846.	0.
PRESIDENT	(ii)	Ο.	٥.	0.	0.	0.	0.	0.
(2) DANIEL MABREY	(i)	233,555.	٥.	328,103.	10,510.	3.	572,171.	0.
INTERNATIONAL PROGRAM MANAGER	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(3) GENE KLINE	(i)	158,234.	Ο.	296,548.	7,233.	2,505.	464,520.	0.
INTL PROG DIRECTOR OF INTELEG STUDIE	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(4) HISHAM AKHONBAY	(i)	123,336.	Ο.	293,090.	4,287.	1.	420,714.	0.
INTL PROG KNOWLEDGE XFER MGR	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(5) GEORGE S SYNODI	(i)	318,886.	Ο.	4,837.	34,635.	49,749.	408,107.	0.
VP FINANCE & ADMINISTRATION	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(6) SHEAHON ZENGER	(i)	210,973.	Ο.	89,947.	29,519.	43,482.	373,921.	0.
DIRECTOR OF ATHLETICS	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(7) BRIAN KENCH	(i)	274,605.	Ο.	630.	32,671.	49,893.	357,799.	0.
DEAN	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(8) GREGORY EICHHORN	(i)	267,667.	Ο.	1,278.	31,238.	49,139.	349,322.	0.
VP ENROLLMENT & STUDENT SUCCESS	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(9) MARIO T GABOURY	(i)	252,525.	Ο.	3,831.	31,719.	50,817.	338,892.	0.
INTERIM PROV.&SR.VP OF ACAD.	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(10) STEPHEN MORIN	(i)	283,005.	Ο.	2,650.	32,400.	15,071.	333,126.	0.
VP FOR ADVANCEMENT	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(11) CAROLINE KOZIATEK	(i)	216,179.	Ο.	2,132.	30,352.	50,782.	299,445.	0.
VP HUMAN RESOURCES & TITLE IX COORDI	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(12) REBECCA JOHNSON	(i)	192,884.	Ο.	2,552.	13,202.	21,742.	230,380.	0.
VP STDT AFFAIR & DEAN OF STDT	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(13) JEAN HUSTED	(i)	194,812.	Ο.	1,269.	28,267.	3.	224,351.	0.
VP CHIEF OF STAFF	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(14) DANIEL J MAY	(i)	123,733.	Ο.	1,626.	7,303.	40,142.	172,804.	0.
PROFESSOR	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(15) CAROLYN CHAMBERLIN	(i)	Ο.	Ο.	142,976.	0.	12,609.	155,585.	0.
VP MARKETING	(ii)	0.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2020

### Part III Supplemental Information

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

PART I, LINES 4A-B:

SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

NAME: KAPLAN, STEVEN H

NONQUALIFIED: \$100,000

DURING THE YEAR, A CONTRIBUTION OF \$100,000 WAS MADE TO A 457(F) DEFERRED

COMPENSATION PLAN.

NAME: CHAMBERLIN, CAROLYN

SEVERANCE: \$142,976

DURING THE YEAR, FORMER OFFICER CAROLYN CHAMBERLIN RECEIVED SEVERANCE

COMPENSATION OF \$142,976.

PART III - OTHER ADDITIONAL INFORMATION

SCHEDULE J, PART II, COLUMN B(III)

THE \$2,954,097 AMOUNT REPORTED IN COLUMN B(III) FOR STEVEN KAPLAN

REPRESENTS OTHER REPORTABLE COMPENSATION ITEMS. THE LARGEST ITEM

WITHIN THIS CATEGORY IS A PAYOUT FROM A NON-QUALIFIED RETIREMENT PLAN

UNDER IRC SECTION 457(F) IN THE AMOUNT OF \$2,845,987. THE UNIVERSITY'S

DEFERRED COMPENSATION 457(F) PLAN DELAYS COMPENSATION TO OFFICERS OF

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020	UNIVERSITY	OF	NEW E	IAVEN

