



# **2021 Income Tax Return**

**University of New Haven**

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (UNIVERSITY OF NEW HAVEN), address (300 BOSTON POST ROAD, WEST HAVEN, CT 06516), principal officer (STEVEN H KAPLAN), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (GEORGE S. SYNODI), preparer name (DEVIN L. DUNCAN), firm name (KPMG LLP), and address.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNIVERSITY OF NEW HAVEN	Taxpayer identification number (TIN)  06-0761704
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 300 BOSTON POST ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST HAVEN, CT 06516	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

GEORGE S. SYNODI

- The books are in the care of ▶ 300 BOSTON POST ROAD - WEST HAVEN, CT 06516

Telephone No. ▶ (203)932-7273 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 15, 2023    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning     JUL 1, 2021    , and ending     JUN 30, 2022    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 258,352,322. including grants of \$ 119,965,902. ) (Revenue \$ 252,416,642. ) UNIVERSITY PROGRAM: THE UNIVERSITY OF NEW HAVEN IS A PRIVATE UNIVERSITY, FOUNDED IN 1920, WITH AN 82 ACRE MAIN CAMPUS AND SATELLITE CAMPUSES IN ORANGE, CT; PRATO, ITALY; AND ALBUQUERQUE, NM. THE UNIVERSITY HAS AN UNDERGRADUATE ENROLLMENT OF 5,023 STUDENTS WITH 49 PERCENT RESIDING IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS 82 UNDERGRADUATE DEGREES THROUGH ITS FIVE COLLEGES, IN INNOVATIVE FIELDS SUCH AS SPORTS MANAGEMENT, NUTRITION & DIETETICS, FORENSIC SCIENCE, MUSIC AND SOUND RECORDING, ENGINEERING, COMPUTER SCIENCE, FIRE SCIENCE AND CRIMINAL JUSTICE. THE UNIVERSITY ALSO OFFERS ITS STUDENTS A STUDY ABROAD PROGRAM THROUGH A VARIETY OF UNIQUE OFFERINGS.

4b (Code: ) (Expenses \$ 33,847,936. including grants of \$ 5,768,971. ) (Revenue \$ 51,261,504. ) GRADUATE SCHOOL: THE GRADUATE SCHOOL HAS AN ENROLLMENT OF 2,490 STUDENTS AND OFFERS 72 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 \$ 1,566,994. including grants of \$ ) (Revenue \$ 2,080,253. ) INTERNATIONAL PROGRAM: THE UNIVERSITY ASSISTED AN INTERNATIONAL PROGRAM, WHICH OFFERS A FOUR-YEAR BACCALAUREATE DEGREE IN SECURITY STUDIES, DELIVERED ABROAD.

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

4e Total program service expenses 293,767,252.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN H KAPLAN PRESIDENT	35.00 0.00			X				839,125.	0.	992,247.
(2) DANIEL MABREY INTERNATIONAL PROGRAM MANAGER	35.00 0.00					X		713,362.	0.	26,275.
(3) GREGORY EICHHORN VP ENROLLMENT & STUDENT SUCCESS	35.00 0.00			X				344,209.	0.	106,579.
(4) GEORGE S SYNODI VP FINANCE & ADMINISTRATION	34.00 1.00			X				347,426.	0.	93,473.
(5) GENE KLINE INTL PROG DIRECTOR OF INTELEG STUDIE	35.00 0.00					X		410,952.	0.	20,586.
(6) MARIO T GABOURY INTERIM PROV.&SR.VP OF ACAD.	35.00 0.00			X				327,008.	0.	103,577.
(7) BRIAN KENCH DEAN	35.00 0.00					X		291,076.	0.	105,355.
(8) STEPHEN MORIN VP FOR UNIV ADVANCEMENT (THRU 9/21)	35.00 0.00			X				329,106.	0.	52,653.
(9) RONALD HARICHANDRAN DEAN	35.00 0.00					X		306,190.	0.	53,555.
(10) CAROLINE KOZIATEK VP HUMAN RESOURCES & TITLE IX COORDI	35.00 0.00			X				254,490.	0.	99,682.
(11) HISHAM AKHONBAY INTL PROG KNOWLEDGE XFER MGR	35.00 0.00					X		309,443.	0.	12,150.
(12) JEAN HUSTED VP CHIEF OF STAFF	35.00 0.00			X				267,265.	0.	43,301.
(13) DANIEL J MAY PROFESSOR	35.00 0.00						X	129,899.	0.	14,350.
(14) BRIAN OTIS VP FOR UNIV ADVANCEMENT (BEG 9/21)	35.00 0.00			X				89,430.	0.	27,936.
(15) MICHAEL AMBROSE VICE CHAIR	2.00 0.00	X						0.	0.	0.
(16) PHILIP BARTELS BOARD OF GOVERNORS	1.00 1.00	X						0.	0.	0.
(17) SAMUEL BERGAMI BOARD OF GOVERNORS	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENNETH BIERMACHER BOARD OF GOVERNORS	1.00 1.00	X						0.	0.	0.
(19) CAROLYN BREHM BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(20) WILLIAM BUCKNALL BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(21) K. ONI CHUKWU BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(22) ROGER COOPER BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(23) RAPHAEL CRAWFORD BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(24) EILEEN EDER BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(25) LAWRENCE FLANAGAN BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(26) ROSA GATTI BOARD OF GOVERNORS	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,958,981.	0.	1,751,719.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,958,981.	0.	1,751,719.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 208

