



# 2008 Income Tax Returns

UNIVERSITY OF NEW HAVEN

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 07/01, 2008, and ending 06/30, 2009▶ **Do not send to the IRS. Keep for your records.**▶ **See Instructions.****2008**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

UNIVERSITY OF NEW HAVEN

Name and title of officer

GEORGE S SYNODI, VP FINANCE

Employer identification number

06-0761704**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b <u>147734457.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize KPMG LLP to enter my PIN  as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

0	4	0	2	7	6						
---	---	---	---	---	---	--	--	--	--	--	--

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** 07/01, 2008, and ending 06/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> UNIVERSITY OF NEW HAVEN		<b>D Employer identification number</b> 06-0761704
		Doing Business As		<b>E Telephone number</b> (203) 932-7000
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 BOSTON POST ROAD		<b>G Gross receipts \$</b> 154,128,810.
		City or town, state or country, and ZIP + 4 WEST HAVEN, CT 06516		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer:</b> STEVEN KAPLAN 300 BOSTON POST ROAD WEST HAVEN, CT 06516		<b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.NEWHAVEN.EDU				
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation:</b> 1920 <b>M State of legal domicile:</b> CT				

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of employees (Part V, line 2a)	5	2,275
	6	Total number of volunteers (estimate if necessary)	6	157
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,836,723.	8,208,927.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	112,984,409.	137,471,997.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,427,480.	-252,242.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	603,674.	2,305,775.
	12		123,852,286.	147,734,457.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,810,406.	37,896,015.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	51,230,114.	55,389,188.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	23,751.	14,730.
	16b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,871,023.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	38,141,909.	46,227,249.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,206,180.	139,527,182.
	19	Revenue less expenses. Subtract line 18 from line 12.	6,646,106.	8,207,275.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	121,528,667.	170,551,924.
	22	Net assets or fund balances. Subtract line 21 from line 20.	65,641,935.	116,583,083.
	22		55,886,732.	53,968,841.

**Part II Signature Block**

Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions)		P00037953	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 99 HIGH STREET BOSTON, MA 02110-2371		EIN ▶	13-5565207
		Phone no. ▶	617-988-1000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

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

**Check type of return to be filed (file a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► GEORGE SYNODI

Telephone No. ► (203) 932 7273FAX No. ► (203) 931 6078

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year            or  
 ► ☒ tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
	Number, street, and room or suite no. If a P.O. box, see instructions. 300 BOSTON POST ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST HAVEN, CT 06516	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ☒ **GEORGE SYNODI**  
Telephone No. ☒ (203) 932 7273 FAX No. ☒ (203) 931 6078
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until MAY 17, 2010
- For calendar year       , or other tax year beginning JULY 1, 2008 and ending JUNE 30, 2009
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	NONE
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	NONE

**Signature and Verification**

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

Signature ☐Title ☐Date ☐

KPMG LLP I.D. #13-5565207  
60 HIGH STREET, BOSTON, MA 02110-2371

Form 8868 (Rev. 4-2009)

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:SEE STATEMENT 1**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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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\$ 61,914,238. including grants of \$ NONE ) (Revenue\$ 113,136,733. )UNDERGRADUATE EDUCATION

A PRIVATE UNIVERSITY, FOUNDED IN 1920, UNH HAS AN UNDERGRADUATE  
ENROLLMENT OF MORE THAN 3,500 STUDENTS WITH 70 PERCENT RESIDING ON  
ITS 80 ACRE MAIN CAMPUS. THE UNIVERSITY OFFERS MORE THAN 80  
UNDERGRADUATE DEGREES THROUGH ITS FOUR COLLEGES, IN INNOVATIVE  
FIELDS SUCH AS SPORTS MANAGEMENT, NUTRITION AND DIETETICS,  
FORENSIC SCIENCE, MUSIC AND SOUND RECORDING, ENGINEERING, COMPUTER  
SCIENCE, FIRE SCIENCE, AND CRIMINAL JUSTICE. UNH ALSO OFFERS ITS  
STUDENTS A STUDY ABROAD PROGRAM THROUGH A VARIETY OF UNIQUE  
OFFERINGS.

**4b** (Code: ) (Expenses\$ 11,100,052. including grants of \$ NONE ) (Revenue\$ 24,335,264. )GRADUATE EDUCATION

FOUNDED IN 1969, THE GRADUATE SCHOOL AT UNH IS ONE OF THE LARGEST  
IN CONNECTICUT, WITH AN ENROLLMENT OF APPROXIMATELY 1,700 STUDENTS  
AND MORE THAN 25 GRADUATE DEGREE OFFERINGS. THE GRADUATE SCHOOL  
HELPS STUDENTS ACHIEVE A MORE MEANINGFUL CAREER, THE BENEFITS OF  
LIFELONG LEARNING, AND A SENSE OF RESPONSIBILITY AS A CITIZEN OF  
THE WORLD.

**4c** (Code: ) (Expenses\$ 33,301,078. including grants of \$ 37,471,997. ) (Revenue\$ NONE )DIRECT AID TO STUDENTS**4d** Other program services. (Describe in Schedule O.)

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

**4e** Total program service expenses ► \$ 106,315,368. (Must equal Part IX, Line 25, column (B).)

**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> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>4</b> X	
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where 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>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	X
<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> X	
<b>9</b> Did the organization report an amount in Part X, line 21; 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>	X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> X	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>11</b> X	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>12</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<b>16</b> X	
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<b>20</b>	X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<b>23</b> X	
<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 questions 24b-24d and complete Schedule K. If "No," go to question 25	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	X
<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>	X
<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>	X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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>	X
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<b>27</b>	X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b> X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> X	
<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>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	X
<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>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35</b> X	
<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>	X
<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>	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .	<b>1a</b>	293
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b>	NONE
<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>	X
<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>	2,275
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<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>	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<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 provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<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>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the 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>	

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	30
<b>1b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	29
<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>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . .	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	<b>7b</b>	X
<b>8</b>	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<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>	X
<b>b</b>	Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
<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>	X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► CT

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► GEORGE SYNODI, 300 BOSTON POST ROAD WEST HAVEN, CT 06516  
203-932-7273