Part III Supplemental Information

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

THE INSTITUTION, WHICH ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE TO
THE EMPLOYEE. THESE FUNDS REMAIN UNIVERSITY ASSETS AND CAN BE INVESTED
UNTIL THEY VEST WITH THE EMPLOYEE AND ARE THEN PAID OUT AS CURRENT
COMPENSATION OR THE FUNDS REVERT BACK TO THE UNIVERSITY IF THE
FORFEITURE CONDITIONS ARE MET. THE UNIVERSITY CONTRIBUTION OVER THE
PRIOR FOURTEEN YEARS FOR PRESIDENT KAPLAN'S 457(F) PLAN WAS \$1,833,124.
THE ANNUAL CONTRIBUTIONS WERE REPORTED IN PRIOR PERIOD 990 REPORTS ON
AN ANNUAL BASIS AS RETIREMENT AND DEFERRED COMPENSATION. INVESTED
MARKET GAINS OVER THIS SAME PERIOD TOTALED \$1,012,863. WITHIN THIS SAME
CATEGORY \$9,906 WAS REPORTED FOR GROUP TERM LIFE INSURANCE COVERAGE,
\$13,204 AS A VEHICLE USE FRINGE BENEFIT AND \$85,000 AS A HOUSING
ALLOWANCE.
SCHEDULE J, PART II, COLUMN C
THE AMOUNT REPORTED IN COLUMN C FOR STEVEN KAPLAN OF \$134,524
REPRESENTS RETIREMENT AND OTHER DEFERRED COMPENSATION ITEMS. PRESIDENT
KAPLAN PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN UNDER IRC
SECTION 457(F). DURING THE YEAR THE ANNUAL CONTRACTUAL MINIMUM

CONTRIBUTION OF \$100,000 WAS MADE TO A 457(F) DEFERRED COMPENSATION

Page 3

Schedule J (Form 990) 2020	UNIVERSITY	OF	NEW	HAVEN

Part III Supplemental Information

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

PLAN, WHICH WILL REMAIN A UNIVERSITY ASSET AND INVESTED UNTIL VESTING

IS ACHIEVED OR THE FUNDS REVERT BACK TO THE UNIVERSITY IF THE

FORFEITURE PROVISIONS ARE MET. RETIREMENT CONTRIBUTIONS OF \$19,500 FOR

THE 457(B) PLAN AND \$15,024 FOR THE 403(B) WERE ALSO MADE.

SCHEDULE J, PART II, COLUMN D

THE AMOUNT REPORTED IN COLUMN D FOR STEVEN KAPLAN OF \$42,958 REPRESENTS

NONTAXABLE BENEFIT ITEMS. PRESIDENT KAPLAN CONTRIBUTED \$16,166 FOR

ITEMS INCLUDING MEDICAL, DENTAL, HEALTH SAVINGS ACCOUNT AND PARKING AND

THE UNIVERSITY CONTRIBUTED \$24,575 FOR MEDICAL, \$2,203 FOR REIMBURSED

TRAVEL, INCLUDING \$507 FOR SPOUSAL TRAVEL AND \$14 FOR LONG TERM

DISABILITY COVERAGE. TRAVEL FOR COMPANIONS IS ONLY ALLOWED FOR THE

PRESIDENT OF THE UNIVERSITY WHERE A BUSINESS PURPOSE EXISTS AND

REQUIRES THE SPOUSE TO PARTICIPATE.