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC PO BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICE	14,848,281.
PAT MUNGER CONSTRUCTION CO. INC., 750 EAST MAIN STREET STE1, BRANFORD, CT 06405	CONSTRUCTION	7,757,912.
MILESTONE CONSTRUCTION SERVICES, INC 64 THOMPSON STREET, EAST HAVEN, CT 06513	CONSTRUCTION	5,537,241.
DIVERSIFIED BUILDING SERVICES, 101 N, PLAINS INDUSTRIAL RD, WALLINGFORD, CT	MAINTENANCE	3,299,895.
CONSIGLI CONSTRUCTION CO., INC. 72 SUMNER ST, MILFORD, MA 01757	CONSTRUCTION	3,261,204.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 47

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEFFERY P. HAZELL BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(28) JENNIFER D. JACKSON BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(29) ROBERT M. LEE BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(30) DENNIS R. MCGOUGH BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(31) JOSEPHINE MORAN BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(32) KEVIN A MYATT BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(33) DAVID J PETERSON BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(34) CHARLES E. POMPEA CHAIR	2.00 0.00	X						0.	0.	0.
(35) ERNEST SCHAUB BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(36) ANTHONY SCILLIA BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(37) ANIL SHAH BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(38) SHELLEY STEWART BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(39) STEPHEN TAGLIATELA BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(40) RANDAL THOMPSON BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
(41) ROWENA TRACK BOARD OF GOVERNORS	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	55,020.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,064,474.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,837,803.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,938,066.				
	<b>h Total.</b> Add lines 1a-1f .....			32,957,297.			
<b>Program Service Revenue</b>	<b>2 a</b> TUITION	<b>Business Code</b>					
		611600	256,324,408.	256,324,408.			
	<b>b</b> RESIDENCE FEES	721310	29,912,760.	29,912,760.			
	<b>c</b> DINING FEES	722320	13,819,977.	13,819,977.			
	<b>d</b> INTERNATIONAL PROGRAMS	611710	2,080,253.	2,080,253.			
	<b>e</b> COMMISSIONS	900099	1,166,950.	1,166,950.			
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			303,304,348.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,784,354.			2,784,354.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....		1,232.			1,232.	
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			205,817.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	131,771.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	74,046.				
	<b>d</b> Net rental income or (loss) .....			74,046.		74,046.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
			32,531,359.	2,337,723.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	29,766,941.	1,958,060.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,764,418.	379,663.			
	<b>d</b> Net gain or (loss) .....			3,144,081.		3,144,081.	
<b>8 a</b> Gross income from fundraising events (not including \$ 55,020. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		55,525.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	49,488.			
		<b>c</b> Net income or (loss) from fundraising events .....			6,037.		6,037.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> GRANT IDC	<b>Business Code</b>					
		900099	847,008.	847,008.			
	<b>b</b> AUXILLARY OTHER	900099	567,955.	567,955.			
	<b>c</b> ATHLETIC REVENUE	900099	279,709.	279,709.			
	<b>d</b> All other revenue .....	900099	759,379.	759,379.			
<b>e Total.</b> Add lines 11a-11d .....			2,454,051.				
