

Application pending

City or town, state or country, and ZIP + 4
West Haven, CT 06516

☐ Other (specify)

M Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Organization type (check only one) ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 133,002,533

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Appendix

Expenses

51-555 1-2M

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) <input checked="" type="checkbox"/> (cash \$27,810,406_____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	27,810,406	27,810,406	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	1,492,433	181,834	719,151
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	926,653	763,177	163,476
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	37,789,736	28,284,709	9,013,783
27	Pension plan contributions not included on lines 25a, b and c	27	2,422,560	1,548,416	874,144
28	Employee benefits not included on lines 25a - 27	28	5,874,862	5,759,206	115,656
29	Payroll taxes	29	2,723,870	1,689,992	1,033,878
30	Professional fundraising fees	30	23,751	356	279
31	Accounting fees	31	96,700		96,700
32	Legal fees	32	444,915	6,437	438,478
33	Supplies	33	2,441,744	1,749,378	658,944
34	Telephone	34	583,475	224,339	356,515
35	Postage and shipping	35	696,842	60,186	625,628
36	Occupancy	36	2,732,538	2,316,750	415,688
37	Equipment rental and maintenance	37	4,040,952	891,464	3,136,526
38	Printing and publications	38	1,661,317	379,912	1,231,587
39	Travel	39	1,351,111	791,034	544,678
40	Conferences, conventions, and meetings	40	99,465	76,518	20,782
41	Interest	41	1,234,058	1,113,120	120,938
42	Depreciation, depletion, etc. (attach schedule)	42	5,500,404	4,592,398	908,006
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	117,206,180	87,709,012	28,177,182

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs \$⁰_____, **(ii)** the amount allocated to Program services \$⁰_____, **(iii)** the amount allocated to Management and general \$0_____, and **(iv)** the amount allocated to Fundraising \$0_____


Part III Statement of Program Service Accomplishments (See the instructions.)


Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► EDUCATION</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses</p> <p>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a A LEADER IN EXPERIENTIAL LEARNING, THE UNIVERSITY OF NEW HAVEN PROVIDES ITS STUDENTS WITH A UNIQUE COMBINATION OF SOLID LIBERAL ARTS AND REAL WORLD, HANDS-ON PROFESSIONAL TRAINING. A PRIVATE UNIVERSITY, FOUNDED IN 1920, UNH HAS A FULL-TIME UNDERGRADUATE ENROLLMENT OF MORE THAN 2,000 STUDENTS WITH 80 PERCENT RESIDING ON ITS 80 ACRE MAIN CAMPUS AND A GRADUATE SCHOOL THAT EXCEEDS 1,700. THE UNIVERSITY OFFERS MORE THAN 80 UNDERGRADUATE DEGREES AND MORE THAN 25 GRADUATE 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.</p> <p>(Grants and allocations \$ 27,810,406) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	87,709,012
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	87,709,012

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing		45		
	46	Savings and temporary cash investments	10,308,619	46	7,488,571	
	47a	Accounts receivable	9,019,463			
	b	Less allowance for doubtful accounts	4,734,298	2,872,071	47c	4,285,165
	48a	Pledges receivable	7,031,212			
	b	Less allowance for doubtful accounts	1,203,739	6,520,472	48c	5,827,473
	49	Grants receivable		49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)	3,744,252			
	b	Less allowance for doubtful accounts	375,000	3,231,146	51c	3,369,252
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	1,426,709	53	1,362,829	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,271,598	54a	14,806,941	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)		55c		
	56	Investments—other (attach schedule)	11,433,052	56	6,609,300	
57a	Land, buildings, and equipment basis	143,636,660				
b	Less accumulated depreciation (attach schedule)	65,857,524	64,059,752	57c	77,779,136	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/>)	1,635,546	58	0		
59	Total assets (must equal line 74) Add lines 45 through 58	114,758,965	59	121,528,667		
Liabilities	60	Accounts payable and accrued expenses	10,652,567	60	12,512,282	
	61	Grants payable	3,453,060	61	3,453,060	
	62	Deferred revenue	1,396,600	62	2,182,941	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)	42,932,467	64a	41,912,720	
	b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe <input checked="" type="checkbox"/>)	2,269,018	65	5,580,932	
66	Total liabilities Add lines 60 through 65	60,703,712	66	65,641,935		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	29,397,423	67	29,756,491	
	68	Temporarily restricted	17,670,215	68	18,519,159	
	69	Permanently restricted	6,987,615	69	7,611,082	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	54,055,253	73	55,886,732	
74	Total liabilities and net assets / fund balances Add lines 66 and 73	114,758,965	74	121,528,667		








Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)						
a	Total revenue, gains, and other support per audited financial statements	a	119,484,883			
b	Amounts included on line a but not on Part I, line 12					
1	Net unrealized gains on investments				b1	-401,810
2	Donated services and use of facilities				b2	
3	Recoveries of prior year grants				b3	
4	Other (specify)  _____				b4	-3,965,593
	Add lines b1 through b4	b	-4,367,403			
c	Subtract line b from line a	c	123,852,286			
d	Amounts included on Part I, line 12, but not on line a					
1	Investment expenses not included on Part I, line 6b				d1	
2	Other (specify) _____				d2	
	Add lines d1 and d2	d	-4,367,403			
e	Total revenue (Part I, line 12) Add lines c and d	e	123,852,286			


Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
a	Total expenses and losses per audited financial statements	a	117,669,472			
b	Amounts included on line a but not on Part I, line 17					
1	Donated services and use of facilities				b1	
2	Prior year adjustments reported on Part I, line 20				b2	
3	Losses reported on Part I, line 20				b3	
4	Other (specify)  _____				b4	463,292
	Add lines b1 through b4	b	463,292			
c	Subtract line b from line a	c	117,206,180			
d	Amounts included on Part I, line 17, but not on line a :					
1	Investment expenses not included on Part I, line 6b				d1	
2	Other (specify) _____				d2	
	Add lines d1 and d2	d				
e	Total expenses (Part I, line 17) Add lines c and d	e	117,206,180			

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>28</u>			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .		75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" <u> </u> If "Yes," attach a statement that includes the information described in the instructions		75c	No
d Does the organization have a written conflict of interest policy?		75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
MARILOU MCLAUGHLIN  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	148,380	9,266	0
WILLIAM LEETE  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	146,214	17,262	0
JAMES W UEBELACKER  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	139,226	23,477	0
ALEXIS N SOMMERS  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	112,652	15,439	0
JAMES E SHAPIRO  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	100,500	22,207	0
LAWRENCE DE NARDIS  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	96,500	15,008	0
BLAKE E CHERRINGTON  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	0	80,000	522	0

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?		78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a	Yes
b If "Yes," enter the name of the organization  See Additional Data Table _____and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____		81b	No
b Did the organization file Form 1120-POL for this year?			

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, 0, section 4912, 0, section 4955, 0.

89b

No

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89c

0

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

89d

0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization.

89e

No

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89f

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89g

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89h

No

90a

List the states with which a copy of this return is filed. CT

90b

1,005

91a

The books are in care of GEORGE SYNODI Telephone no (203) 932-7273

91b

No

300 BOSTON POST ROAD

Located at WEST HAVEN, CT ZIP + 4 06516

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)?

91b

No

If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Tuition					95,306,562
b	Residence Fees					6,650,080
c	Dining Fees					11,027,767
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	2,152,069	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	275,411	
101	Net income or (loss) from special events			01	66,424	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Bookstore			03	216,436	
b	Rents			01	213,637	
c	OTHER REVENUE			01	107,177	
d						
e						
104	Subtotal (add columns (B), (D), and (E))				3,031,154	112,984,409
105	Total (add line 104, columns (B), (D), and (E)) ▶					116,015,563

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TUITION IS CHARGED FOR EDUCATIONAL PROGRAMS
93B	RESIDENCE HALLS ARE AN INTERGRAL PART OF THE EDUCATIONAL EXP
93C	DINING HALLS ARE AN INTEGRAL PART OF THE EDUCATIONAL EXPERIE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NOTE: If "Yes" to (b) , file Form 8870 and Form 4720 (see instructions).		

