

Return of Organization Exempt From Income Tax
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.

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning****07/01, 2012, and ending****06/30, 2013****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

UNIVERSITY OF NEW HAVEN

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

300 BOSTON POST ROAD

City or town, state or country, and ZIP + 4

WEST HAVEN, CT 06516

F Name and address of principal officer: STEVEN KAPLAN

300 BOSTON POST ROAD WEST HAVEN, CT 06516

D Employer identification number

06-0761704

E Telephone number

(203) 932-7000

G Gross receipts \$ 241,404,947.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.NEWHAVEN.EDU**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1920**M** State of legal domicile: CT**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE UNIVERSITY OF NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND PROFESSIONAL EDUCATION. SEE SCHEDULE O FOR DETAIL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,831.
	6	Total number of volunteers (estimate if necessary)	6	46.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	12,922,356.	9,075,141.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,033,684.	204,907,008.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	580,462.	1,292,915.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,059,269.	3,661,505.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	212,595,771.	218,936,569.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	61,068,124.	62,802,138.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	72,629,863.	79,325,780.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,603,031.	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	61,482,063.	63,130,127.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,180,050.	205,258,045.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	17,415,721.	13,678,524.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	223,723,520.	239,530,668.
	22	Net assets or fund balances. Subtract line 21 from line 20.	135,202,044.	127,576,094.
			88,521,476.	111,954,574.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARY-EVELYN ANTONETTI				P00431862
	Firm's name ▶ KPMG LLP		EIN ▶ 13-5565207		
	Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608		Phone no. ▶ 860-522-3200		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

ATTACHMENT 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 148,345,112. including grants of \$ 53,113,005.) (Revenue \$ 176,479,928.)

UNDERGRADUATE EDUCATION

THE UNIVERSITY OF NEW HAVEN IS A PRIVATE UNIVERSITY, FOUNDED IN 1920, WITH AN 82 ACRE MAIN CAMPUS AND A SATELLITE CAMPUS IN TUSCANY, ITALY. UNH HAS AN UNDERGRADUATE ENROLLMENT OF 4,693 STUDENTS WITH 51 PERCENT RESIDING IN UNIVERSITY HOUSING. THE UNIVERSITY OFFERS MORE THAN 75 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 \$ 27,062,019. including grants of \$ 9,689,133.) (Revenue \$ 32,194,327.)

GRADUATE EDUCATION