<b>12 Total revenue.</b> See instructions .....			344,725,446.	305,758,399.	0.	6,009,750.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	116,691,212.	116,691,212.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	9,043,661.	9,043,661.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,572,012.	511,890.	2,274,166.	785,956.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	82,262,843.	66,807,168.	14,714,060.	741,615.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,056,820.	3,540,366.	481,374.	35,080.
<b>9</b> Other employee benefits .....	8,185,568.	6,049,473.	1,879,288.	256,807.
<b>10</b> Payroll taxes .....	5,582,774.	4,354,968.	1,153,064.	74,742.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	106,935.	106,935.		
<b>b</b> Legal .....	815,819.	532,028.	283,791.	
<b>c</b> Accounting .....	296,946.	254,396.	42,550.	
<b>d</b> Lobbying .....	101,533.	101,533.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	235,601.	115,521.	120,080.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,911,114.	3,818,308.	1,083,246.	9,560.
<b>12</b> Advertising and promotion .....	1,248,298.	1,239,191.	6,849.	2,258.
<b>13</b> Office expenses .....	5,458,757.	4,103,156.	1,253,220.	102,381.
<b>14</b> Information technology .....	4,856,679.	1,844,881.	3,010,069.	1,729.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,406,607.	4,075,965.	330,642.	
<b>17</b> Travel .....	1,750,340.	1,556,166.	164,018.	30,156.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	915,702.	439,389.	438,142.	38,171.
<b>20</b> Interest .....	5,400,509.	4,995,484.	405,025.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	11,313,210.	10,466,152.	847,058.	
<b>23</b> Insurance .....	5,845,036.	4,079,703.	1,765,333.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD SERVICE	13,297,557.	13,244,616.	36,603.	16,338.
<b>b</b> REPAIR AND MAINTENANCE	10,177,402.	10,051,246.	125,830.	326.
<b>c</b> OTHER SERVICE AGREEMENT	10,091,808.	8,829,597.	1,039,619.	222,592.
<b>d</b> ALL OTHER EXPENSES	6,838,048.	6,399,289.	416,472.	22,287.
<b>e</b> All other expenses _____	10,658,756.	10,514,958.	141,736.	2,062.
<b>25</b> Total functional expenses. Add lines 1 through 24e	328,121,547.	293,767,252.	32,012,235.	2,342,060.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	244,258.	<b>1</b>	242,197.
	<b>2</b> Savings and temporary cash investments .....	28,126,569.	<b>2</b>	17,411,075.
	<b>3</b> Pledges and grants receivable, net .....	1,425,647.	<b>3</b>	5,057,198.
	<b>4</b> Accounts receivable, net .....	2,987,229.	<b>4</b>	3,953,709.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	688,980.	<b>7</b>	508,252.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,480,857.	<b>9</b>	2,024,936.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 474,462,072.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 197,654,213.		
	<b>11</b> Investments - publicly traded securities .....	277,534,975.	<b>10c</b>	276,807,859.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	94,241,691.	<b>11</b>	90,143,697.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	12,149,482.	<b>12</b>	7,922,088.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,320,358.	<b>14</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	439,200,046.	<b>15</b>	22,982,742.	
		<b>16</b>	427,053,753.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	32,307,883.	<b>17</b>	29,566,683.
	<b>18</b> Grants payable .....	1,384,965.	<b>18</b>	1,192,117.
	<b>19</b> Deferred revenue .....	12,669,249.	<b>19</b>	11,997,222.
	<b>20</b> Tax-exempt bond liabilities .....	120,590,723.	<b>20</b>	116,083,120.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,828,771.	<b>25</b>	26,167,724.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	190,781,591.	<b>26</b>	185,006,866.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	181,551,969.	<b>27</b>	177,970,627.
	<b>28</b> Net assets with donor restrictions .....	66,866,486.	<b>28</b>	64,076,260.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	248,418,455.	<b>32</b>	242,046,887.
<b>33</b> Total liabilities and net assets/fund balances .....	439,200,046.	<b>33</b>	427,053,753.	