**Part VIII Statement of Revenue**

06-0761704

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants 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>	3,322,452.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	4,746,278.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	140,197.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		107,459.			
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		8,208,927.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	TUITION	611710	115,094,341.	115,094,341.		
	<b>b</b>	RESIDENCE FEES	721310	13,865,105.	13,865,105.		
	<b>c</b>	DINING FEES	721310	8,512,551.	8,512,551.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		137,471,997.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		517,807.			517,807.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		472,911.			472,911.
	<b>5</b>	Royalties . . . . .		NONE			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss). . . . .		NONE			
			(i) Securities	(ii) Other			
	<b>7a</b>	Gross amount from sales of assets other than inventory	4,985,500.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	6,228,460.				
	<b>c</b>	Gain or (loss) . . . . .	-1,242,960.				
	<b>d</b>	Net gain or (loss) . . . . .		-1,242,960.			-1,242,960.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. . . . .	a	315,173.			
	<b>b</b>	Less: direct expenses . . . . .	b	165,893.			
	<b>c</b>	Net income or (loss) from fundraising events .	STMT 3.	149,280.			149,280.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19. . . . .	a				
	<b>b</b>	Less: direct expenses . . . . .	b				
<b>c</b>	Net income or (loss) from gaming activities. . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b>	Less: cost of goods sold . . . . .	b					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	SPECIAL PROGRAMS	900099	391,570.			391,570.	
<b>b</b>	RENTS	900099	254,320.			254,320.	
<b>c</b>	BOOKSTORE	451211	253,093.			253,093.	
<b>d</b>	All other revenue . . . . .	900099	1,257,512.			1,257,512.	
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		2,156,495.				
<b>12</b>	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>		147,734,457.	137,471,997.		2,053,533.	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	37,653,266.	37,653,266.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	242,749.	242,749.		
4 Benefits paid to or for members. . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,507,150.	878,307.	1,905,120.	723,723.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages. . . . .	39,626,796.	29,862,059.	9,248,066.	516,671.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	2,918,386.	2,402,634.	483,840.	31,912.
9 Other employee benefits . . . . .	6,354,418.	5,169,184.	1,055,728.	129,506.
10 Payroll taxes . . . . .	2,982,438.	2,337,802.	565,725.	78,911.
11 Fees for services (non-employees):				
a Management . . . . .	NONE			
b Legal . . . . .	1,117,414.	1,763.	1,115,651.	
c Accounting . . . . .	103,050.		103,050.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17	14,730.			14,730.
f Investment management fees . . . . .	NONE			
g Other . . . . .	NONE			
12 Advertising and promotion . . . . .	687,887.	22,184.	665,453.	250.
13 Office expenses . . . . .	NONE			
14 Information technology. . . . .	NONE			
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	NONE			
17 Travel . . . . .	1,624,848.	1,209,930.	386,453.	28,465.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	NONE			
20 Interest . . . . .	2,822,477.	2,395,105.	370,922.	56,450.
21 Payments to affiliates . . . . . STMT. 4 . . .	62,402.	62,402.		
22 Depreciation, depletion, and amortization . . .	6,239,539.	5,250,625.	865,163.	123,751.
23 Insurance . . . . .	843,176.	715,504.	110,808.	16,864.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a REPAIRS & MAINTENANCE -----	7,766,396.	3,401,323.	4,363,706.	1,367.
b STUDENT ACTIVITIES -----	7,526,861.	7,526,861.		
c PURCHASED SERVICES -----	3,723,074.	1,016,007.	2,617,970.	89,097.
d UTILITIES -----	3,227,539.	1,184,129.	2,039,634.	3,776.
e INSTRUCTIONAL SUPPLIES -----	2,304,543.	1,706,003.	593,097.	5,443.
f All other expenses -----	8,178,043.	3,277,531.	4,850,405.	50,107.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	139,527,182.	106,315,368.	31,340,791.	1,871,023.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	7,488,571.	<b>2</b>	16,870,368.
	<b>3</b> Pledges and grants receivable, net . . . . .	5,827,473.	<b>3</b>	4,240,059.
	<b>4</b> Accounts receivable, net . . . . .	4,285,165.	<b>4</b>	5,808,821.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . . STMT. 5 . . . . .	3,369,252.	<b>7</b>	3,421,990.
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . . STMT. 6 . . . . .	1,362,829.	<b>9</b>	1,907,208.
	<b>10a</b> Land, buildings, and equipment: cost basis. . . . . <b>10a</b> 181,605,374.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D . . . . . <b>10b</b> 72,041,428.	77,779,136.	<b>10c</b>	109,563,946.
	<b>11</b> Investments - publicly traded securities. . . . . STMT. 7 . . . . .	14,806,941.	<b>11</b>	12,413,150.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	6,609,300.	<b>12</b>	16,326,382.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11. . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	121,528,667.	<b>16</b>	170,551,924.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,512,282.	<b>17</b>	12,030,875.
	<b>18</b> Grants payable . . . . .	3,453,060.	<b>18</b>	3,453,060.
	<b>19</b> Deferred revenue . . . . . STMT. 8 . . . . .	2,182,941.	<b>19</b>	2,631,653.
	<b>20</b> Tax-exempt bond liabilities . . . . .	41,912,720.	<b>20</b>	86,734,297.
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	5,580,932.	<b>25</b>	11,733,198.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	65,641,935.	<b>26</b>	116,583,083.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	29,756,491.	<b>27</b>	30,459,952.
	<b>28</b> Temporarily restricted net assets . . . . .	18,519,159.	<b>28</b>	15,281,527.
	<b>29</b> Permanently restricted net assets. . . . .	7,611,082.	<b>29</b>	8,227,362.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances.</b> . . . . .	55,886,732.	<b>33</b>	53,968,841.
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	121,528,667.	<b>34</b>	170,551,924.

**Part XI Financial Statements and Reporting**

		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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b> X	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b> X	
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b> X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b> X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b> X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2008**

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: (Please check only one organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally Integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1-3 . . . . .						
<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) . . . . .						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> Total support. Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f. . . . .	<b>15</b>	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2008.</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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV 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 - 2007.</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 stop here. Explain in Part IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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</b> Total. Add lines 1-5 . . . . .						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 in 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 IV.) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	%
<b>19a</b> 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20</b> Private foundation. 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

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, and 990-PF.

2008

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$  % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ 314,570.

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
57	STOCK	\$ 17,500.	12/15/2008
58	STOCK	\$ 93,252.	
59	STOCK	\$ 99,303.	09/16/2008
60	GIFT IN KIND SCIENTIFIC EQUIPMENT	\$ 8,000.	05/21/2009
61	GIFT IN KIND ATHLETIC EQUIPMENT	\$ 28,227.	02/03/2009
62	GIFT IN KIND LAW BOOK COLLECTION	\$ 15,399.	10/17/2008

Employer identification number

**Part II**   **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
63	GIFT IN KIND OFFICE EQUIPMENT	\$ 10,000.	09/10/2008
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
64	GIFT IN KIND SCIENTIFIC EQUIPMENT	\$ 48,600.	05/21/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
65	GIFT IN KIND LANDSCAPING SERVICES	\$ 13,790.	06/30/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

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

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots 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"> <tr> <td>If the amount on line 1e, column (a) or (b) is</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </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. Enter -0- if line g is more than line a . . . . .														
<b>i</b>	Subtract line 1f from line 1c. Enter -0- if line f is more than line c . . . . .														
<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"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008



**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16,299.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total lines 1c through 1i			16,299.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.**

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible 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 expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B

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

"THE NORMANDY GROUP" WILL WORK WITH THE UNH TO ADVANCE ITS FEDERAL

LEGISLATIVE AGENDA AND OBTAIN FUNDING THROUGH THE VARIOUS FY10

APPROPRIATIONS BILLS.