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	henry c lee institute 300 boston post road west haven, MA 06516	061629144	direct expense	98,644	
Totals				98,644	

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please 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

george s synodi vp finance

Type or print name and title

2009-05-15

Date

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 99 High Street Boston, MA 021102371			EIN
				Phone no (617) 988-1000

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of New Haven

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Employer identification number
06-0761704

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
THOMAS A JOHNSON 300 BOSTON POST ROAD WEST HAVEN,CT 06516	DEAN 40 0	197,413	10,653	0
ARTHUR GOON 300 BOSTON POST ROAD WEST HAVEN,CT 06516	DEAN 40 0	174,533	23,971	0
BARRY FARBROTHER 300 BOSTON POST ROAD WEST HAVEN,CT 06516	DEAN 40 0	185,416	25,917	0
RONALD NOWACZYK 300 BOSTON POST ROAD WEST HAVEN,CT 06516	DEAN 40 0	178,783	29,239	0
HENRY LEE 300 BOSTON POST ROAD WEST HAVEN,CT 06516	PROFESSOR 40 0	170,279	3,941	0
Total number of other employees paid over \$50,000 ►	284			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SASAKI ASSOCIATES PO BOX 843026 BOSTON,MA 02284	CONSTRUCTION DESIGN	2,822,603
WIGGIN AND DANA LLP PO BOX 7247-7112 PHILADELPHIA,PA 19170	ATTORNEY	491,447
MCFARLAND JOHNSON INC 49 COURT STREET BINGHAMPTON,NY 13902	ENGINEERING DESIGN	202,497
STRATEGIC BUILDING SOLUTIONS LLC 499 MIDDLESEX TURNPIKE OLD SAYBROOK,CT 06475	ENGINEERING DESIGN	157,821
KPMG LLP ONE FINANCIAL PLAZA HARTFORD,CT 06103	AUDIT	108,000
Total number of others receiving over \$50,000 for professional services ►	4	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SODEXO INC PO BOX 81049 WOBURN,MA 018131049	FOOD SERVICE	6,953,254
PETRA CONSTRUCTION CORP 98 REBESCHI DRIVE NORTH HAVEN,CT 06473	CONSTRUCTION	6,016,119
DIMEO CONSTRUCTION COMPANY 75 CHAPMAN STREET PROVIDENCE,RI 02905	CONSTRUCTION	3,029,667
FOUNTAINHEAD PROPERTY MANAGEMENT 21-23 SIMON PLACE A7 WEST HAVEN,CT 06516	PROPERTY MANAGEMENT	1,201,132
CITY POINT CONSTRUCTION 33 FRESH MEADOW ROAD WEST HAVEN,CT 06516	CONSTRUCTION	425,199
Total number of other contractors receiving over \$50,000 for other services ►	11	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 andCat No 11285F

Schedule A (Form 990 or 990-EZ)
2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6

☒

A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12

☐

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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule


(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24			26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	
d Add Amounts from column (e) for lines 18 19 22 26b				26d	
e Public support (line 26c minus line 26d total)				26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) (2005) (2004) (2003)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	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?		Yes	No
		29	Yes	
		30	Yes	
30	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?			
		30	Yes	
		31	Yes	
31	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 (If you need more space, attach a separate statement) THE UNIVERSITY INCLUDES STATEMENTS AS TO ITS NONDISCRIMINATORY POLICY IN ALL OF ITS CATALOGS, ADVERTISEMENTS, BROCHURES, AND ANNOUNCEMENTS THROUGHOUT THE YEAR COPIES OF SUCH MATERIALS ARE MAINTAINED IN THE UNIVERSITY'S FILE IN BOTH THE LIBRARY AND THE PUBLIC RELATIONS DEPT			
		32a	Yes	
32	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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)			
		32a	Yes	
		32b	Yes	
		32c	Yes	
		32d	Yes	
33	Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		33a		No
		33b		No
		33c		No
		33d		No
		33e		No
		33f		No
		33g		No
		33h		No
34a	Does the organization receive any financial aid or assistance from a governmental agency? 			
		34a	Yes	
		34b		No
	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	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			
		35	Yes	

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group

Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

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 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 🏠

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			0
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Exempt Organizations (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- | | | |
|---------------|--|----|
| 51a(i) | | No |
| a(ii) | | No |
| b(i) | | No |
| b(ii) | | No |
| b(iii) | | No |
| b(iv) | | No |
| b(v) | | No |
| b(vi) | | No |
| c | | No |

c		No
----------	--	----

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

7

Yes

☒

No

b If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID:

