

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)

**2023**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](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

|  |   |
|--|---|
| <b>A</b> For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024   |   |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization UNIVERSITY OF NEW HAVEN<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>300 BOSTON POST ROAD<br>City or town, state or province, country, and ZIP or foreign postal code<br>WEST HAVEN, CT 06516 |
|  | <b>D</b> Employer identification number<br>06-0761704   |
|  | <b>E</b> Telephone number<br>(203) 932-7000   |
|  | <b>G</b> Gross receipts \$ 415,938,580  |
|  | <b>F</b> Name and address of principal officer: JENS FREDERIKSEN<br>SAME AS C ABOVE   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.                    |
| <b>J</b> Website: WWW.NEWHAVEN.EDU   | <b>H(c)</b> Group exemption number  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  | <b>L</b> Year of formation: 1920 <b>M</b> State of legal domicile: CT   |

| <b>Part I Summary</b>              |  |
|------------------------------------|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: UNIVERSITY OF NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS & PROFESSIONAL EDUCATION. |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 25   |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 25   |
|                                    | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . <b>5</b> 2,995   |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 306   |
|                                    | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0<br><b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . <b>7b</b> 0                                  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . Prior Year 17,602,127 Current Year 17,797,986   |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 326,263,227 356,085,320  |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 725,443 2,566,921  |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 3,088,024 3,267,344   |
|                                    | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 347,678,821 379,717,571   |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 127,431,084 138,911,686   |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 108,718,386 118,235,911  |
|                                    | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0   |
|                                    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . . 3,942,241   |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 106,847,330 116,871,691   |
|                                    | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 342,996,800 374,019,288  |
| <b>Net Assets or Fund Balances</b> | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . 4,682,021 5,698,283   |
|                                    | <b>20</b> Total assets (Part X, line 16) . . . . . Beginning of Current Year 439,142,781 End of Year 455,075,922   |
|                                    | <b>21</b> Total liabilities (Part X, line 26) . . . . . 183,212,538 181,787,996  |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . 255,930,243 273,287,926   |

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

|                  |                                 |        |
|------------------|---------------------------------|--------|
| <b>Sign Here</b> | Signature of officer            | Date   |
|                  | GEORGE S SYNODI, VP FOR FINANCE | 5/8/25 |
|                  | Type or print name and title    |        |

|                               |   |                      |                |   |           |
|-------------------------------|---|----------------------|----------------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                              | Preparer's signature | Date           | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | TOBY KERSLAKE   | Toby Kerslake        | 05/08/2025     |   | P01875806 |
|                               | Firm's name KPMG LLP                                    | Firm's EIN           | 13-5565207     |   |           |
|                               | Firm's address 345 PARK AVENUE, NEW YORK, NY 10154-0102 | Phone no.            | (212) 758-9700 |   |           |

|   |   |
|---|---|
| May the IRS discuss this return with the preparer shown above? See instructions | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE UNIVERSITY OF NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND PROFESSIONAL EDUCATION. 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.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 266,464,451 including grants of \$ 119,399,729 ) (Revenue \$ 265,574,870 )

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 4,865 STUDENTS WITH 53 PERCENT RESIDING IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS 164 UNDERGRADUATE DEGREES AND CONCENTRATIONS 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 \$ 71,371,518 including grants of \$ 19,511,957 ) (Revenue \$ 93,671,863 )

GRADUATE SCHOOL: THE GRADUATE SCHOOL HAS AN ENROLLMENT OF 4,965 STUDENTS AND OFFERS 169 GRADUATE DEGREES AND CONCENTRATIONS. 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 \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 337,835,969

**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)? If "Yes," complete Schedule A . . . . .   | <b>1</b> ✓   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .   | <b>2</b> ✓   |    |
| <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? If "Yes," complete Schedule C, Part I . . . . .  | <b>3</b>     | ✓  |
| <b>4</b> <b>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? If "Yes," complete Schedule C, Part II . . . . .   | <b>4</b> ✓   |    |
| <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? If "Yes," complete Schedule C, Part III . . . . .  | <b>5</b>     | ✓  |
| <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? If "Yes," complete Schedule D, Part I . . . . .  | <b>6</b>     | ✓  |
| <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? If "Yes," complete Schedule D, Part II . . . . .  | <b>7</b>     | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | <b>8</b>     | ✓  |
| <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? If "Yes," complete Schedule D, Part IV . . . . .            | <b>9</b>     | ✓  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   | <b>10</b> ✓  |    |
| <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? If "Yes," complete Schedule D, Part VI . . . . .   | <b>11a</b> ✓ |    |
| <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? If "Yes," complete Schedule D, Part VII . . . . .  | <b>11b</b>   | ✓  |
| <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? If "Yes," complete Schedule D, Part VIII . . . . .  | <b>11c</b>   | ✓  |
| <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? If "Yes," complete Schedule D, Part IX . . . . .   | <b>11d</b>   | ✓  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | <b>11e</b> ✓ |    |
| <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)? If "Yes," complete Schedule D, Part X . . . . .  | <b>11f</b> ✓ |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | <b>12a</b>   | ✓  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   | <b>12b</b> ✓ |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>13</b> ✓  |    |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b> ✓ |    |
| <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? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b> ✓ |    |
| <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? If "Yes," complete Schedule F, Parts II and IV . . . . .   | <b>15</b>    | ✓  |
| <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? If "Yes," complete Schedule F, Parts III and IV . . . . .   | <b>16</b> ✓  |    |
| <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? If "Yes," complete Schedule G, Part I. See instructions . . . . .   | <b>17</b>    | ✓  |
| <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? If "Yes," complete Schedule G, Part II . . . . .   | <b>18</b> ✓  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   | <b>19</b>    | ✓  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   | <b>20a</b>   | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>   |    |
| <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? If "Yes," complete Schedule I, Parts I and II . . . . .  | <b>21</b>    | ✓  |



**Part IV Checklist of Required Schedules** (continued)

|  | Yes          | No |
|--|--------------|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .  | <b>22</b> ✓  |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  | <b>23</b> ✓  |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .  | <b>24a</b> ✓ |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b>   | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b>   | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b>   | ✓  |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   | <b>25a</b>   | ✓  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .   | <b>25b</b>   | ✓  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .   | <b>26</b>    | ✓  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>    | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  |              |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28a</b>   | ✓  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b>   | ✓  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28c</b>   | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .  | <b>29</b> ✓  |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .   | <b>30</b>    | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .   | <b>31</b>    | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .   | <b>32</b>    | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .   | <b>33</b>    | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .   | <b>34</b> ✓  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35a</b> ✓ |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | <b>35b</b> ✓ |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  | <b>36</b>    | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  | <b>37</b>    | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b> ✓  |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|   | Yes             | No |
|---|-----------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> 9,515 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> ✓     |    |

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  |                 | Yes | No |
|---|--|-----------------|-----|----|
| <b>2a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b> 2,995 |     |    |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>       | ✓   |    |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>       |     | ✓  |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>       |     |    |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?     | <b>4a</b>       | ✓   |    |
| <b>b</b>  | If "Yes," enter the name of the foreign country <u>IT</u><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |                 |     |    |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>       |     | ✓  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>       |     | ✓  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>       |     |    |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <b>6a</b>       |     | ✓  |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>       |     |    |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |                 |     |    |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>       | ✓   |    |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>       | ✓   |    |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>       |     | ✓  |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>       |     |    |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>       |     | ✓  |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>       |     | ✓  |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>       |     |    |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>       |     |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>        |     |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |                 |     |    |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>       |     |    |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>       |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |                 |     |    |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b>      |     |    |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b>      |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |                 |     |    |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b>      |     |    |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b>      |     |    |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b>      |     |    |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b>      |     |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |                 |     |    |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b>      |     |    |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b>      |     |    |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b>      |     |    |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b>      |     | ✓  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b>      |     |    |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>       |     | ✓  |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>       |     | ✓  |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>       |     |    |

**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 ☒

**Section A. Governing Body and Management**

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .  | <b>1a</b> 25 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                    |              |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .  | <b>1b</b> 25 |     |    |
| <b>2</b> 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? . . . . .   | <b>2</b>     |     | ✓  |
| <b>3</b> 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? . . . . . | <b>3</b>     |     | ✓  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  | <b>4</b>     |     | ✓  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  | <b>5</b>     |     | ✓  |
| <b>6</b> Did the organization have members or stockholders? . . . . .  | <b>6</b>     |     | ✓  |
| <b>7a</b> 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? . . . . .   | <b>7a</b>    |     | ✓  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | <b>7b</b>    |     | ✓  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body? . . . . .   | <b>8a</b>    | ✓   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .   | <b>8b</b>    | ✓   |    |
| <b>9</b> 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 . . . . .      | <b>9</b>     |     | ✓  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**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.  
☒ Own website    ☐ Another's website    ☒ 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, 300 BOSTON POST ROAD, WEST HAVEN, CT 06516, (203) 932-7273

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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, box 6 of 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)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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<br>CHANCELLOR                             | 35.0<br>0.0  |  |                       | ✓       |              |                              |        | 859,895   | 0  | 203,800   |
| (2) SHEAHON ZENGER<br>INTERIM PRESIDENT (END 6/30/2024)        | 35.0<br>0.0  |  |                       | ✓       |              |                              |        | 597,016   | 0  | 95,907  |
| (3) GEORGE S. SYNODI<br>VP FINANCE                             | 34.0<br>1.0  |  |                       | ✓       |              |                              |        | 444,962   | 0  | 42,809  |
| (4) BRIAN OTIS<br>VP INSTITUTIONAL ADV                         | 35.0<br>0.0  |  |                       | ✓       |              |                              |        | 332,255   | 0  | 108,086   |
| (5) GREGORY EICHHORN<br>VP ENROLLMENT                          | 35.0<br>0.0  |  |                       | ✓       |              |                              |        | 326,095   | 0  | 109,926   |
| (6) DANIEL MABREY<br>INTL PROGRAM MANAGER                      | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 399,994   | 0  | 21,023  |
| (7) BRIAN KENCH<br>DEAN  | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 298,206   | 0  | 108,374   |
| (8) MARIO T. GABOURY<br>DEAN                                   | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 285,701   | 0  | 108,385   |
| (9) RONALD HARICHANDRAN<br>DEAN                                | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 312,264   | 0  | 45,256  |
| (10) NANCY SAVAGE<br>PROVOST INTERIM                           | 35.0<br>0.0  |  |                       | ✓       |              |                              |        | 248,432   | 0  | 93,005  |
| (11) ELIZABETH FRANCIS-CONNOLLY<br>DEAN                        | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 260,431   | 0  | 35,556  |
| (12) JEAN HUSTED<br>FORMER VP & CHIEF OF STAFF (END 6/15/2023) | 0.0<br>0.0   |  |                       |         |              |                              | ✓      | 171,771   | 0  | 15,584  |
| (13) DANIEL J. MAY<br>PROFESSOR (FORMER VP ACADEMIC AFFAIRS)   | 35.0<br>0.0  |  |                       |         |              | ✓                            |        | 101,159   | 0  | 7,943   |
| (14) MICHAEL AMBROSE<br>VICE CHAIR                             | 2.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) PHILIP BARTELS<br>BOARD OF GOVERNORS                      | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) SAMUEL BERGAMI<br>BOARD OF GOVERNORS                      | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) KENNETH BIERMACHER<br>BOARD OF GOVERNORS                  | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) CAROLYN BREHM<br>BOARD OF GOVERNORS                       | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) K. ONI CHUKWU<br>BOARD OF GOVERNORS (END 10/17/2023)      | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) ROGER COOPER<br>BOARD OF GOVERNORS                        | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) RAPHAEL CRAWFORD<br>BOARD OF GOVERNORS (END 6/14/2024)    | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) DOLORES ENNICO<br>BOARD OF GOVERNORS                      | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) LAWRENCE P. FLANAGAN<br>BOARD OF GOVERNORS                | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (24) ALICE G. GAO<br>BOARD OF GOVERNORS (START 7/1/2023)       | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (25) (SEE STATEMENT)   |  |  |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        | 4,638,181   | 0  | 995,654   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 4,638,181   | 0  | 995,654   |