INTERNATIONAL TRAVEL AND HOUSING

CERTAIN EMPLOYEES, WHO PERFORM THEIR DUTIES OVERSEAS, RECEIVED

ADDITIONAL COMPENSATION RELATED TO: HOUSING, TRANSPORTATION, TRAVEL,

AND OTHER RELATED EXPENSES BECAUSE OF THEIR FOREIGN DEPLOYMENT. THESE

Page 3

Schedule J (Form 990) 2020 UNIVERSITY OF NEW HAVEN

Part III Supplemental Information

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

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EXPENSES ARE FUNDED BY AN INTERNATIONAL SERVICE CONTRACT WITH THE

UNIVERSITY. THE ADDITIONAL COMPENSATION ITEMS ARE CODIFIED WITHIN EACH

EMPLOYEE'S EMPLOYMENT CONTRACT AND ARE INCLUDED IN THE EMPLOYEE'S

TAXABLE INCOME PER IRS GUIDELINES. THESE EXPENSES ARE REPORTED IN

SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART II

AS PART OF AN INTERNAL COMPLIANCE CHECK, THE UNIVERSITY'S SENIOR

MANAGEMENT REVIEWED THE LIST OF KEY EMPLOYEES HISTORICALLY REPORTED ON

FORM 990, PART VII AND SCHEDULE J. ANALYZING THE FORM 990

INSTRUCTIONS, INCLUDING THE DEFINITION OF "KEY EMPLOYEE" AND RELATED

EXAMPLES, MANAGEMENT DETERMINED JOB RESPONSIBILITIES OF CERTAIN

INDIVIDUALS REPORTED AS KEY EMPLOYEES IN PRIOR YEARS DO NOT ALIGN WITH

THE DEFINITION OF A KEY EMPLOYEE. THE FOLLOWING EMPLOYEES SHOULD NOT

HAVE BEEN LISTED AS KEY EMPLOYEES ON FORMS 990 FOR TAX YEARS PRIOR TO

FY21: BRIAN KENCH, RONALD S HARICHANDRAN, LOUIS C ANNINO, DAVID

SCHROEDER, SUMMER J MCGEE, MICHAEL ROSSI.

(Form 9 Departme	SCHEDULE K       Supplemental Information on Tax-Exempt Bonds         Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.         Department of the Treasury Internal Revenue Service       Attach to Form 990.											OMB No. 1545-0047 2020 Open to Public Inspection		
Name c	of the organization												n num	ber
	UNIVERSITY C	DF NEW HAVEN								06-07	6170	4		
Part I		<i>(</i> , ), , , , , , , , , , , , , , , , , ,	( ) 01 1015 11	( ) >			(1)		6.55	, ,	4.1.0		<i>(</i> ) =	<u> </u>
(a) Issuer name (b) Issuer EIN (c) CUSIP # (		(d) Date issued	(e) Issue	e price	(f) Descriptio	n of purpose	(g) Defeased (h)					oled		
									Yes	No	Yes	No	Yes	
							REFINANCE PR	OR DEBT	res		res	NO	res	
A CHE	EFA 2018 SERIES K1	06-0806186	20774Y4T1	05/01/18	97 61	11 168	CHEFA SERIES			x		x		х
<u>A</u> 0111						,	CONSTRUCT AC	ADEMIC						
R CHE	EFA 2019 SERIES K3	06-0806186	20774Y6K8	11/28/18	26 90	04 071.	BUILDING			x		x		х
					/	,								
С														
D														
Part II	Proceeds		•	•	•						•			
		A	Α		ВС		D							
<b>1</b> A	Mount of bonds retired													
<b>2</b> A	mount of bonds legally defeased													
	otal proceeds of issue				97,611,168.		26,904,071.							
<b>4</b> G	Gross proceeds in reserve funds		<u></u>											
<b>5</b> C	Capitalized interest from proceeds													
<u>6</u> P	Proceeds in refunding escrows													
<b>7</b> Is	ssuance costs from proceeds			1,	1,004,718. 531,301.									
<b>8</b> C	Credit enhancement from proceeds													
<b>9</b> V	Vorking capital expenditures from proce	eds												
<b>10</b> C	Capital expenditures from proceeds													
<b>11</b> C	Other spent proceeds			96 ,	96,606,450. 26,3		26,372,770.							
	· · ·													
<b>13</b> Y	ear of substantial completion				2015		2021							
				Yes	No	Yes	No	Yes	No		Yes		No	
	Vere the bonds issued as part of a refur	<b>0</b>	. ,											
	issued prior to 2018, a current refundir			X			X							
	Vere the bonds issued as part of a refur	-			v		υ							
	ssued prior to 2018, an advance refund			X	X	X	X			_		_		
-	las the final allocation of proceeds beer		upport the	····· ^		Δ								
	Does the organization maintain adequation and the second structure of proceeds?	e dooks and records to su		x		х								