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a). . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_ NONE

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_ 40,000.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☒ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	14,687,762.				
b Contributions . . . . .					
c Investment earnings or losses . . . . .	-2,401,479.				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	12,286,283.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 18.0000 %  
 b Permanent endowment ► 82.0000 %  
 c Term endowment ► \_\_\_\_\_ %

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
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		5,412,100.		5,412,100.
b Buildings . . . . .		84,696,782.	35,218,854.	49,477,928.
c Leasehold improvements . . . . .		3,379,863.	2,148,876.	1,230,987.
d Equipment . . . . .		43,226,145.	32,014,336.	11,211,809.
e Other . . . . .		44,890,484.	2,659,362.	42,231,122.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				109,563,946.

Schedule D (Form 990) 2008

**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other <u>INVESTMENTS IN TRUST BY OTHERS</u>	1,787,400.	FMV
<u>FUNDS ON DEPOSIT WITH TRUSTEE</u>	14,538,982.	FMV
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►	16,326,382.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.[illegible]**Part IX** **Other Assets.** See Form 990, Part X, line 15.[illegible]

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
POST RETIREMENT OBLIGATION	2,652,072.
INTEREST RATE SWAP	9,081,126.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	11,733,198.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	147,734,457.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	139,527,182.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	8,207,275.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-4,158,618.
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	-116,142.
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-5,855,406.
<b>9</b>	Total adjustments (net). Add lines 4-8	<b>9</b>	-10,130,166.
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	-1,922,891.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	137,979,607.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-4,158,618.
<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 XIV)	<b>2d</b>	-5,480,090.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	-9,638,708.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	147,618,315.
<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>	116,142.
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	116,142.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	<b>5</b>	147,734,457.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	139,902,498.
<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>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	375,316.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	375,316.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	139,527,182.
<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>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<b>5</b>	139,527,182.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

PART III, LINE 4

THE UNIVERSITY OF NEW HAVEN'S COLLECTIONS INCLUDE AN ORIENTAL RUG (\$22,000) AND A SERIES OF PAINTINGS (\$18,000), WHICH ARE ON ON DISPLAY AT VARIOUS LOCATIONS THROUGHOUT THE UNIVERSITY, INCLUDING THE SEATON ART GALLERY. THEY ARE USED FOR RESEARCH AND PRESERVED FOR FUTURE GENERATIONS TO ADMIRE. ADDITIONALLY, THE COLLECTIONS SERVE AS INSPIRATION TO STUDENTS STUDYING FOREIGN CULTURES AND ART.

PART V, LINE 4

THE UNIVERSTY'S ENDOWMENT CONSISTS OF 123 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE UNIVERSITY TO FUNCTION AS ENDOWMENTS (QUASI ENDOWMENT).

THE UNIVERSITY MANAGES ITS LONG-TERM INVESTMENTS TO ENSURE THAT THE FUTURE GROWTH OF THE ENDOWMENTS ARE SUFFICEINT TO OFFSET NORMAL INFLATION PLUS REASONABLE SPENDING, THEREBY PRESERVING THE CONSTANT DOLLAR VALUE AND PURCHASING POWER OF THE ENDOWMENT FOR FUTURE GENERATIONS.

THE UNIVESRITY'S ANNUAL SPENDING DISTRIBUTION IS DETERMINED BY APPLYING A SPENDING FORMULA OUTLINED IN THE ENDOWMENT SPENDING POLICY. THE ACTUAL ENDOWMENT FUND DISTRIBUTION SHALL BE AT AN ANNUAL RATE THAT IS THE LESSER OF: (1) FOUR AND ONE-HALF (4.5%) BASED UPON THE TWELVE QUARTER MOVING AVERAGE MARKET VALUE OF THE FUND'S VALUE AT THE BEGINNING OF EACH QUARTER WITH A ONE-QUARTER LAG, OR (2) THE ANNUAL YIELD (DIVIDIDENDS AND

**Part XIV Supplemental Information (continued)**

INTEREST) AS MEASURED BY THE PRECEDING FISCAL YEAR.

THE UNIVERSITY'S ENDOWMENT INCLUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS

AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT.

THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE

ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE

ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C)

ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE

DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE

ACCUMULATION IS ADDED TO THE FUND.

PART XI, LINE 8

OTHER RECONCILIATION FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS

CHANGE IN VALUE OF SWAP - \$5,793,004

OTHER EXPENSES PAID BY UNH - \$62,402

TOTAL - \$5,855,406

PART XII, LINE 2D

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON FORM 990

REVENUE REPORTED ON AFFILIATES RETURN \$147,021

SPECIAL EVENTS EXPENSE \$165,893

CHANGE IN INTEREST RATE SWAP - \$5,793,004

TOTAL - \$5,480,090



**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON FORM 990

EXPENSES REPORTED ON AFFILIATES RETURN \$209,423

SPECIAL EVENTS EXPENSE \$165,893

TOTAL \$375,316

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► To be completed by organizations that  
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	1 X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	2 X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain . . . . . <u>THE UNIVERSITY OF NEW HAVEN REFERENCES ITS NON DISCRIMINATION POLICY IN ITS PUBLICATIONS INCLUDING COURSE CATALOGS, JOB APPLICATIONS AND STUDENT APPLICATIONS.</u>	3 X	
4 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	4a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	4b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	4c X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	4d X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	5a	X
b Admissions policies? . . . . .	5b	X
c Employment of faculty or administrative staff? . . . . .	5c	X
d Scholarships or other financial assistance? . . . . .	5d	X
e Educational policies? . . . . .	5e	X
f Use of facilities? . . . . .	5f	X
g Athletic programs? . . . . .	5g	X
h Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	5h	X
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . \$TMT. 9 . .	6a X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .	6b	X
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7 X	

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

Schedule E (Form 990 or 990-EZ) 2008



**1 (a) Name of organization**

(b) IRS code section  
and EIN (if applicable)