**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 **230**

|  | 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>  | <input checked="" type="checkbox"/> |                                     |
| <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> | <input checked="" type="checkbox"/> |                                     |
| <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>                       |                                     | <input checked="" type="checkbox"/> |

**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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SODEXO, INC, PO BOX 360170, PITTSBURGH, PA 15251                                 | FOOD SERVICE                   | 16,800,944          |
| CONSIGLI CONSTRUCTION CO. INC., 72 SUMNER ST, MILFORD, MA 01757                  | CONSTRUCTION                   | 7,723,125           |
| MILESTONE CONSTRUCTION SERVICES, INC, 64 THOMPSON STREET, EAST HAVEN, CT 06513   | CONSTRUCTION                   | 5,951,295           |
| PAT MUNGER CONSTRUCTION CO. INC, 750 EAST MAIN STREET STE 1, BRANFORD, CT 06405  | CONSTRUCTION                   | 4,837,275           |
| DIVERSIFIED BUILDING SERVICES, 101 N PLAINS INDUSTRIAL RD, WALLINGFORD, CT 06492 | MAINTENANCE                    | 3,434,168           |

**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 **52**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |  |  |                           | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--|--|--|---------------------------|----------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b>                 |                      |  |                                      |   |
|  | <b>b</b>   | Membership dues . . . . .  | <b>1b</b>                 |                      |  |                                      |   |
|  | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b>                 | 49,380               |  |                                      |   |
|  | <b>d</b>   | Related organizations . . . . .  | <b>1d</b>                 |                      |  |                                      |   |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>                 | 7,544,747            |  |                                      |   |
|  | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>                 | 10,203,859           |  |                                      |   |
|  | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b>                 | \$ 2,598,488         |  |                                      |   |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .  |                           | 17,797,986           |  |                                      |   |
|  | <b>Program Service<br/>Revenue</b>                     |  |                           | Business Code        |  |                                      |   |
| <b>2a</b>  |  | TUITION  | 611600                    | 309,042,682          | 309,042,682                                  |                                      |   |
| <b>b</b>   |  | RESIDENCE FEES   | 721310                    | 31,585,181           | 31,585,181                                   |                                      |   |
| <b>c</b>   |  | DINING FEES  | 722320                    | 15,011,660           | 15,011,660                                   |                                      |   |
| <b>d</b>   |  | COMMISSIONS  | 611710                    | 445,797              | 445,797                                      |                                      |   |
| <b>e</b>   |  |  |                           |                      |  |                                      |   |
| <b>f</b>   |  | All other program service revenue . .  |                           | 0                    | 0  | 0                                    | 0   |
| <b>g</b>   |  | <b>Total.</b> Add lines 2a-2f . . . . .  |                           | 356,085,320          |  |                                      |   |
| <b>Other Revenue</b>   | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                           | 3,099,671            |  |                                      | 3,099,671   |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds   |                           | 70,668               |  |                                      | 70,668  |
|  | <b>5</b>   | Royalties . . . . .  |                           |                      |  |                                      |   |
|  | <b>6a</b>  | Gross rents . . . . .  | (i) Real (ii) Personal    |                      |  |                                      |   |
|  | <b>6b</b>  | Less: rental expenses  |                           |                      |  |                                      |   |
|  | <b>6c</b>  | Rental income or (loss)  |                           |                      |  |                                      |   |
|  | <b>d</b>   | Net rental income or (loss) . . . . .  |                           | 105,549              |  | 105,549                              |   |
|  | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities (ii) Other |                      |  |                                      |   |
|  | <b>b</b>   | Less: cost or other basis<br>and sales expenses . .  |                           |                      |  |                                      |   |
|  | <b>c</b>   | Gain or (loss) . . . . .   |                           |                      |  |                                      |   |
|  | <b>d</b>   | Net gain or (loss) . . . . .   |                           | (603,418)            |  | (603,418)                            |   |
|  | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 49,380<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                           | 47,710               |  |                                      |   |
|  | <b>b</b>   | Less: direct expenses . . . . .  |                           | 47,328               |  |                                      |   |
|  | <b>c</b>   | Net income or (loss) from fundraising events . . . . .   |                           | 382                  |  | 382                                  |   |
|  | <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . .   |                           |                      |  |                                      |   |
|  | <b>b</b>   | Less: direct expenses . . . . .  |                           |                      |  |                                      |   |
|  | <b>c</b>   | Net income or (loss) from gaming activities . . . . .  |                           |                      |  |                                      |   |
|  | <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .   |                           |                      |  |                                      |   |
| <b>b</b>   | Less: cost of goods sold . . . . .                     |  |                           |                      |  |                                      |   |
| <b>c</b>   | Net income or (loss) from sales of inventory . . . . . |  |                           |                      |  |                                      |   |
| <b>Miscellaneous<br/>Revenue</b>                                   |  |  | Business Code             |                      |  |                                      |   |
|  | <b>11a</b>   | GRANT IDC  | 900099                    | 1,076,130            | 1,076,130                                    |                                      |   |
|  | <b>b</b>   | AUXILIARY OTHER  | 900099                    | 790,965              | 790,965                                      |                                      |   |
|  | <b>c</b>   | ATHLETIC REVENUE   | 900099                    | 346,142              | 346,142                                      |                                      |   |
|  | <b>d</b>   | All other revenue . . . . .  | 900099                    | 948,176              | 948,176                                      | 0                                    | 0   |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .  |                           | 3,161,413            |  |                                      |   |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . .       |  |                           | 379,717,571          | 359,246,733                                  | 0                                    | 2,672,852   |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .  | 120,602,731           | 120,602,731                     |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 18,308,955            | 18,308,955                      |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 3,856,476             | 517,778                         | 1,973,914                              | 1,364,784                   |
| <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 . . . . .   | 91,703,477            | 79,375,040                      | 11,360,104                             | 968,333                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 6,421,807             | 5,299,777                       | 959,735                                | 162,295                     |
| <b>9</b> Other employee benefits . . . . .  | 9,861,927             | 8,000,544                       | 1,640,644                              | 220,739                     |
| <b>10</b> Payroll taxes . . . . .   | 6,392,224             | 5,465,857                       | 814,434                                | 111,933                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 100,078               | 100,078                         |  |                             |
| <b>b</b> Legal . . . . .  | 1,379,060             | 1,274,251                       | 104,809                                |                             |
| <b>c</b> Accounting . . . . .   | 167,237               | 154,527                         | 12,710                                 |                             |
| <b>d</b> Lobbying . . . . .   | 65,000                | 65,000                          |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 270,374               | 157,264                         | 113,110                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  | 6,694,967             | 4,527,066                       | 1,852,416                              | 315,485                     |
| <b>12</b> Advertising and promotion . . . . .   | 2,002,891             | 1,358,908                       | 636,882                                | 7,101                       |
| <b>13</b> Office expenses . . . . .   | 5,963,184             | 5,109,810                       | 657,359                                | 196,015                     |
| <b>14</b> Information technology . . . . .  | 5,336,589             | 1,704,162                       | 3,628,958                              | 3,469                       |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 4,591,892             | 4,157,454                       | 429,940                                | 4,498                       |
| <b>17</b> Travel . . . . .  | 2,934,221             | 2,693,746                       | 213,401                                | 27,074                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 358,520               | 246,789                         | 41,686                                 | 70,045                      |
| <b>20</b> Interest . . . . .  | 4,408,085             | 4,065,779                       | 337,902                                | 4,404                       |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 12,999,037            | 11,954,071                      | 1,032,015                              | 12,951                      |
| <b>23</b> Insurance . . . . .   | 8,546,763             | 7,154,357                       | 1,392,406                              |                             |
| <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> <u>FOOD SERVICE</u> . . . . .  | 16,078,015            | 15,915,208                      | 50,858                                 | 111,949                     |
| <b>b</b> <u>OTHER SERVICE AGREEMENT</u> . . . . .   | 13,668,618            | 9,947,355                       | 3,385,985                              | 335,278                     |
| <b>c</b> <u>REPAIR AND MAINTENANCE</u> . . . . .  | 10,345,277            | 9,738,147                       | 600,809                                | 6,321                       |
| <b>d</b> <u>LEASE AND RENTAL</u> . . . . .  | 6,586,150             | 6,032,913                       | 543,215                                | 10,022                      |
| <b>e</b> All other expenses . . . . .   | 14,375,733            | 13,908,402                      | 457,786                                | 9,545                       |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 374,019,288           | 337,835,969                     | 32,241,078                             | 3,942,241                   |
| <b>26</b> <b>Joint costs.</b> 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)<br>Beginning of year |             | (B)<br>End of year     |
|--|--|--------------------------|-------------|------------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 287,523                  | <b>1</b>    | 480,016                |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 16,887,155               | <b>2</b>    | 5,791,702              |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 6,503,790                | <b>3</b>    | 7,946,015              |
|  | <b>4</b> Accounts receivable, net . . . . .  | 968,053                  | <b>4</b>    | 479,149                |
|  | <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 . . . . . | 0                        | <b>5</b>    | 0                      |
|  | <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) . . . . .   | 0                        | <b>6</b>    | 0                      |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | 50,769                   | <b>7</b>    | 127,737                |
|  | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                        |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 1,094,278                | <b>9</b>    | 1,394,240              |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 512,488,392   |             |                        |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 222,790,394   | 278,781,229 | <b>10c</b> 289,697,998 |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 103,028,617              | <b>11</b>   | 117,495,680            |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 8,403,355                | <b>12</b>   | 8,495,711              |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 3,207,024                | <b>13</b>   | 2,469,869              |
|  | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                        |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 19,930,988               | <b>15</b>   | 20,697,805             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 439,142,781  | <b>16</b>                | 455,075,922 |                        |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 28,681,021               | <b>17</b>   | 24,623,464             |
|  | <b>18</b> Grants payable . . . . .   | 674,640                  | <b>18</b>   | 591,043                |
|  | <b>19</b> Deferred revenue . . . . .   | 11,019,872               | <b>19</b>   | 11,599,948             |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | 111,450,133              | <b>20</b>   | 106,592,298            |
|  | <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 . . . . .     | 0                        | <b>22</b>   | 0                      |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 8,250,000                | <b>23</b>   | 6,750,000              |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   | 8,000,000              |
|  | <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 . . . . .  | 23,136,872               | <b>25</b>   | 23,631,243             |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 183,212,538              | <b>26</b>   | 181,787,996            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                        |
|  | <b>27</b> Net assets without donor restrictions . . . . .  | 184,801,605              | <b>27</b>   | 197,101,304            |
|  | <b>28</b> Net assets with donor restrictions . . . . .   | 71,128,638               | <b>28</b>   | 76,186,622             |
|  | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 . . . . .  | 255,930,243              | <b>32</b>   | 273,287,926            |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .                   | 439,142,781  | <b>33</b>                | 455,075,922 |                        |