THE GRADUATE SCHOOL HAS AN ENROLLMENT OF 1,658 STUDENTS AND MORE THAN 30 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 \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 175,407,131.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 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, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 379		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,831		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>ITALY</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ **X****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 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? . . .	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) SAMUEL S BERGAMI JR BOARD OF GOVERNORS	1.00	X						0	0	0
(2) MARY J BARNEBY BOARD OF GOVERNORS	1.00	X						0	0	0
(3) PHILIP H BARTELS CHAIRMAN OF THE BOARD	2.00	X						0	0	0
(4) GAIL L BREKKE BOARD OF GOVERNORS	1.00	X						0	0	0
(5) KENNETH W BIERMACHER BOARD OF GOVERNORS	1.00	X						0	0	0
(6) WILLIAM L BUCKNALL JR VICE CHAIRMAN OF THE BOARD	2.00	X						0	0	0
(7) FRANK P CARRUBBA BOARD OF GOVERNORS	1.00	X						0	0	0
(8) WILLIAM J CHOWANEC BOARD OF GOVERNORS	1.00	X						0	0	0
(9) K ONI CHUKWU BOARD OF GOVERNORS	1.00	X						0	0	0
(10) RALPH F DELLACAMERA JR BOARD OF GOVERNORS	1.00	X						0	0	0
(11) ROSA M GATTI BOARD OF GOVERNORS	1.00	X						0	0	0
(12) JEFFERY P HAZELL BOARD OF GOVERNORS	1.00	X						0	0	0
(13) THOMAS K LEWIS JR BOARD OF GOVERNORS	1.00	X						0	0	0
(14) RAYMOND J MARGIANO BOARD OF GOVERNORS	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) ERNEST F SCHAUB BOARD OF GOVERNORS	1.00	X						0	0	0
(16) STEPHEN P TAGLIATELA BOARD OF GOVERNORS	1.00	X						0	0	0
(17) SAMUEL E THURSTON BOARD OF GOVERNORS	1.00	X						0	0	0
(18) CECILIA K CARTER BOARD OF GOVERNORS	1.00	X						0	0	0
(19) DOLORES J ENNICO BOARD OF GOVERNORS	1.00	X						0	0	0
(20) JOHN J FALCONI BOARD OF GOVERNORS	1.00	X						0	0	0
(21) ALLEN G LOVE BOARD OF GOVERNORS	1.00	X						0	0	0
(22) KEVIN A MYATT BOARD OF GOVERNORS	1.00	X						0	0	0
(23) DAVID J PETERSON BOARD OF GOVERNORS	1.00	X						0	0	0
(24) VICTOR POLANCO BOARD OF GOVERNORS	1.00	X						0	0	0
(25) MICHAEL J QUIELLO BOARD OF GOVERNORS	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								4,781,963.	0	1,056,455.
d Total (add lines 1b and 1c)								4,781,963.	0	1,056,455.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **121**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **11**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) ALLISON K SCHEIFFELIN WALKER BOARD OF GOVERNORS	1.00	X						0	0	0
(27) ERIKA H STEINER BOARD OF GOVERNORS	1.00	X						0	0	0
(28) DOUGLAS D WATTS BOARD OF GOVERNORS	1.00	X						0	0	0
(29) STEVEN KAPLAN PRESIDENT	35.00			X				710,016.	0	179,576.
(30) DAVID P DAUWALDER PROVOST	35.00			X				249,043.	0	45,958.
(31) GEORGE SYNODI VP FOR FINANCE	35.00			X				269,466.	0	75,430.
(32) RICHARD TUCHMAN VP FOR DEVELOPMENT	35.00			X				243,188.	0	28,992.
(33) JAMES MCCOY VP FOR ENROLLMENT	35.00			X				274,951.	0	60,112.
(34) CAROLINE KOZIATEK VP HUMAN RESOURCES	35.00			X				209,942.	0	55,341.
(35) MARGARET JABLONSKI VP FOR STUDENT AFFAIRS	35.00			X				216,781.	0	22,171.
(36) LOUIS C ANNINO AVP FACILITIES	35.00				X			178,076.	0	24,995.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 121