(c) Region

(d) Purpose of grant

(e) Amount of cash grant

(f) Manner of cash disbursement
1. By check
2. By cash
3. By credit card
4. By bank draft
5. By money order
6. By cash on hand
7. By cash on order
8. By cash on account
9. By cash on deposit
10. By cash on loan
11. By cash on sale
12. By cash on purchase
13. By cash on receipt
14. By cash on payment
15. By cash on collection
16. By cash on transfer
17. By cash on exchange
18. By cash on redemption
19. By cash on liquidation
20. By cash on settlement
21. By cash on distribution
22. By cash on withdrawal
23. By cash on contribution
24. By cash on investment
25. By cash on sale of assets
26. By cash on purchase of assets
27. By cash on receipt of assets
28. By cash on payment of assets
29. By cash on collection of assets
30. By cash on transfer of assets
31. By cash on exchange of assets
32. By cash on redemption of assets
33. By cash on liquidation of assets
34. By cash on settlement of assets
35. By cash on distribution of assets
36. By cash on withdrawal of assets
37. By cash on contribution of assets
38. By cash on investment of assets
39. By cash on sale of liabilities
40. By cash on purchase of liabilities
41. By cash on receipt of liabilities
42. By cash on payment of liabilities
43. By cash on collection of liabilities
44. By cash on transfer of liabilities
45. By cash on exchange of liabilities
46. By cash on redemption of liabilities
47. By cash on liquidation of liabilities
48. By cash on settlement of liabilities
49. By cash on distribution of liabilities
50. By cash on withdrawal of liabilities
51. By cash on contribution of liabilities
52. By cash on investment of liabilities
53. By cash on sale of equity
54. By cash on purchase of equity
55. By cash on receipt of equity
56. By cash on payment of equity
57. By cash on collection of equity
58. By cash on transfer of equity
59. By cash on exchange of equity
60. By cash on redemption of equity
61. By cash on liquidation of equity
62. By cash on settlement of equity
63. By cash on distribution of equity
64. By cash on withdrawal of equity
65. By cash on contribution of equity
66. By cash on investment of equity
67. By cash on sale of debt
68. By cash on purchase of debt
69. By cash on receipt of debt
70. By cash on payment of debt
71. By cash on collection of debt
72. By cash on transfer of debt
73. By cash on exchange of debt
74. By cash on redemption of debt
75. By cash on liquidation of debt
76. By cash on settlement of debt
77. By cash on distribution of debt
78. By cash on withdrawal of debt
79. By cash on contribution of debt
80. By cash on investment of debt
81. By cash on sale of interest
82. By cash on purchase of interest
83. By cash on receipt of interest
84. By cash on payment of interest
85. By cash on collection of interest
86. By cash on transfer of interest
87. By cash on exchange of interest
88. By cash on redemption of interest
89. By cash on liquidation of interest
90. By cash on settlement of interest
91. By cash on distribution of interest
92. By cash on withdrawal of interest
93. By cash on contribution of interest
94. By cash on investment of interest
95. By cash on sale of capital
96. By cash on purchase of capital
97. By cash on receipt of capital
98. By cash on payment of capital
99. By cash on collection of capital
100. By cash on transfer of capital
101. By cash on exchange of capital
102. By cash on redemption of capital
103. By cash on liquidation of capital
104. By cash on settlement of capital
105. By cash on distribution of capital
106. By cash on withdrawal of capital
107. By cash on contribution of capital
108. By cash on investment of capital
109. By cash on sale of assets and liabilities
110. By cash on purchase of assets and liabilities
111. By cash on receipt of assets and liabilities
112. By cash on payment of assets and liabilities
113. By cash on collection of assets and liabilities
114. By cash on transfer of assets and liabilities
115. By cash on exchange of assets and liabilities
116. By cash on redemption of assets and liabilities
117. By cash on liquidation of assets and liabilities
118. By cash on settlement of assets and liabilities
119. By cash on distribution of assets and liabilities
120. By cash on withdrawal of assets and liabilities
121. By cash on contribution of assets and liabilities
122. By cash on investment of assets and liabilities
123. By cash on sale of equity and debt
124. By cash on purchase of equity and debt
125. By cash on receipt of equity and debt
126. By cash on payment of equity and debt
127. By cash on collection of equity and debt
128. By cash on transfer of equity and debt
129. By cash on exchange of equity and debt
130. By cash on redemption of equity and debt
131. By cash on liquidation of equity and debt
132. By cash on settlement of equity and debt
133. By cash on distribution of equity and debt
134. By cash on withdrawal of equity and debt
135. By cash on contribution of equity and debt
136. By cash on investment of equity and debt
137. By cash on sale of capital and interest
138. By cash on purchase of capital and interest
139. By cash on receipt of capital and interest
140. By cash on payment of capital and interest
141. By cash on collection of capital and interest
142. By cash on transfer of capital and interest
143. By cash on exchange of capital and interest
144. By cash on redemption of capital and interest
145. By cash on liquidation of capital and interest
146. By cash on settlement of capital and interest
147. By cash on distribution of capital and interest
148. By cash on withdrawal of capital and interest
149. By cash on contribution of capital and interest
150. By cash on investment of capital and interest

(g) Amount of non-cash assistance

(g) Description of non-cash assistance	(h) Amount of cash or value of non-cash assistance received by you or your spouse or dependent child during the year

(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

**Part IV Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE UNIVERSITY OF NEW HAVEN HAS TWO BASIC STUDY ABROAD PROGRAMS (FRESHMAN AND TERM). THE FRESHMAN PROGRAM IS RUN BY THE UNIVERSITY OF NEW HAVEN AND IS SUPERVISED BY UNH FACULTY. THE STUDENTS ARE FULLTIME, UNH STUDENTS AND ARE FRESHMAN. STUDENTS ARE REQUIRED TO PARTICIPATE AND COMPLETE THEIR ASSIGNMENTS TO RECEIVE ACADEMIC CREDIT. THESE STUDENTS ARE ELIGIBLE TO RECEIVE BOTH INTUITIONAL AID AND GOVERNMENT FINANCIAL AID AS WELL. THESE ARE UNH STUDENTS AND WE DISBURSE AND MONITOR AID AS IF THEY WERE ANY OTHER UNH STUDENT, THE ONLY DIFFERENCE BEING THAT THEY ARE TAKING THEIR CLASSES OUTSIDE OF THE USA.

THE SECOND PROGRAM WE HAVE IS CALLED TERM. THIS STUDY ABROAD PROGRAM IS AVAILABLE ONLY TO SOPHOMORE, JUNIOR AND SENIOR STUDENTS. IN ORDER TO PARTICIPATE, THESE STUDENTS MUST BE ENROLLED AT UNH. THESE PROGRAMS ARE RUN BY A THIRD PARTY - IN ALL CASES OTHER US UNIVERSITIES THAT ARE SUBJECT TO THE SAME FEDERAL AID REQUIREMENTS THAT UNH IS HELD TOO. IN THESE CASES, THE STUDENTS MUST SEEK APPROVAL FROM THEIR ADVISOR TO ENSURE THAT THE STUDY ABROAD PROGRAM MEETS THE CRITERIA FOR UNH TO ISSUE ACADEMIC CREDIT. THE STUDENT THEN CAN ENROLL AT THE THIRD PARTY INSTITUTION FOR THE STUDY ABROAD PROGRAM. THE THIRD PARTY UNIVERSITY BILLS THE STUDENT DIRECTLY. THE STUDENTS DO NOT RECEIVE ANY UNH INSTITUTIONAL AID. THE STUDENTS ARE ELIGIBLE TO RECEIVE GOVERNMENT AID. THE FINANCIAL AID OFFICE OF UNH WORKS WITH THE FINANCIAL AID OFFICE OF THE THIRD PARTY UNIVERSITY TO ENSURE THAT THE AWARDING, DISBURSEMENT AND MONITORING OF GOVERNMENT AID IS COMPLIANT WITH THE RULES THAT GOVERN THE ISSUING OF AID.

## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

## Supplemental Information Regarding Fundraising or Gaming Activities

**▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

OMB No. 1545-0047

2008

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**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |          |                          |                         |          |                          |                                       |
|----------|--------------------------|-------------------------|----------|--------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations      | <b>e</b> | <input type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Email solicitations     | <b>f</b> | <input type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations     | <b>g</b> | <input type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations |          |                          |                                       |

**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 activities? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
<b>Total</b> . . . . . ▶						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	SCHOLARSHIP BALL (event type)	GOLF TOURN (event type)	2 (total number)	
<b>Revenue</b>				
1 Gross receipts . . . . .	252,895.	62,278.		315,173.
2 Less: Charitable contributions . . . . .	NONE	NONE		NONE
3 Gross revenue (line 1 minus line 2) . . . . .	252,895.	62,278.		315,173.
<b>Direct Expenses</b>				
4 Cash prizes . . . . .	NONE	NONE		NONE
5 Non-cash prizes . . . . .	5,336.	10,328.		15,664.
6 Rent/facility costs . . . . .	61,685.	19,278.		80,963.
7 Other direct expenses . . . . .	54,912.	14,354.		69,266.
8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				( 165,893. )
9 Net income summary. Combine lines 3 and 8 in column (d). . . . .				149,280.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Non-cash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	



**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> | % |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . **15a**

- 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:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .
- 17a**

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.      ► Attach to Form 990.

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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.

7

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations . . . . . ▶ \_\_\_\_\_

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL - 432 STUDENTS	432	558,495.			
INSTITUTIONAL AID - 2,971 STUDENTS	2,971	33,853,967.			
PRIVATE AID - 421 STUDENTS	421	324,883.			
STATE AID - 557 STUDENTS	557	2,915,921.			

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO ASSISTING STUDENTS IN

FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A COMPREHENSIVE

FINANCIAL AID PROGRAM, WITH STUDENTS RECEIVING ASSISTANCE IN THE FORM OF

GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME EMPLOYMENT. FUNDS ARE

AVAILABLE FROM FEDERAL AND STATE GOVERNMENTS, PRIVATE SPONSORS, AND FROM

UNIVERSITY RESOURCES. MORE THAN 80 PERCENT OF THE UNIVERSITY'S FULL-TIME

UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE.

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

MOST FINANCIAL AID AWARDS ARE BASED ON AN INDIVIDUAL'S DEMONSTRATION OF

FINANCIAL NEED AFTER CAREFUL CONSIDERATION OF THE APPLICATION FOR

ASSISTANCE. IN CALCULATING NEED, THE FINANCIAL AID OFFICE ATTEMPTS TO

CONSIDER ALL ASPECTS OF A STUDENT'S FINANCIAL CIRCUMSTANCES. NEED BASED

AWARDS ARE ONLY AVAILABLE TO U.S. CITIZENS OR ELIGIBLE NON-CITIZENS. SOME

FUNDS ARE AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL

ACADEMIC RECORDS OR ATHLETIC ABILITY.

STUDENTS MUST BE MAKING SATISFACTORY ACADEMIC PROGRESS AND BE IN GOOD

ACADEMIC STANDING IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRADUATE STUDENTS MUST SUCCESSFULLY COMPLETE ALL THE CREDITS FOR WHICH

FINANCIAL AID HAS BEEN AWARDED, AS INDICATED ON THE STUDENT'S INDIVIDUAL

FINANCIAL AID AWARD LETTER.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I Questions Regarding Compensation**

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

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

**b** If line 1a is 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. . . . .

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

**Part III Supplemental Information**

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

PART I, LINE 1 & 2

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

THE PRESIDENT IS THE ONLY EMPLOYEE WHO RECEIVES A HOUSING ALLOWANCE. THIS

FORM OF COMPENSATION IS TYPICAL FOR A UNIVERSITY PRESIDENT AND THE

AGREEMENT WAS APPROVED BY THE UNIVERSITY'S BOARD OF GOVERNORS.

THE HOUSING ALLOWANCE PROVISION WAS CREATED BY FOLLOWING THE UNIVERSITY'S

COMPENSATION POLICY. A FORMALIZED WRITTEN EMPLOYMENT CONTRACT, APPROVED

BY THE CHAIRMAN OF THE BOARD OF GOVERNORS, WAS UTILIZED, AFTER

COMPENSATION RESEARCH WAS CONDUCTED USING COMPENSATION SURVEYS AND

REVIEWING FORM 990 OF OTHER ORGANIZATIONS.

THE UNIVERSITY OF NEW HAVEN BUSINESS OFFICE PROCESSED THE HOUSING

ALLOWANCE PAYMENT AFTER SECURING THE APPROVED EMPLOYMENT CONTRACT FOR THE

PRESIDENT.



**Part III Supplemental Information**

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

PART I LINES 4A & 4BLINE 4A: SEVERANCE PAYMENTTHE UNIVERSITY OF NEW HAVEN ENTERED INTO A SEVERENCE AGREEMENT WITHTHOMAS JOHNSON, FORMER DEAN OF THE HENRY C. LEE COLLEGE OF CRIMINALJUSTICE AND FORENSIC SCIENCES.LINE 4B: NON-QUALIFIED RETIREMENT PLANTHE FOLLOWING INDIVIDUAL PARTICIPATE IN A NON-QUALIFIED RETIREMENT PLANUNDER IRC SECTION 457(F). THIS AMOUNT HAS BEEN REPORTED ON SCHEDULE J ASDEFERRED COMPENSATIONSTEVEN KAPLAN \$85,550

**SCHEDULE J-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

► Attach to Form 990 to list additional information  
regarding compensation.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVEN KAPLAN	(i)	266,303.	32,198.	59,711.	120,077.	25,908.	504,197.	163,848.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID P DAUWALDER	(i)	222,436.	21,672.	3,780.	30,407.	NONE	278,295.	113,631.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GEORGE S SYNODI	(i)	199,779.	30,138.	NONE	14,340.	21,105.	265,362.	98,833.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DENNIS L NOSTRAND	(i)	200,719.	30,960.	NONE	24,673.	31,459.	287,811.	99,874.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM LEETE	(i)	147,913.	2,000.	NONE	10,422.	8,832.	169,167.	73,090.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABBAS NADIM	(i)	148,777.	NONE	NONE	7,598.	17,982.	174,357.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARTHUR D GOON	(i)	171,845.	NONE	6,000.	12,563.	25,105.	215,513.	83,353.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BARRY FARBROTHER	(i)	187,266.	NONE	NONE	13,216.	17,979.	218,461.	92,821.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROLINE KOZIATEK	(i)	150,478.	NONE	NONE	10,080.	11,177.	171,735.	75,167.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HENRY LEE	(i)	176,764.	NONE	NONE	12,072.	631.	189,467.	87,793.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JULIA PARKER	(i)	166,652.	NONE	NONE	12,003.	22,347.	201,002.	82,749.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY L MCLAUGHLIN	(i)	151,423.	NONE	NONE	9,467.	1,054.	161,944.	82,641.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MONTAZER ALI	(i)	148,618.	NONE	NONE	10,013.	22,299.	180,930.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD H NOWACYK	(i)	179,542.	NONE	NONE	12,928.	23,016.	215,486.	87,464.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THOMAS JOHNSON	(i)	153,661.	NONE	48,867.	5,924.	NONE	208,452.	96,061.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIMOTHY R STANTON	(i)	150,735.	NONE	NONE	11,166.	23,342.	185,243.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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