Software Version:











EIN: 06-0761704

Name: University of New Haven











Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Utilities	43a	2,976,262	1,094,319	1,881,943	
b Recruitement	43b	142,285	86,062	56,223	
c Software	43c	748,797	84,026	663,532	1,239
d Student Activities	43d	6,221,550	5,985,975	228,825	6,750
e Bank Fees	43e	612,522	34,818	577,529	175
f Commisions	43f	54,860	54,860		
g Advertising	43g	1,087,736	57,855	1,029,769	112
h INSURANCE	43h	1,351,543	637,543	714,000	
i TAXES & LICENSES	43i	163,079	39,173	123,906	
j DUES AND SUBSCRIPTIONS	43j	454,628	270,997	126,949	56,682
k MEDICAL FEES	43k	61,716	61,716		
l PURCHASED SERVICES	43l	2,926,097	1,007,805	1,896,587	21,705
m BAD DEBT	43m	425,615	49,046	376,569	
n MISCELLANEOUS EXPENSE	43n	31,698	5,185	26,513	











Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEVEN KAPLAN  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	PRESIDENT 40 0	291,683	131,252	81,468
DAVID P DAUWALDER  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	PROVT & SR VP-ACAD & STU AFFA 40 0	241,380	30,013	0
GEORGE S SYNODI  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	CFO & VP FINANCE 40 0	225,827	30,417	0
DENNIS L NOSTRAND  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	VP FOR ENROLLMENT 40 0	225,333	47,134	0
CATHERINE SPINELLI  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	VP FOR UNIV ADVANCEMENT 40 0	169,927	17,999	0
SAMUEL S BERGAMI JR  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	CHAIRMAN OF THE BOARD 1 0	0	0	0
PHILIP H BARTELS  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
MARY J BARNEBY  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
PHILIP BATCHELOR  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
KENNETH W BIERMACHER  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0






Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GAIL L BREKKE  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
WILLIAM L JR BUCKNALL  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
FRANK P CARRUBBA  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
WILLIAM J CHOWANEC  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
K ONI CHUKWU  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
RALPH F DELLACAMERA JR  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN CT WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
RICHARD J DESLAURIERS MD  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
HEIDI S DOUGLAS  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
ERNEST F SCHAUB  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
COLIN J FOSTER  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ARMANDO GARCIA  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
JEFFERY P HAZELL  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
PAUL D LANDINO  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
ROBERT M LEE  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
THOMAS K LEWIS JR  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
PATRICK G OBRIEN  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
RAYMOND J MARGIANO PHD  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
JAMES C REILLY  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
JANICE K SUSSMAN  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
PATRICIA B SWEET  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEPHEN P TAGLIATELA  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
MICHAEL W TONER  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
DOUGLAS D WATTS  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN CT WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
ROBERT ALVINE  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 1 0	0	0	0
OREST T DUBNO  C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	BOARD OF GOVERNORS 10 0	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
UNIVERSITY OF NEW HAVEN DENTAL CENTER SCIENCE INC	X	
UNIVERSITY OF NEW HAVEN DENTAL CEN INC	X	
UNIVERSITY OF NEW HAVEN FOUNDATION INC	X	

TY 2007 Cash Grants Paid Schedule**Name:** University of New Haven**EIN:** 06-0761704

Class of Activity	Recipient's name	Address	Amount	Relationship
	Federal - 367 STUDENTS	C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	925,535	NONE
	Institutional Aid - 2688 STUDENTS	C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	24,537,603	NONE
	Private Aid - 281 STUDENTS	C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	36,217	NONE
	State Aid - 400 STUDENTS	C/O UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	2,311,051	NONE

TY 2007 Compensation Explanation

Name: University of New Haven

EIN: 06-0761704

Person Name	Explanation
STEVEN KAPLAN	* DURING THE YEAR ENDED 06/30/2008, THE PRESIDENT'S COMPENSATION INCLUDED \$74,250 IN DEFERRED COMPENSATION WHICH WILL BE PAID UPON RETIREMENT ONLY UPON THE FULFILLMENT OF SERVICE THROUGH 2019