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(37) MARIO GABOURY DEAN	35.00				X			200,487.	0	55,572.
(38) RICHARD WARD ASSOC. VP FOR RESEARCH & PROF.	35.00				X			208,396.	0	65,953.
(39) RONALD S HARICHANDRAN DEAN	35.00				X			237,621.	0	65,772.
(40) GAYLE TAGLIATELA CHIEF OF STAFF & UNV SECRETARY	35.00				X			168,601.	0	47,752.
(41) IRA KLEINFELD ASSOC. PROV. FOR GRADUATE STUD	35.00				X			147,366.	0	44,242.
(42) LOURDES M ALVAREZ DEAN	35.00				X			157,796.	0	31,396.
(43) MARSHA HAM ASSOC. VP AND DEAN	35.00				X			191,874.	0	38,182.
(44) HENRY LEE PROFESSOR	35.00					X		204,270.	0	25,733.
(45) PATRICK TORRE ASSOCIATE VP FINANCE	35.00					X		179,107.	0	28,817.
(46) WILLIAM NORTON ASSOCIATE DEAN	35.00					X		173,027.	0	22,466.
(47) ALLEN SACK PROFESSOR	35.00					X		171,461.	0	51,400.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **121**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	121
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VIII**Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	179,694.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,211,756.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,683,691.			
	g	Noncash contributions included in lines 1a-1f: \$		421,564.			
	h	Total. Add lines 1a-1f		9,075,141.			
Program Service Revenue	2a	TUITION	Business Code	621400	173,856,525.	173,856,525.	
	b	RESIDENCE FEES		722320	20,365,295.	20,365,295.	
	c	DINING FEES		721310	10,685,188.	10,685,188.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		204,907,008.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			578,946.	
4		Income from investment of tax-exempt bond proceeds . . .			4,857.		4,857.
5		Royalties			0		
			(i) Real	(ii) Personal			
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)			0		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
					22,919,728.		
b		Less: cost or other basis and sales expenses			22,210,616.		
c		Gain or (loss)			709,112.		
d		Net gain or (loss)			709,112.		709,112.
8a		Gross income from fundraising events (not including \$ 179,694. of contributions reported on line 1c). See Part IV, line 18	a		152,020.		
b		Less: direct expenses	b		257,762.		
c		Net income or (loss) from fundraising events			-105,742.		-105,742.
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code			
11a	AMORTIZING CAPITAL			917,500.	917,500.		
b	TRANSCRIPTING			119,700.	119,700.		
c	BOOKSTORE			221,700.	221,700.		
d	All other revenue			2,508,347.	2,508,347.		
e	Total. Add lines 11a-11d			3,767,247.			
12	Total revenue. See instructions			218,936,569.	208,674,255.	1,187,173.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	62,802,138.	62,802,138.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,547,800.	1,026,298.	3,089,065.	432,437.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	57,330,686.	45,802,313.	9,815,196.	1,713,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,109,308.	3,281,323.	702,214.	125,771.
9 Other employee benefits	8,917,315.	7,199,355.	1,438,219.	279,741.
10 Payroll taxes	4,420,671.	3,530,508.	757,915.	132,248.
11 Fees for services (non-employees):				
a Management	92,905.	92,905.		
b Legal	814,642.	12,249.	796,893.	5,500.
c Accounting	150,600.		150,600.	
d Lobbying	92,585.		92,585.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	222,425.	174,108.	48,317.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,778,309.	4,283,307.	1,438,095.	56,907.
12 Advertising and promotion	0			
13 Office expenses	844,160.	679,961.	155,879.	8,320.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	2,559,684.	2,170,215.	333,054.	56,415.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	4,056,142.	3,384,517.	611,891.	59,734.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,208,153.	7,631,597.	1,441,865.	134,691.
23 Insurance	1,946,476.	1,779,907.	149,578.	16,991.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>FOOD SERVICE</u>	10,299,915.	10,299,915.		
b <u>EQUIPMENT & PROPERTY LISTING</u>	4,720,595.	4,204,179.	442,326.	74,090.
c <u>SUPPLIES</u>	2,427,670.	2,059,710.	353,966.	13,994.
d <u>PURCHASED SERVICES</u>	880,582.	707,165.	135,387.	38,030.
e All other expenses	19,035,284.	14,285,461.	4,294,838.	454,985.
25 Total functional expenses. Add lines 1 through 24e	205,258,045.	175,407,131.	26,247,883.	3,603,031.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	46,980,457.	1	43,521,110.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	5,039,577.	3	4,834,431.
	4 Accounts receivable, net	4,446,553.	4	4,783,218.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	116,000.	5	112,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	2,950,725.	7	2,645,647.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	1,776,370.	9	1,703,625.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	253,107,693.		
	b Less: accumulated depreciation	105,287,031.		
	11 Investments - publicly traded securities	132,655,287.	10c	147,820,662.
	12 Investments - other securities. See Part IV, line 11	25,930,808.	11	30,019,642.
	13 Investments - program-related. See Part IV, line 11	3,827,743.	12	4,090,333.
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	223,723,520.	15	0	
Liabilities	17 Accounts payable and accrued expenses	223,723,520.	16	239,530,668.
	18 Grants payable	14,841,467.	17	17,111,534.
	19 Deferred revenue	3,453,060.	18	3,453,060.
	20 Tax-exempt bond liabilities	10,032,590.	19	9,503,657.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	82,162,305.	20	79,918,307.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	21	0
	23 Secured mortgages and notes payable to unrelated third parties	0	22	0
	24 Unsecured notes and loans payable to unrelated third parties	0	23	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,712,622.	24	0
	26 Total liabilities. Add lines 17 through 25	135,202,044.	25	17,589,536.
Net Assets or Fund Balances	27 Unrestricted net assets	61,424,186.	26	127,576,094.
	28 Temporarily restricted net assets	15,484,961.	27	83,106,452.
	29 Permanently restricted net assets	11,612,329.	28	16,514,331.
	30 Capital stock or trust principal, or current funds		29	12,333,791.
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	88,521,476.	32	
	34 Total liabilities and net assets/fund balances	223,723,520.	33	111,954,574.
			34	239,530,668.