Schedule J-1 (Form 990) 2008

**Continuation Sheet for Schedule J (Form 990)**

OMB No. 1545-0047

2008

**Open to Public Inspection**

▶ Attach to Form 990 to list additional information regarding compensation.

Name of the organization

Employer identification number	
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UNIVERSITY OF NEW HAVEN

06-0761704

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

[illegible]

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

UNIVERSITY OF NEW HAVEN

Employer Identification number

06-0761704

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL S BERGAMI JR CHAIRMAN OF THE BOARD	1.	X						NONE	NONE	NONE
PHILIP H BARTELS BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
MARY J BARNEBY BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
PHILIP BATCHELOR BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
KENNETH W BIERMACHER BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
GAIL L BREKKE BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
WILLIAM L JR BUCKNALL BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
FRANK P CARRUBBA BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
WILLIAM J CHOWANEC BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
K ONI CHUKWU BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
RALPH F DELLACAMERA JR BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
RICHARD J DESLAURIERS MD BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
HEIDI S DOUGLAS BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
ERNEST F SCHAUB BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
COLIN J FOSTER BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
ARMANDO GARCIA BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
JEFFERY P HAZELL BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
ROBERT M LEE BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
THOMAS K LEWIS JR BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
PATRICK G OBRIEN BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
RAYMOND J MARGIANO PHD BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the Organization

UNIVERSITY OF NEW HAVEN

Employer Identification number

06-0761704

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES C REILLY BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
JANICE K SUSSMAN BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
PATRICIA B SWEET BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
STEPHEN P TAGLIATELA BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
MICHAEL W TONER BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
DOUGLAS D WATTS BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
RASA M GATTI BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
ROLAND YOUNG BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
SAMUEL E THURSTON BOARD OF GOVERNORS	1.	X						NONE	NONE	NONE
STEVEN KAPLAN PRESIDENT	40.			X				358,212.	NONE	145,985.
DAVID P DAUWALDER PROVT & SR. VP-ACAD & STU AFFA	40.			X				247,888.	NONE	30,407.
GEORGE S SYNODI CFO & VP FINANCE	40.			X				229,917.	NONE	35,445.
DENNIS L NOSTRAND VP FOR ENROLLMENT	40.			X				231,679.	NONE	56,132.
JULIA PARKER VP FACILITIES	40.			X				166,652.	NONE	34,350.
RICHARD TUCHMAN VP FOR UNIV ADVANCEMENT	40.			X				86,661.	NONE	5,833.
ARTHUR D GOON DEAN	40.				X			177,845.	NONE	37,668.
BARRY FARBROTHER DEAN	40.				X			187,266.	NONE	31,195.
CAROLINE KOZIATEK ASSOCIATE VP HUMAN RESOURCES	40.				X			150,478.	NONE	21,257.
MARY L MCLAUGHLIN PRESIDENT & CEO OF FOUNDATION	40.				X			151,423.	NONE	10,521.
RONALD H NOWACYK DEAN	40.				X			179,542.	NONE	35,944.
TIMOTHY R STANTON ASSOCIATE VP ADVANCEMENT	40.				X			150,735.	NONE	34,508.

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

Schedule J-2 (Form 990) 2008

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▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNIVERSITY OF NEW HAVEN

06-0761704

## Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

# Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

## Part I Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A WACHOVIA BANK, NA	56-1948225	20774L5Y7	08/01/2005	25,815,000.	NEW CONSTRUCTION		X		X
B WACHOVIA BANK, NA	56-1948225	20774UA88	07/01/2008	46,000,000.	NEW CONSTRUCTION		X		X
C WACHOVIA BANK, NA	56-1948225	20774UEV3	08/01/2006	15,370,000.	DEFERRED MAINTENANCE		X		X
D									
E									

## Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
1 Total proceeds of issue . . . . .										
2 Gross proceeds in reserve funds . . . . .										
3 Proceeds in refunding or defeasance escrows . . . . .										
4 Other unspent proceeds . . . . .										
5 Issuance costs from proceeds . . . . .										
6 Working capital expenditures from proceeds . . . . .										
7 Capital expenditures from proceeds . . . . .										
8 Year of substantial completion . . . . .										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue? . . . . .										
11 Has the final allocation of proceeds been made? . . . . .										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .										

## Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

Schedule K (Form 990) 2008

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use? . . . . .										
b Are there any research agreements with respect to the financed property which may result in private business use? . . . . .										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? . . . . .										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. . . . . ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. . . . . ▶		%		%		%		%		%
6 Total of lines 4 and 5. . . . .		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .										
2 Is the bond issue a variable rate issue? . . . . .										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? . . . . .										
b Name of provider . . . . .										
c Term of hedge . . . . .										
4a Were gross proceeds invested in a 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? . . . . .										
5 Were any gross proceeds invested beyond an available temporary period? . . . . .										
6 Did the bond issue qualify for an exception to rebate? . . . . .										



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SPECIALTY SURFACES INTERNATIONAL	R. DELLACAMERA JR., BOD	856,330.	PURCHASE OF MATERIAL		X
ACORN PROPERTY MANAGEMENT	D. BECKERMAN, FORMER BOD	837,083.	LEASE OF BUILDING		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions**

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X		15,399.	FMV
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	6	212,562.	FMV
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( STMT 10 ) . . . . .		7.	98,797.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **NONE**

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

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

Schedule M (Form 990) 2008

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**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 25 TO 28

THE AMOUNTS IN COLUMN B INDICATE THE NUMBER OF INDIVIDUAL CONTRIBUTORS OF  
OTHER TYPES OF CONTRIBUTIONS.