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

Schedule K (Form 990) 2020

# Schedule K (Form 990) 2020 UNIVERSITY OF NEW HAVEN

Page **2** 

Part III Private Business Use								Page
		4		3		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		X				
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?	Х			x				
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?		x		x				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		x		x				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities						1		
other than a section 501(c)(3) organization or a state or local government		.31 %		%		%		
5 Enter the percentage of financed property used in a private business use as a		70		/0		70		
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
		.31 %		%		%		
<ul> <li>6 Total of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		.01 %		X		20		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-		x		x				
governmental person other than a 501(c)(3) organization since the bonds were issued?		А		A				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or		0/				0/		
disposed of		%		%		%		1
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	Х		X					
Part IV Arbitrage								
		A		3		C		<b>)</b>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?		1						1
a Rebate not due yet?	X		Х					
b Exception to rebate?	Х			X				
c No rebate due?		Х		X		1		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								1
3 Is the bond issue a variable rate issue?		X		X				

# Schedule K (Form 990) 2020 UNIVERSITY OF NEW HAVEN

Part IV Arbitrage (continued)								
	A		В		С		C	)
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		X				
<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)?		X		Х				
<b>b</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?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х		Х					
Part V Procedures To Undertake Corrective Action								
		4	E	3		С		)
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?	х		Х					
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					
SCHEDULE K, PART II, LINE 11								
PURPOSE OF ISSUE DESCRIPTION								
CHEFA 2018 SERIES K1								
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 II, LINE 11								
CHEFA 2019 SERIES K3								
BOND PROCEEDS WERE USED TO CONSTRUCT AN ACADEMIC BUILDING.								
SCHEDULE K, PART III, LINE 3A								
QUALIFIED PRIVATE ACTIVITY BOND								
CHEFA 2018 SERIES K1								
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.								

06-0761704

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Schedule K (Form 990) 2020 UNIVERSITY OF NEW HAVEN	06-0761704	Page
Part VI Supplemental Information. Provide additional information for responses to questions on Scho	edule K. See instructions. (continued)	
SCHEDULE K, PART III, LINE 3A		
CHEFA 2019 SERIES K3		
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 IV, LINE 2B		
CHEFA 2018 SERIES K1		
ARBITRAGE CALCULATION - 2018 SERIES K1		
THE ORGANIZATION MET THE EIGHTEEN MONTH SPENDING EXCEPTION; THEREFORE		
NO REBATE CALCULATION IS REQUIRED.		
032124 12-01-20		Schedule K (Form 990) 202

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2020 **Open to Public** Inspection

Name of the	organization
-------------	--------------

UNIVERSITY	OF	NEW	HAVEN

Employer identification number
06-0761704

06

Pa	TI I uppes of Property							
		(a)	<b>(b)</b> Number of	(c) Noncash contribution	(d)	tormin	ina	
		Check if applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
	-		items contributed	Form 990, Part VIII, line 1g				
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	Х	8	1,323,694.	MARKET VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other ( )							
28	Other  ()							
29	Number of Forms 8283 received by the organization		, ,					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.	- l'		af any managementa and a sectority of			v	
31	Does the organization have a gift acceptance p		•	•	IUNS ?	31	X	
32a	Does the organization hire or use third parties of			· · ·		00-		v
	contributions?					32a		X
	If "Yes," describe in Part II.			· fau	l e al			
33	If the organization didn't report an amount in co describe in Part II	numm (C) 101	a type of property	nor which column (a) is cheo	skeu,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 UNIVERSITY OF NEW HAVEN	06-0761704	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b,	and 33, and whether the organiz	ation
is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both. Also com	plete
this part for any additional information.		
CHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTIONS		
THE AMOUNT IN COLUMN B INDICATES THE NUMBER OF INDIVIDUAL		
CONTRIBUTIONS.		
	Schedule M (Forn	n 000) 2020
032142 11-23-20		1 330/ 2020