Form **990** (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	344,725,446.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	328,121,547.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	16,603,899.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	248,418,455.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,975,467.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-1,000,000.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	242,046,887.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

- 1 [ ] A church... 2 [X] A school... 3 [ ] A hospital... 4 [ ] A medical research organization... 5 [ ] An organization operated for the benefit of a college... 6 [ ] A federal, state, or local government... 7 [ ] An organization that normally receives a substantial part of its support from a governmental unit... 8 [ ] A community trust... 9 [ ] An agricultural research organization... 10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 [ ] An organization organized and operated exclusively to test for public safety... 12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations... a [ ] Type I... b [ ] Type II... c [ ] Type III functionally integrated... d [ ] Type III non-functionally integrated... e [ ] Check this box if the organization received a written determination from the IRS... f Enter the number of supported organizations: [ ]

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,948,490.	9,431,609.	14,697,034.	26,087,058.	32,957,297.	97,121,488.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13,948,490.	9,431,609.	14,697,034.	26,087,058.	32,957,297.	97,121,488.
<b>5</b> 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) .....						7,752,846.
<b>6 Public support.</b> Subtract line 5 from line 4.						89,368,642.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	13,948,490.	9,431,609.	14,697,034.	26,087,058.	32,957,297.	97,121,488.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,771,532.	3,157,263.	3,122,723.	2,287,434.	2,991,403.	13,330,355.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,832,369.	3,845,599.	2,928,525.	2,619,264.	2,454,052.	15,679,809.
<b>11 Total support.</b> Add lines 7 through 10						126,131,652.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,388,856,196.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.85 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	63.15 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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:

MISC

2017 AMOUNT: \$ 790,941.

2018 AMOUNT: \$ 992,865.

2019 AMOUNT: \$ 973,191.

2020 AMOUNT: \$ 1,143,069.

2021 AMOUNT: \$ 890,371.

AMORTIZATION OF CAP CONT

2017 AMOUNT: \$ 1,248,749.

2018 AMOUNT: \$ 1,284,464.

2019 AMOUNT: \$ 532,380.

2020 AMOUNT: \$ 496,964.

2021 AMOUNT: \$ 436,964.

ATHLETIC

2017 AMOUNT: \$ 305,613.

2018 AMOUNT: \$ 503,561.

2019 AMOUNT: \$ 598,145.

2020 AMOUNT: \$ 97,038.

2021 AMOUNT: \$ 279,709.

GRANT IDC

2017 AMOUNT: \$ 1,487,066.

2018 AMOUNT: \$ 1,064,709.

2019 AMOUNT: \$ 824,809.

2020 AMOUNT: \$ 882,193.

**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.)

2021 AMOUNT: \$ 847,008.

Horizontal lines for supplemental information input.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,261,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,764,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,688,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 980,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 884,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES _____ _____ _____	\$ 1,051,899.	11/30/21
3	SECURITIES _____ _____ _____	\$ 635,256.	06/23/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">UNIVERSITY OF NEW HAVEN</p>	Employer identification number <p style="text-align: center;">06-0761704</p>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990) 2021**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) 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 a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		101,533.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			101,533.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITY

THE UNIVERSITY OF NEW HAVEN USES THE SERVICES OF 'THE NORMANDY GROUP'.

'THE NORMANDY GROUP' WORKS WITH THE UNIVERSITY TO ADVANCE ITS' FEDERAL

LEGISLATIVE AGENDA AND OBTAIN FUNDING THROUGH THE VARIOUS FY22

APPROPRIATION BILLS.