PART I, LINE 31

GIFT ACCEPTANCE POLICY

THE UNIVERSITY OF NEW HAVEN HAS A WRITTEN GIFT ACCEPTANCE POLICY. GIFTS  
SHALL BE ACCEPTED BY THE UNIVERSITY ONLY AFTER FAVORABLE EVALUATION,  
INCLUDING COMPLIANCE WITH THE ORGANIZATION'S TAX STATUS, BY UNIVERSITY  
PERSONNEL, IN CONSULTATION WITH OUTSIDE ADVISORS AND APPROVED BY THE  
UNIVERSITY'S BOARD OF GOVERNORS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

ORGANIZATION'S MISSION

A LEADER IN EXPERIENTIAL EDUCATION. FOUNDED IN 1920, THE UNIVERSITY PROVIDES ITS STUDENTS WITH A UNIQUE COMBINATION OF SOLID LIBERAL ARTS AND REAL-WORLD, HANDS-ON PROFESSIONAL TRAINING. UNH IS A PRIVATE UNIVERSITY WITH AN 80-ACRE MAIN CAMPUS. THE UNIVERSITY HAS AN ENROLLMENT OF MORE THAN 5,200; APPROXIMATELY 1,700 GRADUATE STUDENTS AND MORE THAN 3,500 UNDERGRADUATES, 70 PERCENT OF WHOM RESIDE IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS MORE THAN 80 UNDERGRADUATE DEGREES AND MORE THAN 25 GRADUATE DEGREES THROUGH ITS FIVE COLLEGES, IN FIELDS SUCH AS SPORTS MANAGEMENT, NUTRITION, FORENSIC SCIENCE, MUSIC AND SOUND RECORDING, ENGINEERING, COMPUTER SCIENCE AND CRIMINAL JUSTICE. UNIVERSITY COLLEGE AT UNH DEVELOPS PROGRAMS AND COURSES TO MEET THE EMERGING EDUCATIONAL AND TRAINING NEEDS OF EDUCATORS, BUSINESSES AND PUBLIC AND SOCIAL AGENCIES, FOCUSING ON ACADEMIC EXCELLENCE, CONVENIENCE AND FLEXIBILITY. UNIVERSITY OF NEW HAVEN STUDENTS STUDY ABROAD THROUGH A VARIETY OF DISTINCTIVE PROGRAMS.

Name of the organization

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

## FORM 990 REVIEW PROCESS

## PART VI, SECTION A, LINE 10

THE FORM 990 WAS MADE AVAILABLE ON THE WEB THROUGH A SECURE PORTAL TO ALL

MEMBERS OF THE BOARD OF GOVERNORS FOR THEIR REVIEW PRIOR TO ITS

SUBMISSION. RESPONSIBILITY FOR REVIEWING THE FORM 990 HAS BEEN DELEGATED

FROM THE BOARD OF GOVERNORS TO THE FINANCE COMMITTEE. NOT ONLY WAS A

COPY OF THE FORM 990 PROVIDED TO THE MEMBERS OF THE FINANCE COMMITTEE,

THE FORM WAS PRESENTED AND REVIEWED IN DETAIL BY MANAGEMENT. THIS REVIEW

TOOK PLACE DURING THE REGULARLY SCHEDULED APRIL BOARD MEETING.

Name of the organization

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

CONFLICT OF INTEREST POLICYPART VI, SECTION B, LINE 12CTHE UNIVERSITY OF NEW HAVEN'S BOARD OF GOVERNORS CONFLICT OF INTERESTPOLICY WAS CREATED TO COMPLY WITH THE CONNECTICUT REVISED NON-STOCKCORPORATION ACT. THE POLICY IDENTIFIES WHAT CONSTITUTES A CONFLICT OFINTEREST FOR A BOARD MEMBER AND WHAT IS REQUIRED OF A BOARD MEMBER IF ACONFLICT WERE TO ARISE.THE UNDERLYING PRINCIPLES OF THE POLICY ARE AIMED AT INSURING A FULL ANDTIMELY DISCLOSURE MADE BY A BOARD MEMBER REGARDING ANY CONFLICT OFINTEREST THAT MAY EXIST. BOARD MEMBERS WITH CONFLICTS ARE NOT TO BEINVOLVED 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 MAKINGPROCESS.THE PROCEDURES REGARDING THE IMPLEMENTATION OF THE CONFLICTS POLICYCONTAINS THREE STEPS; SUBMISSION OF THE ANNUAL CONFIRMATION FORM,REPORTING OF SUBSEQUENT CONFLICTS OF INTEREST AND THE SECRETARY'S ROLE INREPORTING CONFLICTS TO THE ETHICS SUBCOMMITTEE OF THE BOARD'S EXECUTIVECOMMITTEE.THE SCOPE OF THIS POLICY COVERS CURRENT BOARD MEMBERS, EMERITUS BOARDMEMBERS, SIGNIFICANT DONORS, UNIVERSITY OFFICERS, PROFESSORS AND OTHEREMPLOYEES OF THE UNIVERSITY.THE POLICY IS REVIEWED AND MONITORED WITH THE SUBMISSION OF THE ANNUAL

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

CONFIRMATION FORM BEING SUBMITTED TO EXECUTIVE ASSISTANT TO THE  
PRESIDENT. AN ADDITIONAL CONFIRMATION IS SECURED WITH A REVIEW OF THE  
ANNUAL CONFIRMATION FORMS BY THE UNIVERSITY ADMINISTRATION.

Name of the organization

Employer identification number

UNIVERSITY OF NEW HAVEN

06-0761704

COMPENSATION POLICYPART VI, SECTION B, LINES 15A & 15BTHERE ARE TWO SEQUENTIAL STEPS TAKEN EACH FISCAL YEAR AT THE UNIVERSITYOF NEW HAVEN WITH REGARD TO THE DECISIONS MADE BY THE BOARD OF GOVERNORSIN CONNECTION WITH THE COMPENSATION AWARDED TO THE TOP MANAGEMENTOFFICIALS AT THE UNIVERSITY, VIZ., ITS SENIOR OFFICERS CONSISTING OF: (I)THE PRESIDENT; (II) THE PROVOST; AND (III) THE VICE PRESIDENTS. THE FIRSTSTEP INVOLVES A SPECIAL COMMITTEE OF THE BOARD OF GOVERNORS, ITSCOMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS COMPRISED OF FOURMEMBERS: (I) THE BOARD CHAIR AND VICE CHAIR; AND (II) TWO OTHER BOARDMEMBERS. THE MEMBERS OF THE COMMITTEE ARE SELECTED BY THE BOARD CHAIR;AND THE COMMITTEE HAS BEEN AUTHORIZED BY THE BOARD TO ACT IN ITS SPECIALCAPACITY. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT PERSONS WITH NOCONFLICTS OF INTEREST, AND WHO THUS ARE ABLE TO CONDUCT THE COMPENSATIONREVIEW AT "ARMS' LENGTH".WITH REGARD TO THE UNIVERSITY'S 7/1/08-6/30/09 FISCAL YEAR, THE COMMITTEECONDUCTED AN IN-DEPTH REVIEW, AND DISCUSSION, OF FOUR RELEVANT MATTERS.FIRST, IT REVIEWED THE VARIOUS ELEMENTS OF COMPENSATION FOR EACH SENIOROFFICER, INCLUDING BASE SALARY, BONUS INCENTIVES, STANDARDERISA-QUALIFIED HEALTH AND RETIREMENT PLANS, TAXABLE ALLOWANCES, ANDOTHER BENEFITS. SECOND, THE COMMITTEE REVIEWED APPROPRIATE COMPARABILITYDATA BASED ON THE GEOGRAPHIC LOCATION, ACADEMIC PROGRAMS OFFERED AND THEFINANCIAL RESOURCES OF THE UNIVERSITY. THIRD, THE REASONABLENESS OF THISDATA WAS SUBSTANTIATED WITH BENCHMARKING EACH SENIOR OFFICER'S POSITIONWITH MARKET NORMS. FOURTH, AND FINALLY, THE LEVELS OF RESPONSIBILITY ANDOVERALL QUALIFICATIONS OF EACH OF THE SENIOR OFFICERS RELATIVE TO MARKET



Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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 CONCURRENTLY PREPARED MINUTES BY A COMMITTEE  
MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.)