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(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.		2020
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	UNIVERSITY OF NEW HAVEN		identification number 61704
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THE UNIVERSITY OF	NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE		
UNIVERSITY WITH AN	EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND		
PROFESSIONAL EDUCA	FION.		
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
OUR MISSION IS TO	PREPARE OUR STUDENTS TO LEAD PURPOSEFUL AND		
FULFILLING LIVES I	N A GLOBAL SOCIETY BY PROVIDING THE HIGHEST-QUALITY		
EDUCATION THROUGH	EXPERIENTIAL, COLLABORATIVE, AND DISCOVERY-BASED		
LEARNING.			
FORM 990, PART VI,	SECTION B, LINE 10B:		
LOCAL BRANCHES			
THE UNIVERSITY OPE	RATES THE FOLLOWING CAMPUSES: WEST HAVEN, CT; ORANGE, CT;		
PRATO, ITALY; AND	ALBUQUERQUE, NM.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
FORM 990 REVIEW PR	DCESS		
A COMPLETED COPY O	F THE FORM 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS		
VIA A SECURE WEB P	ORTAL FOR REVIEW, COMMENT AND QUESTIONS PRIOR TO		
SUBMISSION TO THE	INTERNAL REVENUE SERVICE.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
CONFLICT OF INTERE	ST POLICY		
THE CONFLICT OF IN	FEREST POLICY WAS CREATED TO COMPLY WITH THE CONNECTICUT		

REVISED NON-STOCK CORPORATION ACT WHICH MEETS THE REQUIREMENTS OF THE

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

Schedule O (Form 990 or 990-EZ) 2020

16560427 153541 398240

2020.05093 UNIVERSITY OF NEW HAVEN 398240\_1

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification numbe 06-0761704
INTERNAL REVENUE SERVICE. THE POLICY IDENTIFIES WHAT CONSTITUTES A CONFLICT	
OF INTEREST FOR A BOARD MEMBER AND WHAT IS REQUIRED OF A BOARD MEMBER IF A	
CONFLICT WERE TO ARISE. THE UNDERLYING PRINCIPLES OF THE POLICY ARE AIMED	
AT INSURING A FULL AND TIMELY DISCLOSURE MADE BY A BOARD MEMBER REGARDING	
ANY CONFLICT OF INTEREST THAT MAY EXIST. BOARD MEMBERS WITH CONFLICTS ARE	
NOT TO BE INVOLVED IN ANY BOARD DELIBERATIONS OR VOTE ON THE MATTER. IN	
ADDITION, IF THE TRANSACTION IS TO BE APPROVED AT THE UNIVERSITY STAFF	
EVEL, 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, LINE 15:	
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 SENIOR MANAGEMENT OFFICIALS	
AT THE UNIVERSITY. THE SENIOR OFFICERS CONSIST OF: (I) THE PRESIDENT; (II)	
THE PROVOST; AND (III) THE VICE PRESIDENTS. THE FIRST STEP INVOLVES A	
SPECIAL COMMITTEE OF THE BOARD OF GOVERNORS, THE COMPENSATION COMMITTEE	
THE "COMMITTEE"), WHICH IS COMPRISED OF FIVE MEMBERS: (I) THE BOARD CHAIR	
AND VICE CHAIR; AND (II) THREE OTHER BOARD MEMBERS (INCLUDING ONE BOARD	
j32212 11-20-20 68	Schedule O (Form 990 or 990-EZ) 202

16560427 153541 398240

2020.05093 UNIVERSITY OF NEW HAVEN 398240\_1

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
	00-0701704
MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY). 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 THUS ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH." WITH	
REGARD TO THE UNIVERSITY'S 7/1/20-6/30/21 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 RELEVANT 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 THE COMMITTEE MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.)	
THE SECOND AND 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 REVIEWED; AND (II) ITS COMPENSATION	
RECOMMENDATIONS TO THE BOARD. (IN THIS CONTEXT, ALL MEMBERS OF THE BOARD	
ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO ARE THUS	
ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH.") THE BOARD THEN	
DISCUSSED THIS DATA FROM THE COMMITTEE AND ALSO THE COMMITTEE'S	
032212 11-20-20 69	Schedule O (Form 990 or 990-EZ) 2020