TY 2007 Compensation Explanation

Name: University of New Haven

EIN: 06-0761704

TY 2007 General Explanation Attachment

Name: University of New Haven

EIN: 06-0761704

Identifier	Return Reference	Explanation
PROCEEDS FROM SALE OF SECURITIES	FORM 990, PART I, LINE 8	===== GROSS COST OR E XPENSE NET GAIN DESCRIPTION SALES PRICE OTHER BASIS OF SALE OR (LOSS) ----- --- ----- PUBLICLY TRADED SECURITIES 9,204,317 (8,92 8,906) - 275,411 OTHER ASSETS - - - - ----- TO FORM 990, PART I, LINE 8 9,204,317 (8,928,906) - 275,411 =====

Identifier	Return Reference	Explanation
FIXED ASSETS DETAIL	FORM 990, PART II, LINE 42 AND PART IV, LINE 57	===== 06/30/2007 06/3 0/2008 ----- MAJOR MOVABLE EQUIPMENT 37,029,149 40,095,132 BUILDING 68 ,185,877 85,748,879 LAND 3,166,490 4,577,956 LAND IMPROVEMENTS 5,674,888 7,581,850 CONSTRU CTION IN PROGRESS 10,221,664 5,488,391 ----- TOTAL 124,278,068 143,492 ,208 LESS ACCUMULATED DEPRECIATION 60,218,316 65,713,072 ----- TOTAL T O LINE 57C 64,059,752 77,779,136 ===== CURRENT YEAR DEPRECIATION EXPEN SE 5,521,472 AMOUNT REPORTED ON HENRY C LEE INSTITUTE 21,068 ----- TOTAL CURRENT Y EAR DEPRECIATION EXPENSE 5,500,404 =====

Identifier	Return Reference	Explanation
TAX EXEMPT BOND LIABILITIES	FORM 990, PART IV, LINE 64A	===== 06/30/2007 06/30/2008 ----- SERIES E BONDS, ISSUED IN AUGUST 2005 WITH INTEREST, SET AT 2 BASIS POINTS BELOW THE SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION MUNICIPAL SW AP INDEX, 3.96% AT JUNE 30, 2008, MATURITIES TO 2035, PAYABLE IN INCREASING MONTHLY INSTALLMENTS RANGING FROM \$27,083 TO \$155,000, PLUS INTEREST, THROUGH 2035 27,135,000 26,490,000 SERIES G BONDS, ISSUED IN AUGUST 2006 WITH INTEREST, SET AT 2 BASIS POINTS ABOVE ONE MONTH LIBOR, 3.960% AT JUNE 30, 2008, MATURITIES TO 2036, PAYABLE IN INCREASING MONTHLY INSTALLMENTS RANGING FROM \$20,000 TO \$61,666, PLUS INTEREST, THROUGH 2036 15,890,000 15,650,000 ----- BONDS PAYABLE 43,025,000 42,140,000 UNAMORTIZED BOND DISCOUNT (92,533) (227,280) ----- TOTAL TO LINE 64A 42,932,467 41,912,720 =====

TY 2007 Investments - Other Schedule**Name:** University of New Haven**EIN:** 06-0761704

Description	Book Value	Cost/FMV
FUNDS ON DEPOSIT WITH TRUSTEE	2,077,346	F
INVESTMENTS IN TRUST BY OTHERS	4,531,954	F

TY 2007 Other Assets Schedule

Name: University of New Haven

EIN: 06-0761704

Description	Beginning of Year Amount	End of Year Amount
INTEREST RATE SWAP	1,208,026	0
AMOUNTS IN ESCROW	427,520	0

TY 2007 Other Changes in Net Assets Schedule**Name:** University of New Haven**EIN:** 06-0761704

Description	Amount
UNREALIZED GAIN ON INV MTS HELD IN TRUST	577,290
CHANGE IN FMV OF INTEREST RATE SWAPS	4,314,173
PAYMENT TO HENRY C LEE INSTITUTE	98,644
NET UNREALIZED GAINS-INVESTMENTS	979,100

TY 2007 Other Expenses Included Schedule

Name: University of New Haven

EIN: 06-0761704

Description	Amount
RETURNS	241,951
SPECIAL EVENTS EXPENSE	221,341

TY 2007 Other Liabilities Schedule**Name:** University of New Haven**EIN:** 06-0761704