**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>  | 379,717,571 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 374,019,288 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,698,283   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 255,930,243 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 12,925,808  |
| <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>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | (1,266,408) |
| <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> | 273,287,926 |

**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<br>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?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   | ✓   |    |
| <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.  | ✓   |    |



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

| (A) Name and Title  | (B) Average hours per week<br>(list any hours for related organizations below dotted line) | (C) Position<br>(Check all that apply) |                       |         |              |                              |        | (D) Reportable compensation from the organization<br>(W-2/1099-MISC) | (E) Reportable compensation from related organizations<br>(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 |  |   |  |
| (25) ROSA GATTI<br>-----<br>BOARD OF GOVERNORS                                  | 1.0<br>-----<br>1.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (26) WILKINSON GERMAIN<br>-----<br>BOARD OF GOVERNORS (START 7/1/2023)          | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (27) JOHN Y. KOTZIAGKIAOURDIS<br>-----<br>BOARD OF GOVERNORS (START 10/31/2023) | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (28) ROBERT M. LEE<br>-----<br>BOARD OF GOVERNORS                               | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (29) ALLEN LOVE<br>-----<br>BOARD OF GOVERNORS                                  | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (30) DENNIS R. MCGOUGH<br>-----<br>BOARD OF GOVERNORS (END 5/31/2024)           | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (31) JOSEPHINE MORAN<br>-----<br>BOARD OF GOVERNORS                             | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (32) KEVIN MYATT<br>-----<br>BOARD OF GOVERNORS (END 6/14/2024)                 | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (33) KRISTINA PALAZZO<br>-----<br>BOARD OF GOVERNORS (START 7/1/2023)           | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (34) DAVID J. PETERSON<br>-----<br>BOARD OF GOVERNORS                           | 2.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (35) CHARLES POMPEA<br>-----<br>CHAIR   | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (36) MICHAEL QUIELLO<br>-----<br>BOARD OF GOVERNORS                             | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (37) ANTHONY SCILLIA<br>-----<br>BOARD OF GOVERNORS                             | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (38) ANIL SHAH<br>-----<br>BOARD OF GOVERNORS                                   | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (39) SHELLEY STEWART<br>-----<br>BOARD OF GOVERNORS                             | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (40) STEPHEN TAGLIATELA<br>-----<br>BOARD OF GOVERNORS                          | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (41) RANDAL THOMPSON<br>-----<br>BOARD OF GOVERNORS                             | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (42) ROWENA TRACK<br>-----<br>BOARD OF GOVERNORS                                | 1.0<br>-----<br>0.0  | ✓                                      |                       |         |              |                              |        | 0  | 0   | 0  |
| (43) JENS FREDERIKSEN, PHD<br>-----<br>PRESIDENT (START 3/1/2024)               | 35.0<br>-----<br>0.0   |  |                       | ✓       |              |                              |        | 0  | 0   | 0  |

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

OMB No. 1545-0047

**2023**

**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, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2019   | (b) 2020   | (c) 2021   | (d) 2022   | (e) 2023   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 14,697,034 | 26,087,058 | 32,957,297 | 17,602,127 | 17,797,986 | 109,141,502 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            | 0           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |            |            |            |            |            | 0           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 14,697,034 | 26,087,058 | 32,957,297 | 17,602,127 | 17,797,986 | 109,141,502 |
| <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) . . . . . |            |            |            |            |            | 7,686,093   |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 101,455,409 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019   | (b) 2020   | (c) 2021   | (d) 2022   | (e) 2023   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 14,697,034 | 26,087,058 | 32,957,297 | 17,602,127 | 17,797,986 | 109,141,502              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 3,122,723  | 2,287,434  | 2,991,403  | 3,133,519  | 3,275,888  | 14,810,967               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |            |            |            |            |            | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 15,245     | 35,290     | 55,525     | 68,214     | 47,710     | 221,984                  |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 124,174,453              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |            |            |            |            | 12         | 1,554,566,129            |
| <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 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b>                           | 81.70 % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .  | <b>15</b>                           | 72.99 % |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % 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<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % 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—2023.</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—2022.</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**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 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>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>   |           |   |



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |  |
| <b>3b</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) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D—Distributions |  | Current Year |  |
|-------------------------|--|--------------|--|
| <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—provide details in <b>Part VI</b> )   | <b>5</b>     |  |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). 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 (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |  |
| <b>9</b>                | Distributable amount for 2023 from Section C, line 6   | <b>9</b>     |  |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |  |

  

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018 . . . . .   |                             |  |   |
| <b>b</b> From 2019 . . . . .   |                             |  |   |
| <b>c</b> From 2020 . . . . .   |                             |  |   |
| <b>d</b> From 2021 . . . . .   |                             |  |   |
| <b>e</b> From 2022 . . . . .   |                             |  |   |
| <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 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019 . . .  |                             |  |   |
| <b>b</b> Excess from 2020 . . .  |                             |  |   |
| <b>c</b> Excess from 2021 . . .  |                             |  |   |
| <b>d</b> Excess from 2022 . . .  |                             |  |   |
| <b>e</b> Excess from 2023 . . .  |                             |  |   |



## 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.)

Part VI

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.)

| Return Reference - Identifier                     | Explanation                                    |          |          |          |          |          |           |
|---|--|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART II,<br>LINE 10 - OTHER<br>INCOME | Description                                    | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|   | (1)<br>FUNDRAISING<br>EVENT<br>GROSS<br>INCOME | 15,245   | 35,290   | 55,525   | 68,214   | 47,710   | 221,984   |
|   | Total  | 15,245   | 35,290   | 55,525   | 68,214   | 47,710   | 221,984   |

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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 $\frac{1}{3}$ % 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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 1,551,223               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 1,497,519               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 1,046,687               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 936,354                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          |                                   | \$ 776,063                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          |                                   | \$ 384,717                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(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.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| 1                         | SECURITIES                                   | \$ 1,551,223                                    | 06/30/2024           |
| 3                         | SECURITIES                                   | \$ 1,023,314                                    | 06/30/2024           |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |
|                           |  |   |                      |

Name of organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
|---------------------------|---|-------------------------|--|
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | <b>(e) Transfer of gift</b>             |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | <b>(e) Transfer of gift</b>             |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | <b>(e) Transfer of gift</b>             |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift         | (d) Description of how gift is held      |
| -----                     | -----<br>-----<br>-----                 | -----<br>-----<br>----- | -----<br>-----<br>-----                  |
|                           | <b>(e) Transfer of gift</b>             |                         |  |
|                           | Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |
|                           | -----<br>-----<br>-----                 | -----<br>-----<br>----- |  |

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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<br><b>UNIVERSITY OF NEW HAVEN</b> | Employer identification number<br><b>06-0761704</b> |
|--|---|

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

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

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

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

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

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

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing<br>organization's totals                                    | (b) Affiliated<br>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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 60%;">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? . . . . . | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                                    |                     |                               |  |  |  |  |   |   |                    |              |  |  |

**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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(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)).

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

|           |  | (a) |    | (b)    |
|-----------|--|-----|----|--------|
|           |  | Yes | No | Amount |
| <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?  |     | ✓  |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | ✓  |        |
| <b>c</b>  | Media advertisements?  |     | ✓  |        |
| <b>d</b>  | Mailings to members, legislators, or the public?   |     | ✓  |        |
| <b>e</b>  | Publications, or published or broadcast statements?  |     | ✓  |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?   |     | ✓  |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | ✓   |    | 65,000 |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | ✓  |        |
| <b>i</b>  | Other activities?  |     | ✓  |        |
| <b>j</b>  | Total. Add lines 1c through 1i   |     |    | 65,000 |
| <b>2a</b> | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?  |     | ✓  |        |
| <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?  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | <b>3</b> |    |

**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  | <b>1</b>  |  |
| <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  | <b>2a</b> |  |
| <b>b</b> | Carryover from last year  | <b>2b</b> |  |
| <b>c</b> | Total   | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | <b>3</b>  |  |
| <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 expenditures next year? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures. See instructions   | <b>5</b>  |  |

**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.

SEE NEXT PAGE



## Part IV

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

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE C, PART II-B,<br>LINE 1 - DETAILED<br>DESCRIPTION OF THE<br>LOBBYING ACTIVITY | <p>THE UNIVERSITY OF NEW HAVEN ENGAGES IN LOBBYING ACTIVITIES THROUGH THE SERVICES OF 'THE NORMANDY GROUP' AND 'ROME, SMITH, AND KOWALSKI INC.' 'THE NORMANDY GROUP' AND 'ROME, SMITH, AND KOWALSKI INC' COLLABORATE WITH THE UNIVERSITY TO ADVANCE ITS FEDERAL AND STATE LEGISLATIVE PRIORITIES AND TO SECURE FUNDING THROUGH VARIOUS FISCAL YEAR 24 APPROPRIATION BILLS.</p> <p>IN ADDITION, THE UNIVERSITY PAYS DUES TO VARIOUS PROFESSIONAL ORGANIZATIONS. AN IMMATERIAL AMOUNT OF THESE DUES ARE ATTRIBUTED TO LOBBYING EXPENSES.</p> |

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

OMB No. 1545-0047

**2023**

**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.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate value of contributions to (during year) . . . . .   |                         |  |
| 3 Aggregate value of grants from (during year) . . . . .  |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements**

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

|   |  |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   |  |
| a Total number of conservation easements . . . . .  | 2a   |
| b Total acreage restricted by conservation easements . . . . .  | 2b   |
| c Number of conservation easements on a certified historic structure included on line 2a . . . . .  | 2c   |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .  | 2d   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .   |  |
| 4 Number of states where property subject to conservation easement is located . . . . .   |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .   |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .   |  |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   |  |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|  |    |
|--|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |    |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.   |    |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .  | \$ |
| (ii) Assets included in Form 990, Part X . . . . .   | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.   |    |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .  | \$ |
| b Assets included in Form 990, Part X . . . . .  | \$ |