# 16560427 153541 398240

69 2020.05093 UNIVERSITY OF NEW HAVEN

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
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 CONCLUDED THAT ITS PROCEDURES	
FOR DETERMINING THE COMPENSATION OF ITS SENIOR MANAGEMENT OFFICIALS, AND	
ALL OTHER OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY, MEET THE	
REQUIREMENTS OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS.	
FORM 990, PART VI, SECTION C, 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 VII	
AS PART OF AN INTERNAL COMPLIANCE CHECK, UNIVERSITY MANAGEMENT REVIEWED	
THE LIST OF KEY EMPLOYEES HISTORICALLY REPORTED ON FORM 990, PART VII	
AND SCHEDULE J. ANALYZING THE FORM 990 INSTRUCTIONS, INCLUDING THE	
DEFINITION OF "KEY EMPLOYEE" AND RELATED EXAMPLES, MANAGEMENT	
DETERMINED JOB RESPONSIBILITIES OF CERTAIN INDIVIDUALS REPORTED AS KEY	
EMPLOYEES IN PRIOR YEARS DO NOT ALIGN WITH THE DEFINITION OF KEY	
EMPLOYEE. THE FOLLOWING EMPLOYEES SHOULD NOT HAVE BEEN LISTED AS A KEY	
EMPLOYEE ON FORMS 990 FOR TAX YEARS PRIOR TO FY21: BRIAN KENCH, RONALD	
S HARICHANDRAN, LOUIS C ANNINO, DAVID SCHROEDER, SUMMER J MCGEE,	
032212 11-20-20 <b>70</b>	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
UNIVERSITY OF NEW HAVEN	06-0761704
MICHAEL ROSSI.	
032212 11-20-20 <b>7 1</b>	Schedule O (Form 990 or 990-EZ) 2020

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032161 10-28-20 LHA

(b)

Primary activity

### 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 Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
HENRY C. LEE INST. OF FORENSIC SCIENCE -							
06-1629144, 300 BOSTON POST ROAD, WEST							
HAVEN, CT 06516	EDUCATION	CONNECTICUT	501(C) (3)	12A(I)	UNH	х	
UNIVERSITY OF NEW HAVEN DENTAL CENTER -							
06-1629143, 300 BOSTON POST ROAD, WEST							
HAVEN, CT 06516	INACTIVE CORP	CONNECTICUT	501(C) (3)	12A(I)	UNH	x	

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

Schedule R (Form 990) 2020

# anizations and Unrelated Partnerships

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

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

(c)

Legal domicile (state or

foreign country)

# Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

UNIVERSITY OF NEW HAVEN

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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

	Related	Orga
<b>b</b> a		

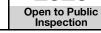
(d)

Total income

(e)

End-of-year assets

Attach to Form 990.



Employer identification number

(f)

Direct controlling

entity

06-0761704

# 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.

	······································	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	I or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										+	

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	contr enti	tity?
CHARITABLE REMAINDER TRUSTS (2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Yes	No
300 BOSTON POST ROAD									
WEST HAVEN, CT 06516	CHARITABLE TRUST	СТ	N/A	TRUST				x	

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	s II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
J Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)	1e		_
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)		_	_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	÷
Sharing of paid employees with related organization(s)		X	:
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	:
Cther transfer of cash or property from related organization(s)	1s	X	÷

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved		
(1) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	N	371,012.	FMV		
(2) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	0	455,583.	FMV		
(3) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	R	348,511.	FMV		
(4) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	s	73,398.	FMV		
(5)					
_(6)					
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### Schedule R (Form 990) 2020 UNIVERSITY OF NEW HAVEN

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

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# Part VII Supplemental Information

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

Schedule R (Form 990) 2020

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