THE SECOND AND FINAL STEP IN THE COMPENSATION APPROVAL PROCESS COMMENCED  
WITH THE COMMITTEE'S PRESENTATION OF ITS REPORT AT A MEETING OF THE BOARD  
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 THUS ARE ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH".)  
THE BOARD THEN DISCUSSED THIS DATA FROM THE COMMITTEE AND THE COMMITTEE'S  
RECOMMENDATIONS. THEREUPON, A RESOLUTION WAS ADOPTED BY A MAJORITY OF THE  
BOARD IN ITS APPROVAL OF THE PARTICULAR COMPENSATION AMOUNTS TO BE  
AWARDED TO EACH OF THE SENIOR OFFICERS. (AS IS PRUDENT, THE COMMITTEE'S  
DELIBERATIONS AND DECISIONS WERE DOCUMENTED BY CONCURRENTLY PREPARED  
MINUTES BY A BOARD MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.)

COMPENSATION FOR KEY EMPLOYEES IS CALCULATED IN A SIMILAR FASHION AS  
PROVIDED ABOVE BUT DOES NOT REQUIRE BOARD REVIEW OR APPROVAL.

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

PUBLIC DISCLOSURE POLICY

PART VI, SECTION C, LINE 19

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

**Name of the organization**

UNIVERSITY OF NEW HAVEN

**Employer identification number**

06-0761704

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
HENRY C LEE INST. OF FORENSIC SCIENCE 06-1629144 300 BOSTON POST ROAD WEST HAVEN, CT 06516	EDUCATION	CT	501 (C) (3)		N/A
UNIVERSITY OF NEW HAVEN DENTAL CENTER 06-1629143 300 BOSTON POST ROAD NEW HAVEN, CT 06516	INACTIVE CORP	CT	501 (C) (3)		N/A

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

Schedule R (Form 990) 2008

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

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

(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

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

	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 (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Sale of assets to other organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Purchase of assets from other organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Exchange of assets . . . . .	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets. . . . .	<b>1m</b>	X
<b>n</b> Sharing of paid employees . . . . .	<b>1n</b>	X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid by other organization for expenses. . . . .	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .	<b>1r</b>	X

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

(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1) HENRY C LEE INSTITUTE OF FORENSIC SCIENCE	P	62,402.
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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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.

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

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
SASAKI ASSOCIATES PO BOX 843026 BOSTON, MA 02284	CONSTRUCTION DESIGN	1,989,498.
WIGGIN AND DANA LLP PO BOX 7247-7112 PHILADELPHIA, PA 19170	ATTORNEY	781,627.
KPMG LLP ONE FINANCIAL PLAZA HARTFORD, CT 06103	AUDIT	133,050.
CARLOS PRIME 88 ROSE STREET EAST HAVEN, CT 06513	REPAIR	165,567.
LAWNMASTER LLC 112 NUTMEG HILL ROAD HAMDEN, CT 06514	LANDSCAPE	164,782.
TOTAL COMPENSATION		----- 3,234,524. =====



## FORM 990, PART VIII - FUNDRAISING EVENTS

=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
SCHOLARSHIP BALL	252,895.	121,933.	130,962.
GOLF TOURNAMENT	62,278.	43,960.	18,318.
	-----	-----	-----
TOTALS	315,173.	165,893.	149,280.
	=====	=====	=====

## FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION -----	(A) TOTAL EXPENSES -----	(B) PROGRAM SERVICE EXP. -----	(C) MANAGEMENT AND GENERAL -----	(D) FUNDRAISING EXPENSES -----
HENRY C LEE INSTITUTE	62,402.	62,402.		
	-----	-----	-----	-----
TOTALS	62,402.	62,402.		
	=====	=====	=====	=====

FORM 990, PART X - NOTES AND LOANS RECEIVABLE  
=====

BORROWER: FEDERAL PERKINS LOANS PROGRAM

BEGINNING BALANCE DUE .....	3,744,252.
ENDING BALANCE DUE .....	3,796,990.
	-----

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	3,744,252.
	=====

TOTAL ENDING NOTES AND LOANS RECEIVABLES	3,796,990.
	=====

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED BOND ISSUANCE COST	776,061.	1,150,625.
LIFE INSURANCE POLICIES	412,841.	430,527.
PREPAID EXPENSES	173,927.	326,056.
	-----	-----
TOTALS	1,362,829.	1,907,208.
	=====	=====

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
CORPORATE STOCKS	9,246,418.	7,110,013.	FMV
CORPORATE BONDS	4,959,931.	4,796,005.	FMV
CASH AND SHORT-TERM INVESTMTS	592,678.	507,132.	FMV
OTH PUBLICLY TRADED SECURITIES	7,914.	NONE	FMV
	-----	-----	
TOTALS	14,806,941.	12,413,150.	
	=====	=====	

## FORM 990, PART X - DEFERRED REVENUE

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED INCOME	2,182,941.	2,631,653.
	-----	-----
TOTALS	2,182,941.	2,631,653.
	=====	=====

## SCHEDULE E - EXPLANATION FOR LINE 6A

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THE UNIVERSITY OF NEW HAVEN RECEIVES FINANICAL AID FUNDS FOR DISBURSEMENT TO STUDENTS. FEDERAL FUNDS INCLUDE SEOG, PELL, PERKINS, FEDERAL WORK STUDY. STATE FUNDS INCLUDE CICS AND CAPITAL SCHOLARSHIP PROGRAM.

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION -----	(A) CHECK -----	(B) NUMBER OF CONTRIBUTIONS -----	(C) REVENUES REPORTED -----	(D) METHOD OF DETERMINING -----
SCIENTIFIC EQUIPMENT	X	2	56,600.	FMV
OFFICE EQUIPMENT	X	2	10,750.	FMV
ATHLETIC EQUIPMENT	X	1	28,227.	FMV
EVENT TICKETS	X	2	3,220.	ACTUAL FACE VALUE
 TOTALS		 ----- 7. =====	 ----- 98,797. =====	