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 87,499,861       | 82,143,956     | 90,951,631         | 66,919,161           | 66,419,712          |
| <b>b</b> Contributions                                  | 1,432,991        | 823,803        | 4,766,655          | 7,550,172            | 1,008,670           |
| <b>c</b> Net investment earnings, gains, and losses     | 11,781,797       | 7,374,650      | (10,687,059)       | 18,707,868           | 1,446,474           |
| <b>d</b> Grants or scholarships                         | 1,127,529        | 1,214,826      | 1,197,230          | 800,155              | 710,130             |
| <b>e</b> Other expenditures for facilities and programs | 1,859,694        | 1,627,722      | 1,690,041          | 1,425,415            | 1,245,565           |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 97,727,426       | 87,499,861     | 82,143,956         | 90,951,631           | 66,919,161          |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment 42.61 %

**b** Permanent endowment 37.27 %

**c** Term endowment 20.12 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | ✓  |
| <b>3a(ii)</b> |     | ✓  |
| <b>3b</b>     |     |    |

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  |                                      | 16,107,716                      |                              | 16,107,716     |
| <b>b</b> Buildings  |                                      | 366,802,946                     | 123,757,420                  | 243,045,526    |
| <b>c</b> Leasehold improvements   |                                      | 10,707,880                      | 7,442,490                    | 3,265,390      |
| <b>d</b> Equipment  |                                      | 83,247,825                      | 72,349,958                   | 10,897,867     |
| <b>e</b> Other  |                                      | 35,622,025                      | 19,240,526                   | 16,381,499     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 289,697,998    |

**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<br>(including name of security)         | (b) Book value | (c) Method of valuation:<br>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> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . |                |  |

**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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . |                |  |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**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   | 21,585,166     |
| (3) POSTRETIREMENT HEALTHCARE OBLIGATION  | 2,046,077      |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | 23,631,243     |

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>  | 254,633,788   |
| <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> | 12,925,808    |
| <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> | (137,786,546) |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | (124,860,738) |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 379,494,526   |
| <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> | 270,373       |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | (47,328)      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 223,045       |
| <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>  | 379,717,571   |

**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>  | 235,203,948 |
| <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> | 366,719     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 366,719     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 234,837,229 |
| <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> | 270,373     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 138,911,686 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 139,182,059 |
| <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>  | 374,019,288 |

**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.

[SEE STATEMENT](#)

# Part XIII

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

| Return Reference - Identifier  | Explanation   |               |
|--|---|---------------|
| SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990  | (a) Description   | (b) Amount    |
|  | FINANCIAL AID   | - 138,911,686 |
|  | ADJUSTMENT FOR NON-CONSOLIDATED SUB (REV)               | 2,391,548     |
|  | PRIOR YEAR GIFT ADJUSTMENT                              | - 1,360,353   |
|  | UNREALIZED GAINS ON INVESTMENTS HELD IN TRUST BY OTHERS | 93,945        |
| SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE   | (a) Description   | (b) Amount    |
|  | FUNDRAISING EXPENSES                                    | - 47,328      |
| SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990 | (a) Description   | (b) Amount    |
|  | FUNDRAISING EXPENSES                                    | 47,328        |
|  | ADJUSTMENT FOR NON-CONSOLIDATED SUB (EXP)               | 319,391       |
| SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES   | (a) Description   | (b) Amount    |
|  | FINANCIAL AID   | 138,911,686   |



# Part XIII

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

| Return Reference - Identifier                                       | Explanation  |
|---|--|
| SCHEDULE D, PART V,<br>LINE 4 - INTENDED USES<br>OF ENDOWMENT FUNDS | THE UNIVERSITY'S ENDOWMENT CONSISTS OF 270 INDIVIDUAL FUNDS. THROUGH THE ENDOWMENTS INVESTMENT POLICY, FUNDS ARE AVAILABLE FOR SCHOLARSHIPS, PROFESSORSHIPS, EQUIPMENT, RESEARCH AND PROFESSIONAL DEVELOPMENT.   |
| SCHEDULE D, PART X,<br>LINE 2 - FIN 48 (ASC 740)<br>FOOTNOTE        | 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 INCOME TAXES. THE UNIVERSITY BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS. |

**SCHEDULE E  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or  
Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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? . . . . .  | <b>1</b> ✓  |    |
| <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? . . . . .   | <b>2</b> ✓  |    |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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 . . . . .<br><u>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.</u> | <b>3</b> ✓  |    |
| <b>4</b> Does the organization maintain the following?<br><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .  | <b>4a</b> ✓ |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .  | <b>4b</b> ✓ |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .  | <b>4c</b> ✓ |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II.   | <b>4d</b> ✓ |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to:<br><b>a</b> Students' rights or privileges? . . . . .   | <b>5a</b>   | ✓  |
| <b>b</b> Admissions policies? . . . . .   | <b>5b</b>   | ✓  |
| <b>c</b> Employment of faculty or administrative staff? . . . . .   | <b>5c</b>   | ✓  |
| <b>d</b> Scholarships or other financial assistance? . . . . .  | <b>5d</b>   | ✓  |
| <b>e</b> Educational policies? . . . . .  | <b>5e</b>   | ✓  |
| <b>f</b> Use of facilities? . . . . .   | <b>5f</b>   |    |
| <b>g</b> Athletic programs? . . . . .   | <b>5g</b>   | ✓  |
| <b>h</b> Other extracurricular activities? . . . . .<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   | <b>5h</b>   | ✓  |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .   | <b>6a</b> ✓ |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" on either line 6a or line 6b, explain on Part II.  | <b>6b</b>   | ✓  |
| <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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II . . . . .   | <b>7</b> ✓  |    |

## Part II

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

(SEE STATEMENT)

## Part II

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

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE E, PART I, LINE 6(A) - FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY | <p>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.</p> <p>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 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.</p> |

**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

**2023**

**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 |
|---|-------------------------------------|--|--|--|--|
| (1) EUROPE (INCLUDING ICELAND AND GREENLAND)      | 1                                   | 23   | PROGRAM SERVICES   | INSTRUCTION  | 1,949,651  |
| (2) EAST ASIA AND THE PACIFIC                     | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 119,222  |
| (3) EUROPE (INCLUDING ICELAND AND GREENLAND)      | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 328,290  |
| (4) SOUTH ASIA                                    | 0                                   | 0  | PROGRAM SERVICES   | STUDY ABROAD   | 19,773   |
| (5) EAST ASIA AND THE PACIFIC                     | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 1,211,144  |
| (6) EUROPE (INCLUDING ICELAND AND GREENLAND)      | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 56,316   |
| (7) MIDDLE EAST AND NORTH AFRICA                  | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 21,000   |
| (8) NORTH AMERICA (CANADA & MEXICO ONLY)          | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 1,111  |
| (9) SOUTH ASIA                                    | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 4,910,616  |
| (10) SUB-SAHARAN AFRICA                           | 0                                   | 0  | PROGRAM SERVICES   | RECRUITMENT  | 2,394  |
| (11) CENTRAL AMERICA AND THE CARIBBEAN            | 0                                   | 0  | GRANTMAKING  |  | 1,075,469  |
| (12) EAST ASIA AND THE PACIFIC                    | 0                                   | 0  | GRANTMAKING  |  | 441,886  |
| (13) EUROPE (INCLUDING ICELAND AND GREENLAND)     | 0                                   | 0  | GRANTMAKING  |  | 1,463,090  |
| (14) MIDDLE EAST AND NORTH AFRICA                 | 0                                   | 0  | GRANTMAKING  |  | 409,136  |
| (15) NORTH AMERICA (CANADA & MEXICO ONLY)         | 0                                   | 0  | GRANTMAKING  |  | 293,088  |
| (16) RUSSIA AND NEIGHBORING STATES                | 0                                   | 0  | GRANTMAKING  |  | 344,327  |
| (17) (SEE STATEMENT)                              |                                     |  |  |  |  |
| <b>3a Subtotal</b>                                | 1                                   | 23   |  |  | 12,646,513   |
| <b>b Total from continuation sheets to Part I</b> | 0                                   | 0  |  |  | 14,281,959   |
| <b>c Totals (add lines 3a and 3b)</b>             | 1                                   | 23   |  |  | 26,928,472   |

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

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (2)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (3)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (4)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (5)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (6)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (7)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (8)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (9)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (10)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (11)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (12)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (13)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (14)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (15)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (16)     |                                 |   |                   |                             |                                 |  |   |  |  |

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



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

| (a) Type of grant or assistance | (b) Region                               | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) UNH INSTITUTIONAL AID       | CENTRAL AMERICA AND THE CARIBBEAN        | 48                       | 1,075,469                | ACCT CREDIT                     |                                  |                                       | FMV   |
| (2) UNH INSTITUTIONAL AID       | EAST ASIA AND THE PACIFIC                | 27                       | 441,886                  | ACCT CREDIT                     |                                  |                                       | FMV   |
| (3) UNH INSTITUTIONAL AID       | EUROPE (INCLUDING ICELAND AND GREENLAND) | 76                       | 1,463,090                | ACCT CREDIT                     |                                  |                                       | FMV   |
| (4) UNH INSTITUTIONAL AID       | MIDDLE EAST AND NORTH AFRICA             | 52                       | 409,136                  | ACCT CREDIT                     |                                  |                                       | FMV   |
| (5) UNH INSTITUTIONAL AID       | NORTH AMERICA (CANADA & MEXICO ONLY)     | 14                       | 293,088                  | ACCT CREDIT                     |                                  |                                       | FMV   |
| (6) UNH INSTITUTIONAL AID       | RUSSIA AND NEIGHBORING STATES            | 21                       | 344,327                  | ACCT CREDIT                     |                                  |                                       | FMV   |
| (7) UNH INSTITUTIONAL AID       | SOUTH AMERICA                            | 33                       | 714,109                  | ACCT CREDIT                     |                                  |                                       | FMV   |
| (8) UNH INSTITUTIONAL AID       | SOUTH ASIA                               | 3,056                    | 11,996,553               | ACCT CREDIT                     |                                  |                                       | FMV   |
| (9) UNH INSTITUTIONAL AID       | SUB-SAHARAN AFRICA                       | 244                      | 1,571,297                | ACCT CREDIT                     |                                  |                                       | FMV   |
| (10)                            |  |                          |                          |                                 |                                  |                                       |   |
| (11)                            |  |                          |                          |                                 |                                  |                                       |   |
| (12)                            |  |                          |                          |                                 |                                  |                                       |   |
| (13)                            |  |                          |                          |                                 |                                  |                                       |   |
| (14)                            |  |                          |                          |                                 |                                  |                                       |   |
| (15)                            |  |                          |                          |                                 |                                  |                                       |   |
| (16)                            |  |                          |                          |                                 |                                  |                                       |   |
| (17)                            |  |                          |                          |                                 |                                  |                                       |   |
| (18)                            |  |                          |                          |                                 |                                  |                                       |   |

**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 I****Activities per Region** (continued)

| (a)<br>Region           | (b)<br>Number of offices in<br>the region | (c)<br>Number of<br>employees, agents,<br>and independent<br>contractors in region | (d)<br>Activities conducted<br>in region (by type)<br>(e.g., fundraising, program<br>services, investments,<br>grants to recipients located<br>in the region) | (e)<br>If activity listed in (d)<br>is a program<br>service, describe<br>specific type of<br>service(s) in region | (f)<br>Total expenditures<br>for and investments<br>in region |
|-------------------------|---|--|---|---|---|
| (17) SOUTH AMERICA      | 0   | 0  | GRANTMAKING   |   | 714,109   |
| (18) SOUTH ASIA         | 0   | 0  | GRANTMAKING   |   | 11,996,553  |
| (19) SUB-SAHARAN AFRICA | 0   | 0  | GRANTMAKING   |   | 1,571,297   |