Form **990** (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	218,936,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	205,258,045.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,678,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,521,476.
5	Net unrealized gains (losses) on investments	5	2,285,152.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-141,107.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,610,529.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,954,574.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(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)**.
- 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-Non-functionally integrated

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 supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 33 1/3% support test - 2011. 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"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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 10%-facts-and-circumstances test - 2011. 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"/>
18 Private foundation. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

Name of the organization
UNIVERSITY OF NEW HAVEN

Employer identification number
06-0761704

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 597,693.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 940,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 340,800.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,050,744.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 777,388.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 648,291.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 296,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 226,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

06-0761704

Part II

[illegible]

Name of organization UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

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

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

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		92,585.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			92,585.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1G

LOBBYING ACTIVITY

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

"THE NORMANDY GROUP" WORKS WITH THE UNIVERSITY TO ADVANCE ITS FEDERAL,

LEGISLATIVE AGENDA AND OBTAIN FUNDING THROUGH THE VARIOUS FY13

APPROPRIATIONS BILLS. IN ADDITION, THE UNIVERSITY PAYS DUES TO VARIOUS

PROFESSIONAL ORGANIZATIONS. AN IMMATERIAL AMOUNT OF THESE DUES ARE

ATTRIBUTED TO LOBBYING EXPENSES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2012

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	23,540,240.	23,487,519.	16,433,367.	11,627,936.	14,276,891.
b Contributions	1,062,702.	562,777.	3,908,202.	4,311,901.	
c Net investment earnings, gains, and losses	2,874,421.	-159,994.	3,543,003.	897,434.	-2,257,805.
d Grants or scholarships	363,352.	188,631.	227,107.	245,113.	321,708.
e Other expenditures for facilities and programs	178,601.	161,431.	169,946.	158,791.	69,442.
f Administrative expenses					
g End of year balance	26,935,410.	23,540,240.	23,487,519.	16,433,367.	11,627,936.

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

- a** Board designated or quasi-endowment ► 35.0000 %
b Permanent endowment ► 20.0000 %
c Temporarily restricted endowment ► 45.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,970,380.		10,970,380.
b Buildings		170,847,082.	52,482,683.	118,364,399.
c Leasehold improvements		4,490,906.	3,739,658.	751,248.
d Equipment		51,322,104.	43,035,129.	8,286,975.
e Other		15,477,221.	6,029,561.	9,447,660.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				147,820,662.

Schedule D (Form 990) 2012

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) POST RETIREMENT OBLIGATION	3,986,208.	
(3) INTEREST RATE SWAP	13,603,328.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	17,589,536.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	228,921,668.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,285,152.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,945,107.
e	Add lines 2a through 2d	2e	10,230,259.
3	Subtract line 2e from line 1	3	218,691,409.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	245,160.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	245,160.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	218,936,569.

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

1	Total expenses and losses per audited financial statements	1	205,347,463.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	334,578.
e	Add lines 2a through 2d	2e	334,578.
3	Subtract line 2e from line 1	3	205,012,885.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	245,160.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	245,160.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	205,258,045.

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

ENDOWMENT

THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 150 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 ENDOWMENTS).

THE UNIVERSITY MANAGES ITS LONG-TERM INVESTMENTS TO ENSURE THAT THE FUTURE GROWTH OF THE ENDOWMENTS IS SUFFICIENT TO OFFSET NORMAL INFLATION PLUS REASONABLE SPENDING, THEREBY PRESERVING THE CONSTANT DOLLAR VALUE AND PURCHASING POWER OF THE ENDOWMENT FOR FUTURE GENERATIONS. THE UNIVERSITY'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 PERCENT (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 (DIVIDENDS AND 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 AN 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) ACCUMULATION TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE

Part XIII Supplemental Information (continued)

ACCUMULATION IS ADDED TO THE FUND.

PART X, LINE 2

UNCERTAIN TAX POSITIONS

THE UNIVERSITY WAS GRANTED AN EXEMPT STATUS UNDER THE INTERNAL REVENUE CODE (IRC) SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). UNDER IRC SECTION 501(A) THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAXES. THE UNIVERSITY BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON FORM 990

INTEREST RATE SWAP	7,536,225
FUNDRAISING EXPENSE	257,762
INCOME ON NON-CONSOLIDATED SUB	151,120

TOTAL OTHER ITEMS	7,945,107

PART XII, LINE 2D

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON FORM 990

FUNDRAISING EXPENSE	257,762
EXPENSES ON NON-CONSOLIDATED SUB	76,816

TOTAL OTHER EXPENSES	334,578

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NEW HAVEN

Schools

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number
06-0761704

Part I

	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?	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?	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. If you need more space, use Part II SEE SUPPLEMENTAL PAGE	X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	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, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
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," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

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

PART I, LINE 3

NON-DISCRIMINATION POLICY

THE UNIVERSITY OF NEW HAVEN REFERENCES ITS NON-DISCRIMINATION POLICY IN ITS PUBLICATIONS INCLUDING COURSE CATALOGS, JOB APPLICATIONS AND STUDENT APPLICATIONS.