**Part IV** Supplemental Information (continued)

IN ADDITION, THE UNIVERSITY PAYS DUES TO VARIOUS PROFESSIONAL ORGANIZATIONS. AN IMMATERIAL AMOUNT OF THESE DUES ARE ATTRIBUTED TO LOBBYING EXPENSES.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section requirements and reporting.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	90,951,631.	66,919,161.	66,419,712.	63,793,485.	47,521,985.
b Contributions	4,766,655.	7,550,172.	1,008,670.	101,480.	13,612,687.
c Net investment earnings, gains, and losses	-10,687,059.	18,707,868.	1,446,474.	3,954,168.	4,067,022.
d Grants or scholarships	1,197,230.	800,155.	710,130.	887,128.	508,214.
e Other expenditures for facilities and programs	1,690,041.	1,425,415.	1,245,565.	542,293.	899,995.
f Administrative expenses					
g End of year balance	82,143,956.	90,951,631.	66,919,161.	66,419,712.	63,793,485.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  43.8700 %
  - b Permanent endowment  41.6000 %
  - c Term endowment  14.5300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,655,389.		13,655,389.
b Buildings		335,377,392.	107,985,590.	227,391,802.
c Leasehold improvements		7,491,505.	7,106,350.	385,155.
d Equipment		77,349,822.	66,222,392.	11,127,430.
e Other		40,587,964.	16,339,881.	24,248,083.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				276,807,859.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	22,982,742.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,982,742.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	23,306,088.
(3) POSTRETIREMENT HEALTHCARE OBLIGATION	2,861,636.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,167,724.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	203,236,337.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-21,975,467.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-119,459,300.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-141,434,767.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	344,671,104.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	235,601.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-181,259.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	54,342.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	344,725,446.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	208,685,839.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	362,970.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	362,970.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	208,322,869.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	235,601.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	119,563,077.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	119,798,678.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	328,121,547.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

USE OF ENDOWMENT FUNDS

THE UNIVERSITY'S ENDOWMENT CONSISTS OF 273 INDIVIDUAL FUNDS. THROUGH THE

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

PROFESSORSHIPS, EQUIPMENT, RESEARCH AND PROFESSIONAL DEVELOPMENT.

PART X, LINE 2:

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

**Part XIII** Supplemental Information (continued)

INCOME TAXES. THE UNIVERSITY BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN

TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID	-119,563,077.
ADJUSTMENT FOR NON-CONSOLIDATED SUB	1,103,777.
PRIOR YEAR GIFT RECLASS	-1,000,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-119,459,300.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL PROPERTY EXPENSES	-131,771.
FUNDRAISING EXPENSES	-49,488.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-181,259.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR NON-CONSOLIDATED SUB	181,711.
RENTAL EXPENSES	131,771.
FUNDRAISING EXPENSES	49,488.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	362,970.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID	119,563,077.
---------------	--------------

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I**

	YES	NO
<b>1</b> 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? .....	X	
<b>2</b> 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?	X	
<b>3</b> 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 .....	X	
<i>SEE SUPPLEMENTAL PAGE</i>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	X	

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

Schedule E (Form 990) 2021

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

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 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 WILLIS SCHOLARSHIP PROGRAM. 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. 94% OF THE UNIVERSITY'S FULL-TIME 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

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

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.

Multiple horizontal lines for supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE	1	20	PROGRAM SERVICES	INSTRUCTION	1,073,928.
MIDDLE EAST AND NORTH AFRICA	1	7	PROGRAM SERVICES	INSTRUCTION	1,073,669.
EUROPE	0	0	PROGRAM SERVICES	STUDY ABROAD	48,333.
EAST ASIA AND PACIFIC	0	0	PROGRAM SERVICES	RECRUITMENT	3,000.
EUROPE	0	0	PROGRAM SERVICES	RECRUITMENT	4,500.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RECRUITMENT	51,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	RECRUITMENT	3,317,400.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RECRUITMENT	24,000.
<b>3 a</b> Subtotal .....	2	27			5,595,830.
<b>b</b> Total from continuation sheets to Part I .....	0	0			9,043,661.
<b>c</b> Totals (add lines 3a and 3b) .....	2	27			14,639,491.

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

Schedule F (Form 990) 2021

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/ CARIBBEAN	0	0	GRANTMAKING		353,380.
EAST ASIA AND PACIFIC	0	0	GRANTMAKING		276,573.
EUROPE	0	0	GRANTMAKING		606,460.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		218,183.
NORTH AMERICA	0	0	GRANTMAKING		84,544.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		70,013.
SOUTH AMERICA	0	0	GRANTMAKING		279,939.
SOUTH ASIA	0	0	GRANTMAKING		6,318,120.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		836,449.
<b>Totals</b> .....					9,043,661.