## 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).

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS                          | 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. 99% 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. |
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL<br>EAST ASIA AND THE PACIFIC -ACCRUAL<br>EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL<br>MIDDLE EAST AND NORTH AFRICA -ACCRUAL<br>NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL<br>RUSSIA AND NEIGHBORING STATES -ACCRUAL<br>SOUTH AMERICA -ACCRUAL<br>SOUTH ASIA -ACCRUAL<br>SUB-SAHARAN AFRICA -ACCRUAL  |
| SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS       | CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL<br>EAST ASIA AND THE PACIFIC -ACCRUAL<br>EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL<br>MIDDLE EAST AND NORTH AFRICA -ACCRUAL<br>NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL<br>RUSSIA AND NEIGHBORING STATES -ACCRUAL<br>SOUTH AMERICA -ACCRUAL<br>SOUTH ASIA -ACCRUAL<br>SUB-SAHARAN AFRICA -ACCRUAL  |

Name of the organization  
UNIVERSITY OF NEW HAVEN

Employer identification number  
06-0761704

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| Total   |               |  |    |                                   |   |   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**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<br><u>GOLF TOURNAMENT</u><br>(event type) | (b) Event #2<br>_____<br>(event type) | (c) Other events<br>_____<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--|---------------------------------------|---|--|
| Revenue         | <b>1</b> Gross receipts . . . . .  | 97,090   |                                       |   | 97,090   |
|                 | <b>2</b> Less: Contributions . . . . .   | 49,380   |                                       |   | 49,380   |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                         | 47,710   | 0                                     | 0   | 47,710   |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |  |                                       |   | 0  |
|                 | <b>5</b> Noncash prizes . . . . .  |  |                                       |   | 0  |
|                 | <b>6</b> Rent/facility costs . . . . .   | 36,895   |                                       |   | 36,895   |
|                 | <b>7</b> Food and beverages . . . . .  | 436  |                                       |   | 436  |
|                 | <b>8</b> Entertainment . . . . .   |  |                                       |   | 0  |
|                 | <b>9</b> Other direct expenses . . . . .   | 9,997  |                                       |   | 9,997  |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |  |                                       |   | 47,328   |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |  |                                       |   | 382  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_



- |           |  |                              |                             |
|-----------|--|------------------------------|-----------------------------|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers? . . . . .   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> | 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? . . . . . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |                              |                             |
| <b>a</b>  | The organization's facility . . . . .  | <b>13a</b>                   | %                           |
| <b>b</b>  | An outside facility . . . . .  | <b>13b</b>                   | %                           |
| <b>14</b> | 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 | Date | Time | Location | Notes |
|----------------------------------|------|------|----------|-------|
|                                  |      |      |          |       |
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|                                  |      |      |          |       |
|                                  |      |      |          |       |

☐ 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.

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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  |         |                                 |                          |                                  |   |                                       |                                    |
| (2)  |         |                                 |                          |                                  |   |                                       |                                    |
| (3)  |         |                                 |                          |                                  |   |                                       |                                    |
| (4)  |         |                                 |                          |                                  |   |                                       |                                    |
| (5)  |         |                                 |                          |                                  |   |                                       |                                    |
| (6)  |         |                                 |                          |                                  |   |                                       |                                    |
| (7)  |         |                                 |                          |                                  |   |                                       |                                    |
| (8)  |         |                                 |                          |                                  |   |                                       |                                    |
| (9)  |         |                                 |                          |                                  |   |                                       |                                    |
| (10)   |         |                                 |                          |                                  |   |                                       |                                    |
| (11)   |         |                                 |                          |                                  |   |                                       |                                    |
| (12)   |         |                                 |                          |                                  |   |                                       |                                    |

2

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

3

Enter total number of other organizations listed in the line 1 table

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 FEDERAL                       | 383                      | 711,911                  |                                  |   |                                       |
| 2 PRIVATE                       | 277                      | 1,031,050                |                                  |   |                                       |
| 3 STATE                         | 676                      | 1,482,732                |                                  |   |                                       |
| 4 INSTITUTIONAL AID             | 5,580                    | 117,377,038              |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

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

(SEE STATEMENT)

## Part IV

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

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | 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. 99% 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. |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

**Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

06-0761704

**Part I Questions Regarding Compensation**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </div> </div> |     |    |
| <b>b</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.   | ✓   |    |
| <b>2</b> 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?  | ✓   |    |
| <b>3</b> 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. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input checked="" type="checkbox"/> Form 990 of other organizations                 </div> <div> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </div> </div>  |     |    |
| <b>4</b> 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: <div style="margin-left: 20px;"> <b>a</b> Receive a severance payment or change-of-control payment?                 </div>   | ✓   |    |
| <div style="margin-left: 20px;"> <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?                 </div>   | ✓   |    |
| <div style="margin-left: 20px;"> <b>c</b> Participate in or receive payment from an equity-based compensation arrangement?                 </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.  |     | ✓  |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>  |     |    |
| <b>5</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>   |     | ✓  |
| <div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 5a or 5b, describe in Part III.  |     | ✓  |
| <b>6</b> 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: <div style="margin-left: 20px;"> <b>a</b> The organization?                 </div>   |     | ✓  |
| <div style="margin-left: 20px;"> <b>b</b> Any related organization?                 </div> If "Yes" on line 6a or 6b, describe in Part III.  |     | ✓  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  | ✓   |    |
| <b>8</b> 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.  |     | ✓  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |     |    |

**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 |  |                         |                                 |   |
| <b>1</b> STEVEN H. KAPLAN<br>CHANCELLOR                             | (i)  | 618,807  | 100,000                             | 141,088                             | 155,903  | 47,897                  | 1,063,695                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>2</b> SHEAHON ZENGER<br>INTERIM PRESIDENT (END 6/30/2024)        | (i)  | 456,579  | 100,000                             | 40,437                              | 43,000   | 52,907                  | 692,923                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>3</b> GEORGE S. SYNODI<br>VP FINANCE                             | (i)  | 367,925  | 71,889                              | 5,148                               | 22,500   | 20,309                  | 487,771                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>4</b> BRIAN OTIS<br>VP INSTITUTIONAL ADV                         | (i)  | 299,169  | 31,465                              | 1,621                               | 50,233   | 57,853                  | 440,341                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>5</b> GREGORY EICHHORN<br>VP ENROLLMENT                          | (i)  | 292,291  | 30,835                              | 2,969                               | 50,228   | 59,698                  | 436,021                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>6</b> DANIEL MABREY<br>INTL PROGRAM MANAGER                      | (i)  | 233,555  | 0                                   | 166,439                             | 21,020   | 3                       | 421,017                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>7</b> BRIAN KENCH<br>DEAN  | (i)  | 297,240  | 0                                   | 966                                 | 50,284   | 58,090                  | 406,580                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>8</b> MARIO T. GABOURY<br>DEAN                                   | (i)  | 274,891  | 0                                   | 10,810                              | 49,092   | 59,293                  | 394,086                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>9</b> RONALD HARICHANDRAN<br>DEAN                                | (i)  | 309,492  | 0                                   | 2,772                               | 44,256   | 1,000                   | 357,520                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>10</b> NANCY SAVAGE<br>PROVOST INTERIM                           | (i)  | 237,903  | 10,000                              | 529                                 | 45,096   | 47,909                  | 341,437                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>11</b> ELIZABETH FRANCIS-CONNOLLY<br>DEAN                        | (i)  | 258,226  | 0                                   | 2,205                               | 23,600   | 11,956                  | 295,987                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>12</b> JEAN HUSTED<br>FORMER VP & CHIEF OF STAFF (END 6/15/2023) | (i)  | 87,799   | 0                                   | 83,972                              | 15,417   | 167                     | 187,355                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>13</b> DANIEL J. MAY<br>PROFESSOR (FORMER VP ACADEMIC AFFAIRS)   | (i)  | 99,645   | 0                                   | 1,514                               | 7,943  | 0                       | 109,102                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>14</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>15</b>   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
| <b>16</b>   | (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.

| Return Reference - Identifier   | Explanation  |
|---|--|
| SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS       | THE AMOUNT REPORTED IN COLUMN (B)(III) FOR CHANCELLOR STEVEN H KAPLAN INCLUDES A GROSS UP PAYMENT OF \$12,443.   |
| SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE | 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).                 |
| SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT          | NAME: HUSTED, JEAN<br>DURING THE YEAR, A SEVERANCE PAYOUT TOTALING \$82,792 WAS PROVIDED.  |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN       | NAME: KAPLAN, STEVEN H<br>DURING THE YEAR, TOTAL CONTRIBUTIONS OF \$100,000 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).   |
| SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS                               | CERTAIN INDIVIDUALS RECEIVED DISCRETIONARY NONFIXED BONUS PAYMENTS IN CALENDAR YEAR 2023, AS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II).  |
| SCHEDULE J, PART II, COLUMN (B)(III) - OTHER REPORTABLE COMPENSATION          | THE \$141,088 AMOUNT REPORTED IN COLUMN (B)(III) FOR CHANCELLOR STEVEN H KAPLAN REPRESENTS OTHER REPORTABLE COMPENSATION ITEMS WHICH ARE TAXABLE TO THE CHANCELLOR. THIS INCLUDES \$85,000 HOUSING ALLOWANCE, \$38,663 LIFE INSURANCE COVERAGE (INCLUDING A GROSSUP OF \$12,443), \$16,068 FOR GROUP TERM LIFE INSURANCE COVERAGE AND \$1,357 VEHICLE USE FRINGE BENEFIT.  |
| SCHEDULE J, PART II, COLUMN (C) - RETIREMENT AND OTHER DEFERRED COMPENSATION  | THE AMOUNT REPORTED IN COLUMN (C) FOR CHANCELLOR STEVEN H KAPLAN OF \$155,903 REPRESENTS RETIREMENT AND OTHER DEFERRED COMPENSATION ITEMS. CHANCELLOR 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. RETIREMENT CONTRIBUTIONS OF \$22,500 FOR THE 457(B) PLAN AND \$33,403 FOR THE 403(B) PLAN WERE ALSO MADE. |
| SCHEDULE J, PART II, COLUMN (D) - EMPLOYEE CONTRIBUTED FUNDS                  | THE AMOUNT REPORTED IN COLUMN (D) FOR CHANCELLOR STEVEN H KAPLAN OF \$47,897 CONSIST OF EMPLOYEE CONTRIBUTED FUNDS OF \$18,465 FOR MEDICAL INSURANCE, UNIVERSITY CONTRIBUTED FUNDS OF \$28,759 FOR MEDICAL INSURANCE, \$208 IN DE MINIMIS FRINGE BENEFIT AND \$464 FOR REIMBURSED TRAVEL.  |