Description	Beginning of Year Amount	End of Year Amount
POST RETIREMENT OBLIGATION	1,933,136	2,292,810
CAPITAL LEASES	153,905	0
INTEREST RATE SWAP	181,977	3,288,122

**TY 2007 Other Notes/Loans
Receivable Short Schedule**

Name: University of New Haven

EIN: 06-0761704

Category/Name	Amount
FEDERAL PERKINS LOANS PROGRAM	3,744,252

TY 2007 Other Revenues Included Schedule**Name:** University of New Haven**EIN:** 06-0761704

Description	Amount
RETURN	127,239
SPECIAL EVENTS EXPENSE	221,341
CHANGE IN INTEREST RATE SWAP	-4,314,173

TY 2007 Special Events Schedule**Name:** University of New Haven**EIN:** 06-0761704

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Scholarship Ball	172,339		172,339	135,713	36,626
Golf Tournament	115,426		115,426	85,628	29,798

TY 2007 Tax-Exempt Bond Liabilities Schedule**Name:** University of New Haven**EIN:** 06-0761704

Item No.	1
Name of Issue	
Purpose	SEE STATEMENT 3
Amount Outstanding	41912720
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Non Electing Public Charities Statement

Name: University of New Haven

EIN: 06-0761704

Statement: EMPLOYEES FROM THE UNIVERSITY OF NEW HAVEN LOBBIED THE STATE OF CONNECTICUT TO APPROPRIATE THE FUNDS TO BUILD THE HENRY C. LEE SCHOOL OF CRIMINAL JUSTICE. NO OUTSIDE LOBBYIST WERE USED AND NO COST WERE INCURRED BY THE UNIVERSITY IN THIS EFFORT.

TY 2007 Scholarship Award Statement

Name: University of New Haven

EIN: 06-0761704

Statement: ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE BASIS OF ACADEMIC, ACHIEVEMENT, FINANCIAL NEED AND OTHER STANDARDS. -----
----- STUDENTS CAN APPLY FOR FINANCIAL AID GRANTS, SCHOLARSHIPS, FELLOWSHIPS AND STUDENT LOANS BY COMPLETING THE FASFA FORM AND THE UNIVERSITY FINANCIAL AID APPLICATION AND SUBMIT THEM TO THE FINANCIAL AID OFFICE BY MARCH 1ST EACH YEAR.

TY 2007 Self Dealing Statement

Name: University of New Haven

EIN: 06-0761704

Line Number	Explanation
2a	<p>ON DECEMBER 29, 2004, THE UNIVERSITY ENTERED INTO AN OPERATING LEASE WITH SAMUAL S. BERGAMI, JR., A MEMBER OF THE UNIVERSITY'S BOARD OF GOVERNORS FOR THE LEASE OF PROPERTY LOCATED AT 105 RUDEN STREET IN WEST HAVEN, CT. THIS LEASE IS CONSISTENT WITH THE BOARD OF GOVERNOR'S APPROVED PROPERTY ACQUISITION PROGRAM. THE ANNUAL VALUE OF THE LEASE WAS \$11,052. ON APRIL 10, 2008, THE PROPERTY WAS GIFTED TO THE UNIVERSITY BY MR. BERGAMI VIA A QUIT CLAIM DEED. -----</p> <p>ON MAY 6, 2003, THE UNIVERSITY ENTERED INTO AN OPERATING LEASE WITH SAMUEL S. BERGAMI, JR., A MEMBER OF THE UNIVERSITY'S BOARD OF GOVERNORS FOR THE LEASE OF PROPERTY LOCATED AT 350-352 BOSTON POST ROAD IN WEST HAVEN, CT. THIS LEASE IS CONSISTENT WITH THE BOARD OF GOVERNOR'S APPROVED PROPERTY ACQUISITION PROGRAM. THE ANNUAL VALUE OF THE LEASE WAS \$16,920. ON JULY 17, 2008, THE PROPERTY WAS GIFTED TO THE UNIVERSITY BY MR. BERGAMI VIA A QUIT CLAIM DEED.</p>
2d	SEE FORM 990, PART V