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
UNH INSTITUTIONAL AID	CENTRAL AMERICA/ CARIBBEAN	29	353,380.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	EAST ASIA AND PACIFIC	33	276,573.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	EUROPE	31	606,460.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	NORTH AMERICA	10	84,544.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	MIDDLE EAST AND NORTH AFRICA	35	218,183.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	RUSSIA AND NEIGHBOURING STATES	5	70,013.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	SOUTH AMERICA	22	279,939.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	SOUTH ASIA	1,397	6,318,120.	ACCT CREDIT	0.		FMV
UNH INSTITUTIONAL AID	SUB-SAHARAN AFRICA	125	836,449.	ACCT CREDIT	0.		FMV

Schedule F (Form 990) 2021

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

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. 94% OF THE UNIVERSITY'S UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. INSTITUTIONAL FINANCIAL AID CAN CONSIST OF MERIT OR NEED BASED GRANTS OR SCHOLARSHIPS. FEDERAL AND STATE FINANCIAL AID IS AWARDED BASED UPON 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. FEDERAL AND STATE FINANCIAL AID AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. HOWEVER, CITIZENSHIP IS NOT REQUIRED TO RECEIVE INSTITUTIONAL MERIT OR ATHLETIC SCHOLARSHIPS. STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS TO RECEIVE FEDERAL AND/OR STATE FUNDING. FEDERAL, STATE, PRIVATE GRANT FUNDS, AND INSTITUTIONAL AID FUNDS ARE NORMALLY APPLIED AS CREDITS TO STUDENT ACCOUNTS.



**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) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	110,545.			110,545.
	<b>2</b> Less: Contributions .....	55,020.			55,020.
	<b>3</b> Gross income (line 1 minus line 2) .....	55,525.			55,525.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	49,488.			49,488.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				49,488.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				6,037.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FEDERAL	321	866,897.	0.	FMV	
PRIVATE	424	1,473,157.	0.	FMV	
STATE	499	1,315,799.	0.	FMV	
INSTITUTIONAL AID	5871	106,893,064.	0.	FMV	
EMERGENCY AID TO STUDENTS	4911	6,142,295.	0.	FMV	

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

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANTS

FINANCIAL AID PROGRAMS: THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO

ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A

COMPREHENSIVE FINANCIAL AID PROGRAM, WITH THE STUDENTS RECEIVING ASSISTANCE

IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME

EMPLOYMENT WHICH ARE AVAILABLE FROM FEDERAL AND STATE FUNDS, PRIVATE

SPONSORS, AND FROM UNIVERSITY RESOURCES. 94% OF THE UNIVERSITY'S FULL-TIME

UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. MOST

**Part IV Supplemental Information**

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. \$6,142,295 WAS FUNDED BY THE HIGHER

EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Questions Regarding Compensation**

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

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b** X

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2** X

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? ..... **4a** X
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b** X
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? ..... **5a** X
- b** Any related organization? ..... **5b** X
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? ..... **6a** X
- b** Any related organization? ..... **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN H KAPLAN PRESIDENT	(i)	728,540.	0.	110,585.	945,500.	46,747.	1,831,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL MABREY INTERNATIONAL PROGRAM MANAGER	(i)	233,555.	126,440.	353,367.	26,275.	0.	739,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY EICHHORN VP ENROLLMENT & STUDENT SUCCESS	(i)	282,685.	60,000.	1,524.	54,452.	52,127.	450,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GEORGE S SYNODI VP FINANCE & ADMINISTRATION	(i)	342,520.	0.	4,906.	56,000.	37,473.	440,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GENE KLINE INTL PROG DIRECTOR OF INTELEG STUDIE	(i)	158,234.	35,189.	217,529.	18,083.	2,503.	431,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIO T GABOURY INTERIM PROV.&SR.VP OF ACAD.	(i)	267,109.	56,000.	3,899.	49,938.	53,639.	430,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN KENCH DEAN	(i)	290,446.	0.	630.	52,305.	53,050.	396,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHEN MORIN VP FOR UNIV ADVANCEMENT (THRU 9/21)	(i)	238,123.	89,000.	1,983.	41,105.	11,548.	381,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RONALD HARICHANDRAN DEAN	(i)	303,469.	0.	2,721.	52,305.	1,250.	359,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAROLINE KOZIATEK VP HUMAN RESOURCES & TITLE IX COORDI	(i)	227,822.	24,500.	2,168.	45,870.	53,812.	354,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HISHAM AKHONBAY INTL PROG KNOWLEDGE XFER MGR	(i)	172,576.	37,330.	99,537.	12,150.	0.	321,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEAN HUSTED VP CHIEF OF STAFF	(i)	224,299.	41,000.	1,966.	43,134.	167.	310,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DANIEL J MAY PROFESSOR	(i)	127,739.	0.	2,160.	14,350.	0.	144,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**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, LINE 4B:

SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

NAME: KAPLAN, STEVEN H

NONQUALIFIED: \$900,000

DURING THE YEAR, TOTAL CONTRIBUTIONS OF \$900,000 WERE MADE TO A 457(F)

DEFERRED COMPENSATION PLAN. THESE CONTRIBUTIONS ARE SUBJECT TO A

SUBSTANTIAL RISK OF FORFEITURE UNTIL THE DATE OF VESTING (JANUARY 2025 AND

JANUARY 2026, RESPECTIVELY).

PART I, LINE 7:

NONFIXED PAYMENTS

CERTAIN INDIVIDUALS RECEIVED DISCRETIONARY NONFIXED BONUS PAYMENTS IN

CALENDAR YEAR 2021, AS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II).

PART III - OTHER ADDITIONAL INFORMATION

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

THE \$110,585 AMOUNT REPORTED IN COLUMN (B)(III) FOR PRESIDENT STEVEN H

KAPLAN REPRESENTS OTHER REPORTABLE COMPENSATION ITEMS WHICH ARE TAXABLE

TO THE PRESIDENT. THIS INCLUDES \$85,000 HOUSING ALLOWANCE, \$8,095 LIFE



**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.

INSURANCE COVERAGE, \$9,906 FOR GROUP TERM LIFE INSURANCE COVERAGE AND

\$7,584 VEHICLE USE FRINGE BENEFIT.

SCHEDULE J, PART II, COLUMN (C)

THE AMOUNT REPORTED IN COLUMN (C) FOR PRESIDENT STEVEN H KAPLAN OF

\$945,500 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

PLAN. IN ADDITION, \$800,000 IN FUNDING WAS MADE TO THE 457(F) PLAN.

THESE CONTRIBUTIONS 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 \$26,000 FOR THE 403(B) PLAN WERE ALSO MADE.

SCHEDULE J, PART II, COLUMN (D)

NONTAXABLE BENEFIT ITEMS. THE AMOUNT REPORTED IN COLUMN (D) FOR

PRESIDENT STEVEN H KAPLAN CONSIST OF EMPLOYEE CONTRIBUTED FUNDS OF

\$16,406 FOR MEDICAL INSURANCE, UNIVERSITY CONTRIBUTED FUNDS OF \$25,915

**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.

FOR MEDICAL INSURANCE, \$167 IN DIMINIMUS FRINGE BENEFIT, \$4,149 FOR REIMBURSED TRAVEL, AND \$110 FOR REIMBURSED SPOUSAL TRAVEL. 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 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 SCHEDULE J, PART II, COLUMN (B)(III).

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CHEFA 2018 SERIES K1	06-0806186	20774Y4T1	05/01/18	97,611,168.	REFINANCE PRIOR DEBT CHEFA SERIES		X		X		X
<b>B</b> CHEFA 2019 SERIES K3	06-0806186	20774Y6K8	11/28/18	26,904,071.	CONSTRUCT ACADEMIC BUILDING		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	97,611,168.		26,904,071.							
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	1,004,718.		531,301.							
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....										
<b>11</b> Other spent proceeds .....	96,606,450.		26,372,770.							
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2015		2021							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X			X						
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X						
<b>16</b> Has the final allocation of proceeds been made? .....	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X							

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X			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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> 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? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.31 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.31 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X					
<b>b</b> Exception to rebate? .....	X			X				
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X				

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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.