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I Bond Issues**

|          | (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   | 05/01/2018      | 97,611,168      | SEE PART VI                |              | ✓  |                         | ✓  |                      | ✓  |
| <b>B</b> | CHEFA 2019 SERIES K3 | 06-0806186     | 20774Y6K8   | 11/28/2018      | 26,904,071      | SEE PART VI                |              | ✓  |                         | ✓  |                      | ✓  |
| <b>C</b> |                      |                |             |                 |                 |                            |              |    |                         |    |                      |    |
| <b>D</b> |                      |                |             |                 |                 |                            |              |    |                         |    |                      |    |

**Part II Proceeds**

|           |  | <b>A</b>   |    | <b>B</b>   |    | <b>C</b> |    | <b>D</b> |    |
|-----------|--|------------|----|------------|----|----------|----|----------|----|
| <b>1</b>  | Amount of bonds retired . . . . .  | 10,150,000 |    | 1,330,000  |    |          |    |          |    |
| <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 |
| <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)? . . . . . | ✓          |    |            | ✓  |          |    |          |    |
| <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)? . . . . .   |            | ✓  |            | ✓  |          |    |          |    |
| <b>16</b> | Has the final allocation of proceeds been made? . . . . .  | ✓          |    | ✓          |    |          |    |          |    |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                           | ✓          |    | ✓          |    |          |    |          |    |

**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? . . . . .   |        | ✓  |        | ✓  |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .  | ✓      |    | ✓      |    |     |    |     |    |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |        | ✓  |        | ✓  |     |    |     |    |
| <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? . . . . .   |        | ✓  |        | ✓  |     |    |     |    |
| <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 . . . . .  | 0.31 % |    |        |    |     |    |     |    |
| <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 . . . . .   | 0.31 % |    | 0.00 % |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |        | ✓  |        | ✓  |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?  |        | ✓  |        | ✓  |     |    |     |    |
| <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? . . . . .                           | ✓      |    | ✓      |    |     |    |     |    |

**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? . . . . . |            | ✓  |            | ✓  |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply?  |            |    |            |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  |            | ✓  |            | ✓  |     |    |     |    |
| <b>b</b> Exception to rebate? . . . . .   |            | ✓  |            | ✓  |     |    |     |    |
| <b>c</b> No rebate due? . . . . .   | ✓          |    | ✓          |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 | 05/01/2023 |    | 11/28/2023 |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   |            | ✓  |            | ✓  |     |    |     |    |

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

| 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? | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
|   | ✓   |    | ✓   |    |     |    |     |    |

(SEE STATEMENT)

## Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE K, PART I,<br>COLUMN (F) -<br>DESCRIPTION OF<br>PURPOSE         | ISSUER NAME: CHEFA 2018 SERIES K1<br>REFINANCE PRIOR DEBT CHEFA SERIES<br><br>ISSUER NAME: CHEFA 2019 SERIES K3<br>CONSTRUCT ACADEMIC BUILDING   |
| SCHEDULE K, PART II,<br>LINE 11 - OTHER SPENT<br>PROCEEDS                | ISSUER NAME: CHEFA 2018 SERIES K1<br>OF THE SPENT PROCEEDS, \$96,098,090 WAS USED TO REFUND BONDS ISSUED 8/11/2010,10/11/2013 AND<br>11/22/2013. OF THE SPENT PROCEEDS, \$508,360 WAS A QUALIFIED HEDGE TERMINATION PAYMENT.<br><br>ISSUER NAME: CHEFA 2019 SERIES K3<br>BOND PROCEEDS WERE USED TO CONSTRUCT AN ACADEMIC BUILDING.  |
| SCHEDULE K, PART III,<br>LINE 3A - MANAGMENT<br>AND SERVICE<br>CONTRACTS | ISSUER NAME: CHEFA 2018 SERIES K1<br>ALL MANAGEMENT AND SERVICE CONTRACTS IN THIS BOND FINANCED SPACE FALL UNDER THE SAFE<br>HARBOR PROVIDED BY REVENUE PROCEDURE 2016-44 AND WILL NOT RESULT IN PRIVATE BUSINESS USE.<br><br>ISSUER NAME: CHEFA 2019 SERIES K3<br>ALL MANAGEMENT AND SERVICE CONTRACTS IN THIS BOND FINANCED SPACE FALL UNDER THE SAFE<br>HARBOR PROVIDED BY REVENUE PROCEDURE 2016-44 AND WILL NOT RESULT IN PRIVATE BUSINESS USE. |
| SCHEDULE K, PART IV,<br>LINE 2C - COLUMN A                               | ISSUER NAME: CHEFA 2018 SERIES K1<br>THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 05/01/2023   |
| SCHEDULE K, PART IV,<br>LINE 2C - COLUMN B                               | ISSUER NAME: CHEFA 2019 SERIES K3<br>THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 11/28/2023   |

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I** **Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art . . . . .   |                               |  |  |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities—Publicly traded . . . . .                                     | ✓                             | 3  | 2,598,488  | MARKET VALUE   |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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

- 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .
- 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? . . . . .
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .
- 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.

|     | Yes | No |
|-----|-----|----|
| 30a |     | ✓  |
| 31  | ✓   |    |
| 32a |     | ✓  |
| 33  |     |    |

Part II

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

| Return Reference - Identifier                      | Explanation   |
|--|---|
| SCHEDULE M, PART I -<br>NUMBER OF<br>CONTRIBUTIONS | THE AMOUNT IN COLUMN B INDICATES THE NUMBER OF UNIQUE INDIVIDUAL CONTRIBUTIONS. |

|   |  |  |
|---|--|--|
| <b>SCHEDULE O<br/>(Form 990)</b><br><br>Department of Treasury Internal Revenue Service | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. | OMB No. 1545-0047<br><br><div>2023</div> Open to Public Inspection |
|   | ▶ Attach to Form 990 or 990-EZ.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.  |  |
| Name of the Organization<br><b>UNIVERSITY OF NEW HAVEN</b>                              |  | Employer Identification Number<br><b>06-0761704</b>                |

| Return Reference - Identifier  | Explanation   |
|--|---|
| FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE | THE BYLAWS PROVIDE FOR AN EXECUTIVE COMMITTEE THAT IS DELEGATED BROAD AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY IN BETWEEN BOARD MEETINGS. HOWEVER, THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO MAKE ANY OF THE FOLLOWING DECISIONS: (I) THE SALE OF THE UNIVERSITY'S REAL ESTATE THAT IS BEING USED FOR EDUCATIONAL PURPOSES; (II) THE HIRING OR FIRING OF THE PRESIDENT; AND (III) THE VARIOUS MATTERS PROHIBITED BY THE ACT, AT C.G.S. SECTION 33-1101(E) (FOR EXAMPLE: THE AMENDING OR REPEALING OF THE BYLAWS, OR THE ADOPTION OF NEW BYLAWS; THE ELECTION OF BOARD MEMBERS; OR, THE APPROVAL OF A PROPOSAL TO DISSOLVE THE UNIVERSITY). THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE FOLLOWING BOARD MEMBERS: (I) THE BOARD CHAIR AND THE BOARD VICE CHAIR; (II) THE CHAIR OF EACH STANDING COMMITTEE; AND (III) A MAXIMUM OF TWO ADDITIONAL BOARD MEMBERS, AS MAY BE SELECTED BY THE BOARD CHAIR. THE PRESIDENT SHALL ATTEND EACH EXECUTIVE COMMITTEE MEETING (EXCEPT ITS EXECUTIVE SESSIONS); AND HE/SHE SHALL FULLY PARTICIPATE THEREIN, BUT SHALL NOT HAVE A VOTE NOR SHALL BE COUNTED AS PART OF THE QUORUM.   |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY   | 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, LINE 12C - CONFLICT OF INTEREST POLICY            | THE CONFLICT OF INTEREST POLICY WAS CREATED TO COMPLY WITH THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND WHICH MEETS THE REQUIREMENTS OF THE INTERNAL REVENUE SERVICE. THE POLICY IDENTIFIES WHAT CONSTITUTES A CONFLICT OF INTEREST FOR A BOARD MEMBER AND WHAT IS REQUIRED OF A BOARD MEMBER IF A CONFLICT WERE TO ARISE. THE UNDERLYING PRINCIPLES OF THE POLICY ARE AIMED AT ENSURING THAT A FULL AND TIMELY DISCLOSURE IS MADE BY A BOARD MEMBER REGARDING ANY CONFLICT OF INTEREST THAT MAY OCCUR. 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 CONTAIN THREE STEPS: (I) THE REQUIRED SUBMISSION BY EACH BOARD MEMBER OF THE ANNUAL CONFIRMATION FORM WHICH IS SIGNED AND RETURNED BY EACH BOARD MEMBER TO THE ASSOCIATE VICE PRESIDENT FOR FINANCE FOR HIS/HER REVIEW; (II) ANY CONFLICTS WOULD THEN BE REPORTED TO THE BOARD; AND (III) THE BOARD CHAIR WOULD RESOLVE, AS MAY BE NECESSARY, ANY SUCH CONFLICTS. THE SCOPE OF THIS POLICY COVERS CURRENT BOARD MEMBERS, AND IS REVIEWED AND MONITORED WITH THE SUBMISSION OF THE ANNUAL CONFIRMATION FORM VIA THE MULTI-STEP PROCESS DESCRIBED IN THIS NARRATIVE. |

| Return Reference - Identifier   | Explanation  |                 |            |   |        |                            |             |
|---|--|-----------------|------------|---|--------|----------------------------|-------------|
| FORM 990, PART VI, LINE 15A -<br>PROCESS TO ESTABLISH<br>COMPENSATION OF TOP<br>MANAGEMENT OFFICIAL         | <p>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 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 7/1/23-6/30/24 FISCAL YEAR, THE COMMITTEE CONDUCTED AN IN-DEPTH REVIEW, AND DISCUSSION, OF FOUR RELEVANT MATTERS. THIS REVIEW TOOK PLACE ON AUGUST 15TH, 2024. FIRST, IT REVIEWED THE VARIOUS ELEMENTS OF THE COMPENSATION FOR EACH SENIOR OFFICER, INCLUDING BASE SALARY, BONUS INCENTIVES, STANDARD ERISA-QUALIFIED HEALTH AND RETIREMENT PLANS, TAXABLE ALLOWANCES, AND OTHER BENEFITS. SECOND, THE COMMITTEE REVIEWED APPROPRIATE COMPENSATION COMPARABILITY DATA BASED ON THE GEOGRAPHIC LOCATION, ACADEMIC PROGRAMS OFFERED AND THE FINANCIAL RESOURCES OF OTHER RELEVANT UNIVERSITIES. THIRD, THE REASONABLENESS OF THIS COMPENSATION 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.)</p> <p>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 ON OCTOBER 4, 2024 WITH REGARD TO: (I) THE DATA THAT THE COMMITTEE REVIEWED; AND (II) ITS COMPENSATION RECOMMENDATIONS TO THE BOARD. (IN THIS CONTEXT, ALL MEMBERS OF THE BOARD ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO ARE THUS ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH.") THE BOARD THEN DISCUSSED 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 RATIFICATION / 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 OTHER SENIOR 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.</p> |                 |            |   |        |                            |             |
| FORM 990, PART VI, LINE 15B -<br>PROCESS TO ESTABLISH<br>COMPENSATION OF OTHER<br>OFFICERS OR KEY EMPLOYEES | SEE NOTE FOR PART VI, SECTION B, LINE 15A  |                 |            |   |        |                            |             |
| FORM 990, PART VI, LINE 19 -<br>REQUIRED DOCUMENTS<br>AVAILABLE TO THE PUBLIC                               | THE UNIVERSITY ALLOWS ACCESS TO IMPORTANT DOCUMENTS OF PUBLIC INTEREST THROUGH THE UNIVERSITY'S WEB SITE. THE UNIVERSITY'S TAX RETURN (FORM 990) AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION.  |                 |            |   |        |                            |             |
| FORM 990, PART XI, LINE 9 -<br>OTHER CHANGES IN NET<br>ASSETS OR FUND BALANCES                              | <table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>UNREALIZED GAINS ON INVESTMENTS HELD IN TRUST BY OTHERS</td><td>93,945</td></tr> <tr> <td>PRIOR YEAR GIFT ADJUSTMENT</td><td>- 1,360,353</td></tr> </table>   | (a) Description | (b) Amount | UNREALIZED GAINS ON INVESTMENTS HELD IN TRUST BY OTHERS | 93,945 | PRIOR YEAR GIFT ADJUSTMENT | - 1,360,353 |
| (a) Description   | (b) Amount   |                 |            |   |        |                            |             |
| UNREALIZED GAINS ON INVESTMENTS HELD IN TRUST BY OTHERS   | 93,945   |                 |            |   |        |                            |             |
| PRIOR YEAR GIFT ADJUSTMENT  | - 1,360,353  |                 |            |   |        |                            |             |



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

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

2023

Open to Public  
Inspection

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |
| (6) .....   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) HENRY C. LEE INST. OF FORENSIC SCIENCE (06-1629144)<br>300 BOSTON POST ROAD, WEST HAVEN, CT 06516 | EDUCATION               | CT   | 501(C)(3)                  | 12 TYPE II  | UNH                              | ✓  |    |
| (2) UNIVERSITY OF NEW HAVEN DENTAL CENT (06-1629143)<br>300 BOSTON POST ROAD, WEST HAVEN, CT 06516    | INACTIVE CORP           | CT   | 501(C)(3)                  | 12 TYPE I   | UNH                              | ✓  |    |
| (3) .....   |                         |  |                            |   |                                  |  |    |
| (4) .....   |                         |  |                            |   |                                  |  |    |
| (5) .....   |                         |  |                            |   |                                  |  |    |
| (6) .....   |                         |  |                            |   |                                  |  |    |
| (7) .....   |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512—514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7).....   |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
|   |                         |   |                                     |   |                                 |                                       |                                | Yes  | No |
| (1)(SEE STATEMENT).....                               |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (2).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (3).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (4).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (5).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (6).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (7).....  |                         |   |                                     |   |                                 |                                       |                                |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .  | <b>1a</b> | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .  | <b>1b</b> | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .  | <b>1c</b> | ✓  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .   | <b>1d</b> | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .  | <b>1e</b> | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .   | <b>1f</b> | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .  | <b>1g</b> | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .  | <b>1h</b> | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .  | <b>1i</b> | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .   | <b>1j</b> | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .   | <b>1k</b> | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .   | <b>1l</b> | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  | <b>1m</b> | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  | <b>1n</b> | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .   | <b>1o</b> | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .   | <b>1p</b> | ✓  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .   | <b>1q</b> | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .  | <b>1r</b> | ✓  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .  | <b>1s</b> | ✓  |
| <b>2</b> 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)<br>Name of related organization            | (b)<br>Transaction<br>type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE | N                                | 405,746                | FMV  |
| (2) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE | O                                | 207,017                | FMV  |
| (3)  |                                  |                        |  |
| (4)  |                                  |                        |  |
| (5)  |                                  |                        |  |
| (6)  |                                  |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization                                | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C-corp, S-corp or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? |    |
|--|----------------------|---|-------------------------------|--|---------------------------|---------------------------------|--------------------------|---|----|
|  |                      |   |                               |  |                           |                                 |                          | Yes                                       | No |
| (1) CHARITABLE REMAINDER TRUST (1)<br>300 BOSTON POST ROAD, WEST HAVEN, CT 06516 | CHARITABLE TRUST     | CT  | N/A                           | TRUST  |                           |                                 |                          | ✓   |    |

Form **5713**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service

# International Boycott Report

For tax year beginning JULY 1 \_\_\_\_\_, 2023  
and ending JUNE 30 \_\_\_\_\_, 2024

► **Controlled groups, see instructions.**

OMB No. 1545-0216

**Attachment  
Sequence No. 123**

**Paper filers must file in  
duplicate (see When and  
Where to File in the inst-  
ructions)**

Name UNIVERSITY OF NEW HAVEN Identifying number 06-0761704

Number, street, and room or suite no. If a P.O. box, see instructions.

300 BOSTON POST ROAD

City or town, state, and ZIP code

WEST HAVEN, CT 06516

Address of service center where your tax return is filed

EFILE

Type of filer (check one):

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other

**1 Individuals** - Enter adjusted gross income from your tax return (see instructions)

**2 Partnerships and corporations:**

**a** Partnerships - Enter each partner's name and identifying number.

**b** Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name

Identifying number

If more space is needed, attach additional sheets and check this box ☐

**c** Enter principal business activity code and description (see instructions) . . . . .

Code

Description

611000

EDUCATIONAL SERVICES

**d** IC-DISCs - Enter principal product or service code and description (see instructions) . . . . .

**3 Partnerships** - Each partnership filing Form 5713 must give the following information:

**a** Partnership's total assets (see instructions) . . . . .

**b** Partnership's ordinary income (see instructions) . . . . .

**4 Corporations** - Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

FORM 990

**b** Common tax year election (see instructions)

(1) Name of corporation ► UNIVERSITY OF NEW HAVEN

(2) Employer identification number . . . . . 06-0761704

(3) Common tax year beginning JULY 1 \_\_\_\_\_, 2023, and ending JUNE 30 \_\_\_\_\_, 2024 .

**c** Corporations filing this form enter:

(1) Total assets (see instructions) . . . . . 455,075,922.00

(2) Taxable income before net operating loss and special deductions (see instructions) . . . . . 0.00

**5 Estates or trusts** - Enter total income (Form 1041, page 1) . . . . .

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

**a** Foreign tax credit . . . . .

**b** Deferral of earnings of controlled foreign corporations . . . . .

**c** Deferral of IC-DISC income . . . . .

**d** FSC exempt foreign trade income . . . . .

**e** Foreign trade income qualifying for the extraterritorial income exclusion . . . . .

**Please  
Sign  
Here**

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

Signature

Date

Title

- 7a** Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)? . . . . .
- b** If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))? . . . . .
- c** Do you own any stock of an IC-DISC? . . . . .
- d** Do you claim any foreign tax credit? . . . . .
- e** Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? . . . . .  
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? . . . . .
- f** Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? . . . . .  
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year? . . . . .
- g** Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? . . . .
- h** Are you a partner in a partnership that has reportable operations under section 999(a)? . . . . .
- i** Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? . . . . .
- j** Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? . . . . .

| Yes | No |
|-----|----|
|     | X  |
|     |    |
|     | X  |
|     | X  |
|     | X  |
|     |    |
|     | X  |
|     |    |
|     | X  |
|     | X  |
|     | X  |
|     | X  |

**Part I Operations in or Related to a Boycotting Country** (see instructions)

- 8 Boycott of Israel** - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** in the instructions.) . . . . .

| Yes | No |
|-----|----|
| X   |    |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

| Name of country<br>(1) | Identifying number of<br>person having operations<br>(2) | Principal business activity |   | IC-DISCs<br>only - Enter<br>product code<br>(5) |
|------------------------|--|-----------------------------|---|---|
|                        |  | Code<br>(3)                 | Description<br>(4)                                      |   |
| <b>a</b> IRAQ          | 06-0761704   | 611000                      | EDUCATIONAL SERVICES PROVIDED<br>ON THE UNH MAIN CAMPUS | N/A   |
| <b>b</b> LEBANON       | 06-0761704   | 611000                      | EDUCATIONAL SERVICES PROVIDED<br>ON THE UNH MAIN CAMPUS | N/A   |
| <b>c</b> LIBYA         | 06-0761704   | 611000                      | EDUCATIONAL SERVICES PROVIDED<br>ON THE UNH MAIN CAMPUS | N/A   |
| <b>d</b> SAUDI ARABIA  | 06-0761704   | 611000                      | EDUCATIONAL SERVICES PROVIDED<br>ON THE UNH MAIN CAMPUS | N/A   |
| <b>e</b>               |  |                             |   |   |
| <b>f</b>               |  |                             |   |   |
| <b>g</b>               |  |                             |   |   |
| <b>h</b>               |  |                             |   |   |
| <b>i</b>               |  |                             |   |   |
| <b>j</b>               |  |                             |   |   |
| <b>k</b>               |  |                             |   |   |
| <b>l</b>               |  |                             |   |   |
| <b>m</b>               |  |                             |   |   |
| <b>n</b>               |  |                             |   |   |
| <b>o</b>               |  |                             |   |   |

**9 Nonlisted countries boycotting Israel** - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? . . .

| Yes | No |
|-----|----|
|     | X  |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box . . . . . ☐

| Name of country<br>(1) | Identifying number of<br>person having operations<br>(2) | Principal business activity |                    | IC-DISCs<br>only - Enter<br>product code<br>(5) |
|------------------------|--|-----------------------------|--------------------|---|
|                        |  | Code<br>(3)                 | Description<br>(4) |   |
| a                      |  |                             |                    |   |
| b                      |  |                             |                    |   |
| c                      |  |                             |                    |   |
| d                      |  |                             |                    |   |
| e                      |  |                             |                    |   |
| f                      |  |                             |                    |   |
| g                      |  |                             |                    |   |
| h                      |  |                             |                    |   |

**10 Boycotts other than the boycott of Israel** - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? . . .

| Yes | No |
|-----|----|
|     | X  |

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box . . . . . ☐

| Name of country<br>(1) | Identifying number of<br>person having operations<br>(2) | Principal business activity |                    | IC-DISCs<br>only - Enter<br>product code<br>(5) |
|------------------------|--|-----------------------------|--------------------|---|
|                        |  | Code<br>(3)                 | Description<br>(4) |   |
| a                      |  |                             |                    |   |
| b                      |  |                             |                    |   |
| c                      |  |                             |                    |   |
| d                      |  |                             |                    |   |
| e                      |  |                             |                    |   |
| f                      |  |                             |                    |   |
| g                      |  |                             |                    |   |
| h                      |  |                             |                    |   |

**11** Were you requested to participate in or cooperate with an international boycott? . . . . .

| Yes | No |
|-----|----|
|     | X  |

If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

**12** Did you participate in or cooperate with an international boycott? . . . . .

| Yes | No |
|-----|----|
|     | X  |

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C. (Form 5713).



| <b>Part II Requests for and Acts of Participation in or Cooperation With an International Boycott</b> | Requests |    | Agreements |    |
|---|----------|----|------------|----|
|   | Yes      | No | Yes        | No |

**13a** Did you receive requests to enter into, or did you enter into, any agreement (see instructions):

- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -
- (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
- (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
- (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?
- (d) Refrain from employing individuals of a particular nationality, race, or religion?
- (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott? . . . . .