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule 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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	1,938,066. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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 EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO PREPARE OUR STUDENTS TO LEAD PURPOSEFUL AND

FULFILLING LIVES IN A GLOBAL SOCIETY BY PROVIDING THE HIGHEST-QUALITY

EDUCATION THROUGH EXPERIENTIAL, COLLABORATIVE, AND DISCOVERY-BASED

LEARNING.

FORM 990, PART VI, SECTION B, LINE 10B:

LOCAL BRANCHES

THE UNIVERSITY OPERATES THE FOLLOWING CAMPUSES: WEST HAVEN, CT; ORANGE, CT;

PRATO, ITALY; AND ALBUQUERQUE, NM.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

A COMPLETED COPY OF THE FORM 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS

VIA A SECURE WEB PORTAL FOR REVIEW, COMMENT AND QUESTIONS PRIOR TO

SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY WAS CREATED TO COMPLY WITH THE CONNECTICUT

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 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

LEVEL, THEN, THE BOARD MEMBER SHALL HAVE NO INVOLVEMENT IN THE STAFF

DECISION MAKING PROCESS. THE PROCEDURES REGARDING THE IMPLEMENTATION OF THE

CONFLICTS POLICY CONTAINS THREE STEPS; SUBMISSION OF THE ANNUAL

CONFIRMATION FORM, REPORTING OF SUBSEQUENT CONFLICTS OF INTEREST AND THE

SECRETARY'S ROLE IN REPORTING CONFLICTS TO THE ETHICS SUBCOMMITTEE OF THE

BOARD'S EXECUTIVE COMMITTEE. THE SCOPE OF THIS POLICY COVERS CURRENT BOARD

MEMBERS, AND IS REVIEWED AND MONITORED WITH THE SUBMISSION OF THE ANNUAL

CONFIRMATION FORM BEING SUBMITTED TO THE EXECUTIVE ASSISTANT TO THE

PRESIDENT. AN ADDITIONAL CONFIRMATION IS SECURED WITH A REVIEW OF THE

ANNUAL CONFIRMATION FORMS BY THE UNIVERSITY ADMINISTRATION.

FORM 990, PART VI, SECTION B, 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

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

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 7/1/21-6/30/22 FISCAL YEAR, THE COMMITTEE CONDUCTED AN IN-DEPTH REVIEW, AND DISCUSSION, OF FOUR RELEVANT MATTERS. THIS REVIEW TOOK PLACE ON AUGUST 5TH, 2021. FIRST, THE COMMITTEE 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

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

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 THE DATA GATHERED FROM THE COMMITTEE AND ALSO THE COMMITTEE'S RECOMMENDATIONS. THEREUPON, A RESOLUTION WAS ADOPTED BY A MAJORITY OF THE BOARD IN ITS APPROVAL OF THE PARTICULAR COMPENSATION AMOUNTS TO BE AWARDED TO EACH OF THE SENIOR OFFICERS. (AS IS PRUDENT, THE BOARD'S DELIBERATIONS AND DECISIONS WERE DOCUMENTED BY CONTEMPORANEOUSLY-PREPARED MINUTES BY A BOARD MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY).

IN ADDITION, COMPENSATION FOR KEY EMPLOYEES IS CALCULATED IN A SIMILAR FASHION AS PROVIDED ABOVE BUT DOES NOT REQUIRE COMMITTEE OR BOARD REVIEW OR APPROVAL. THEREFORE, THE UNIVERSITY OF NEW HAVEN HAS 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 WEBSITE. THE UNIVERSITY'S TAX RETURN (FORM 990) AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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	X	
UNIVERSITY OF NEW HAVEN DENTAL CENT - 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) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST 300 BOSTON POST ROAD WEST HAVEN, CT 06516	CHARITABLE TRUST	CT	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.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	N	362,054. FMV	
(2) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	O	539,588. FMV	
(3) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	R	1,016,989. FMV	
(4) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	S	28,512. FMV	
(5)			
(6)			





**Part VII Supplemental Information**

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

Lined area for providing supplemental information.