**b Requests and agreements** - If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box. . . . . ☐

| Name of country | Identifying number of person receiving the request or having the agreement | Principal business activity |             | IC-DISCs only - Enter product code | Type of cooperation or participation |      |                      |      |
|-----------------|--|-----------------------------|-------------|------------------------------------|--------------------------------------|------|----------------------|------|
|                 |  | Code                        | Description |                                    | Number of requests                   |      | Number of agreements |      |
|                 |  |                             |             |                                    | Total                                | Code | Total                | Code |
| (1)             | (2)  | (3)                         | (4)         | (5)                                | (6)                                  | (7)  | (8)                  | (9)  |
| a               |  |                             |             |                                    |                                      |      |                      |      |
| b               |  |                             |             |                                    |                                      |      |                      |      |
| c               |  |                             |             |                                    |                                      |      |                      |      |
| d               |  |                             |             |                                    |                                      |      |                      |      |
| e               |  |                             |             |                                    |                                      |      |                      |      |
| f               |  |                             |             |                                    |                                      |      |                      |      |
| g               |  |                             |             |                                    |                                      |      |                      |      |
| h               |  |                             |             |                                    |                                      |      |                      |      |
| i               |  |                             |             |                                    |                                      |      |                      |      |
| j               |  |                             |             |                                    |                                      |      |                      |      |
| k               |  |                             |             |                                    |                                      |      |                      |      |
| l               |  |                             |             |                                    |                                      |      |                      |      |
| m               |  |                             |             |                                    |                                      |      |                      |      |
| n               |  |                             |             |                                    |                                      |      |                      |      |
| o               |  |                             |             |                                    |                                      |      |                      |      |
| p               |  |                             |             |                                    |                                      |      |                      |      |

Name of person filing this return

Filer's identifying number

UNIVERSITY OF NEW HAVEN

06-0761704

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

300 BOSTON POST ROAD

City or town, state, and ZIP code

WEST HAVEN, CT 06516

Filer's tax year beginning JUL 1, 2023, and ending JUN 30, 2024

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here ☐ FDE of a U.S. person ☐ FDE of a controlled foreign corporation (CFC) ☐ FDE of a controlled foreign partnership  
☒ FB of a U.S. person ☐ FB of a CFC ☐ FB of a controlled foreign partnership

Check here ☐ Initial Form 8858 ☐ Final Form 8858

**1a** Name and address of FDE or FB

UNIV. OF NEW HAVEN ITALY BRANCH

25 VIA CAIROLI

PRATO

ITALY 9420540048

**b(1)** U.S. identifying number, if any

**b(2)** Reference ID number (see instructions)

UNHITALY

**c** For FDE, country(ies) under whose laws organized and entity type under local tax law

**d** Date(s) of organization

**e** Effective date as FDE

**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

**g** Country in which principal business activity is conducted

**h** Principal business activity

**i** Functional currency

ITALY

611600

USD

**2** Provide the following information for the FDE's or FB's accounting period stated above.

**a** Name, address, and identifying number of branch office or agent (if any) in the United States

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WEST HAVEN, CT 06516

**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different

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**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

**a** Name and address

**b** Annual accounting period covered by the return (see instructions)

**c(1)** U.S. identifying number, if any

**c(2)** Reference ID number (see instructions)

**d** Country under whose laws organized

**e** Functional currency

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

**a** Name and address

**b** Country under whose laws organized

**c** U.S. identifying number, if any

**d** Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 1

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Form 8858 (Rev. 9-2021)

Page **2****Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box ☐

|  | Functional Currency | U.S. Dollars |
|--|---------------------|--------------|
| <b>1</b> Gross receipts or sales (net of returns and allowances) ..... | <b>1</b>            |              |
| <b>2</b> Cost of goods sold .....                                      | <b>2</b>            |              |
| <b>3</b> Gross profit (subtract line 2 from line 1) .....              | <b>3</b>            |              |
| <b>4</b> Dividends .....   | <b>4</b>            |              |
| <b>5</b> Interest .....  | <b>5</b>            |              |
| <b>6</b> Gross rents, royalties, and license fees .....                | <b>6</b>            |              |
| <b>7</b> Gross income from performance of services .....               | <b>7</b>            |              |
| <b>8</b> Foreign currency gain (loss) .....                            | <b>8</b>            |              |
| <b>9</b> Other income .....  | <b>9</b>            |              |
| <b>10</b> Total income (add lines 3 through 9) .....                   | <b>10</b>           |              |
| <b>11</b> Total deductions (exclude income tax expense) .....          | <b>11</b>           |              |
| <b>12</b> Income tax expense .....                                     | <b>12</b>           |              |
| <b>13</b> Other adjustments .....                                      | <b>13</b>           |              |
| <b>14</b> Net income (loss) per books .....                            | <b>14</b>           |              |

**Schedule C-1 Section 987 Gain or Loss Information**

|  | (a)<br>Amount stated in<br>functional currency of<br>FDE or FB | (b)<br>Amount stated in<br>functional currency<br>of recipient |
|--|--|--|
| <b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.  |  |  |
| <b>1</b> Remittances from the FDE or FB .....  | <b>1</b>   |  |
| <b>2</b> Section 987 gain (loss) recognized by recipient .....   | <b>2</b>   |  |
| <b>3</b> Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement) .....  | <b>3</b>   |  |
|  |  | <b>Yes</b> <b>No</b>   |
| <b>4</b> Were all remittances from the FDE or FB treated as made to the direct owner? .....  |  |  |
| <b>5</b> Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting ..... |  | X  |

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

| Assets  | (a)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---|---|---|
| <b>1</b> Cash and other current assets .....        | <b>1</b>  |   |
| <b>2</b> Other assets .....                         | <b>2</b>  |   |
| <b>3</b> Total assets .....                         | <b>3</b>  |   |
| <b>Liabilities and Owner's Equity</b>               |   |   |
| <b>4</b> Liabilities .....                          | <b>4</b>  |   |
| <b>5</b> Owner's equity .....                       | <b>5</b>  |   |
| <b>6</b> Total liabilities and owner's equity ..... | <b>6</b>  |   |

**Schedule G Other Information**

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the FDE or FB own an interest in any trust? .....  |     | X  |
| <b>2</b> During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership? .....   |     | X  |
| <b>3</b> Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year:<br>Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election? ..... |     |    |
| <b>4</b> During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....   |     | X  |
| <b>5</b> During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....                  |     | X  |

**Schedule G Other Information** (continued)

|   | Yes | No |
|---|-----|----|
| <b>6</b> Is the FDE or FB a qualified business unit as defined in section 989(a)? .....   | X   |    |
| <i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>  |     |    |
| <b>7a</b> During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c ..... |     | X  |
| <b>b</b> Enter the total amount of the base erosion payments \$ .....   |     |    |
| <b>c</b> Enter the total amount of the base erosion tax benefit \$ .....  |     |    |
| <b>8a</b> During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c .....       |     | X  |
| <b>b</b> Enter the total amount of the base erosion payments \$ .....   |     |    |
| <b>c</b> Enter the total amount of the base erosion tax benefit \$ .....  |     |    |
| <b>9</b> Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? .....   |     |    |
| <i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>   |     |    |
| <b>10a</b> If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? .....              |     | X  |
| <b>b</b> If "Yes," enter the amount of the dual consolidated loss ..... ► \$ ( .....  |     |    |
| <b>11a</b> If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c .....                    |     | X  |
| <b>b</b> Enter the amount of the dual consolidated loss for the combined separate unit ..... ► \$ ( .....   |     |    |
| <b>c</b> Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ..... ► \$ .....  |     |    |
| <b>12a</b> Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 .....  |     | X  |
| <b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d .....  |     |    |
| <b>c</b> If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a .....   |     |    |
| <b>d</b> If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e .....   |     |    |
| <b>e</b> Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ..... ► \$ ..... See instructions.  |     |    |
| <b>13a</b> During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? .....  |     | X  |
| <b>b</b> If "Yes," enter the total amount of recapture ..... ► \$ ..... See instructions.   |     |    |

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)**Important:** Enter the amounts on lines 1 through 6 in functional currency.

|   |          |  |
|---|----------|--|
| <b>1</b> Current year net income (loss) per foreign books of account .....  | <b>1</b> |  |
| <b>2</b> Total net additions .....  | <b>2</b> |  |
| <b>3</b> Total net subtractions .....   | <b>3</b> |  |
| <b>4</b> Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3) .....  | <b>4</b> |  |
| <b>5</b> DASTM gain (loss) (if applicable) .....  | <b>5</b> |  |
| <b>6</b> Combine lines 4 and 5 .....  | <b>6</b> |  |
| <b>7</b> Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) ..... | <b>7</b> |  |
| <b>8</b> Enter exchange rate used for line 7 .....  |          |  |

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Page **4****Schedule I Transferred Loss Amount** (see instructions)**Important:** See instructions for who has to complete this section.

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 .....  |          | X  |
| <b>2</b> | Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 ..... |          |    |
| <b>3</b> | Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 .....  |          |    |
| <b>4</b> | Enter the transferred loss amount included in gross income as required under section 91. See instructions .....   | <b>4</b> |    |

**Schedule J Income Taxes Paid or Accrued** (see instructions)

| (a)<br>Country or Possession | Foreign Income Taxes                 |                         |                        |                     | Foreign Tax Credit Separate Categories |                |                |              |
|------------------------------|--------------------------------------|-------------------------|------------------------|---------------------|--|----------------|----------------|--------------|
|                              | (b)<br>Foreign Tax Year (YYYY-MM-DD) | (c)<br>Foreign Currency | (d)<br>Conversion Rate | (e)<br>U.S. Dollars | (f)<br>Foreign Branch                  | (g)<br>Passive | (h)<br>General | (i)<br>Other |
|                              |                                      |                         |                        |                     |  |                |                |              |
|                              |                                      |                         |                        |                     |  |                |                |              |
|                              |                                      |                         |                        |                     |  |                |                |              |
| <b>Totals</b>                |                                      |                         |                        |                     |  |                |                |              |

Form **8858** (Rev. 9-2021)

| FORM 8858                            |  | ORGANIZATIONAL CHART |                | STATEMENT 1       |
|--------------------------------------|--|----------------------|----------------|-------------------|
| NAME OF ENTITY IN CHAIN OF OWNERSHIP |  | PERCENT OF OWNERSHIP | FDE'S POSITION | COUNTRY ORGANIZED |
| TAX CLASSIFICATION                   |  |                      |                |                   |
| UNIVERSITY OF NEW HAVEN (US)         |  | 100.0000%            | FOREIGN BRANCH | IT                |

ATTACHMENT FOR FORM 8858, LINE 5