PART I, LINE 3

FINANCIAL AID FUNDS

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

Statement of Activities Outside the United States

► **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**

► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

06-0761704

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITMENT	358,576.
(2) EUROPE			PROGRAM SERVICES	RECRUITMENT	2,395.
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RECRUITMENT	52,729.
(4) NORTH AMERICA			PROGRAM SERVICES	RECRUITMENT	4,345.
(5) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	INSTRUCTION	227,569.
(6) EUROPE	1.	3.	PROGRAM SERVICES	INSTRUCTION	976,296.
(7) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	34,003.
(8) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	25,626.
(9) EUROPE			PROGRAM SERVICES	STUDY ABROAD	41,546.
(10) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	STUDY ABROAD	5,014.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	3.			1,728,099.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	3.			1,728,099.

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

Schedule F (Form 990) 2012

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

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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities. ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☒ Yes ☐ No

Schedule F (Form 990) 2012

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

06-0761704

Part I

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <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 services? ☐ **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.

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

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

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

		(a) Event #1 SCHOLAR. BALL (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	210,588.	121,126.	0	331,714.
	2 Less: Contributions	122,638.	57,056.	0	179,694.
	3 Gross income (line 1 minus line 2).	87,950.	64,070.	0	152,020.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,804.	14,938.	0	17,742.
	6 Rent/facility costs	72,676.	31,304.	0	103,980.
	7 Food and beverages	66,272.		0	66,272.
	8 Entertainment	6,000.		0	6,000.
	9 Other direct expenses	53,297.	10,471.	0	63,768.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(257,762.)
	11 Net income summary. Combine line 3, column (d), and line 10				-105,742.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF NEW HAVEN

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

06-0761704

Part I General Information on Grants and Assistance

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

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

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

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

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

Schedule I (Form 990) (2012)

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FEDERAL SEOG & FWS	388.	972,560.			
2 STATE CICS	630.	2,389,708.			
3 UNH INSTITUTIONAL AID	4,367.	59,101,033.			
4 UNH PRIVATE AID	161.	338,837.			
5					
6					
7					

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

PART IV

FINANCIAL AID PROGRAMS

THE UNIVERSITY OF NEW HAVEN IS COMMITTED TO ASSISTING STUDENTS IN FINANCING THEIR EDUCATION. THE UNIVERSITY OFFERS A COMPREHENSIVE FINANCIAL AID PROGRAM, WITH THE STUDENTS RECEIVING ASSISTANCE IN THE FORM OF GRANTS, SCHOLARSHIPS, STUDENT LOANS, AND PART-TIME EMPLOYMENT. FUNDS ARE AVAILABLE FROM FEDERAL AND STATE GOVERNMENTS, PRIVATE SPONSORS, AND FROM UNIVERSITY RESOURCES. MORE THAN 90% OF THE UNIVERSITY'S FULL-TIME UNDERGRADUATE STUDENTS RECEIVE SOME FORM OF FINANCIAL ASSISTANCE. MOST FINANCIAL AID AWARDS ARE BASED ON AN INDIVIDUAL'S DEMONSTRATION OF NEED

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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. CITIZEN'S OR ELIGIBLE NON-CITIZENS. SOME FUNDS ARE

AVAILABLE ON A MERIT BASIS FOR STUDENTS WHO HAVE EXCEPTIONAL ACADEMIC

RECORDS OR ATHLETIC ABILITY. STUDENTS MUST BE MAKING SATISFACTORY

ACADEMIC PROGRESS AND BE IN GOOD ACADEMIC STANDING IN ORDER TO BE

ELIGIBLE TO RECEIVE FINANCIAL AID. GRADUATE STUDENTS MUST SUCCESSFULLY

COMPLETE ALL CREDITS FOR WHICH FINANCIAL AID HAS BEEN AWARDED, AS

INDICATED ON THE STUDENT'S INDIVIDUAL FINANCIAL AID AWARD LETTER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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, with respect to the filing organization or a related organization:

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN KAPLAN PRESIDENT	(i)	519,310.	130,000.	60,706.	0	0	710,016.	117,515.
	(ii)	0	0	0	0	0	0	0
2 DAVID P DAUWALDER PROVOST	(i)	249,043.	0	0	0	0	249,043.	0
	(ii)	0	0	0	0	0	0	0
3 GEORGE SYNODI VP FOR FINANCE	(i)	239,466.	30,000.	0	0	0	269,466.	0
	(ii)	0	0	0	0	0	0	0
4 RICHARD TUCHMAN VP FOR DEVELOPMENT	(i)	223,188.	20,000.	0	0	0	243,188.	0
	(ii)	0	0	0	0	0	0	0
5 JAMES MCCOY VP FOR ENROLLMENT	(i)	250,327.	24,624.	0	0	0	274,951.	0
	(ii)	0	0	0	0	0	0	0
6 LOUIS C ANNINO AVP FACILITIES	(i)	178,076.	0	0	0	0	178,076.	0
	(ii)	0	0	0	0	0	0	0
7 RICHARD HIGHFIELD PROFESSOR (FORMER DEAN)	(i)	157,117.	0	0	0	0	157,117.	0
	(ii)	0	0	0	0	0	0	0
8 MARIO GABOURY DEAN	(i)	200,487.	0	0	0	0	200,487.	0
	(ii)	0	0	0	0	0	0	0
9 RICHARD WARD ASSOC. VP FOR RESEARCH & PROF.	(i)	208,396.	0	0	0	0	208,396.	0
	(ii)	0	0	0	0	0	0	0
10 RONALD S HARICHANDRAN DEAN	(i)	237,621.	0	0	0	0	237,621.	0
	(ii)	0	0	0	0	0	0	0
11 CAROLINE KOZIATEK VP HUMAN RESOURCES	(i)	189,942.	20,000.	0	0	0	209,942.	0
	(ii)	0	0	0	0	0	0	0
12 HENRY LEE PROFESSOR	(i)	204,270.	0	0	0	0	204,270.	0
	(ii)	0	0	0	0	0	0	0
13 MARGARET JABLONSKI VP FOR STUDENT AFFAIRS	(i)	0	0	216,781.	0	0	216,781.	0
	(ii)	0	0	0	0	0	0	0
14 GAYLE TAGLIATELA CHIEF OF STAFF & UNV SECRETARY	(i)	168,601.	0	0	0	0	168,601.	0
	(ii)	0	0	0	0	0	0	0
15 PATRICK TORRE ASSOCIATE VP FINANCE	(i)	169,107.	10,000.	0	0	0	179,107.	0
	(ii)	0	0	0	0	0	0	0
16 WILLIAM NORTON ASSOCIATE DEAN	(i)	173,027.	0	0	0	0	173,027.	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALLEN SACK PROFESSOR	(i)	171,461.	0	0	0	0	171,461.	0
	(ii)	0	0	0	0	0	0	0
2 IRA KLEINFELD ASSOC. PROV. FOR GRADUATE STUD	(i)	147,366.	0	0	0	0	147,366.	0
	(ii)	0	0	0	0	0	0	0
3 KEVIN PHILLIPS ASSOC. VP FOR ENTROLLMENT	(i)	166,127.	67,250.	0	0	0	233,377.	0
	(ii)	0	0	0	0	0	0	0
4 LOURDES M ALVAREZ DEAN	(i)	157,796.	0	0	0	0	157,796.	0
	(ii)	0	0	0	0	0	0	0
5 MARSHA HAM ASSOC. VP AND DEAN	(i)	188,574.	0	3,300.	0	0	191,874.	0
	(ii)	0	0	0	0	0	0	0
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2012

Part III Supplemental Information

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

PART I, LINE 7

NON-FIXED PAYMENTS

OFFICERS (EXCEPT THE PRESIDENT) AND KEY EMPLOYEES WERE ISSUED PERFORMANCE BASED INCENTIVES AS ISSUED BY THE PRESIDENT. THESE PAYMENTS WERE MADE TO THE EMPLOYEES FOR MEETING OR EXCEEDING THEIR PERFORMANCE GOALS FOR THE YEAR. INCENTIVE PAYMENTS MADE TO THE PRESIDENT WERE MADE IN ACCORDANCE WITH HIS WRITTEN EMPLOYMENT CONTRACT AS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF GOVERNORS.

PART II, COLUMB B(III)

HOUSING ALLOWANCE

A PORTION OF THE \$60,706 REPORTED AS OTHER REPORTABLE INCOME IN COLUMN B-III FOR STEVEN KAPLAN REPRESENTS A HOUSING ALLOWANCE PROVIDED BY THE UNIVERSITY.

THIS FORM OF COMPENSATION IS TYPICAL FOR A UNIVERSITY PRESIDENT AND THE AGREEMENT WAS APPROVED BY THE UNIVERSITY'S BOARD OF GOVERNORS. THE UNIVERSITY OF NEW HAVEN BUSINESS OFFICE PROCESSED THE HOUSING ALLOWANCE PAYMENT AFTER SECURING THE APPROVED EMPLOYMENT CONTRACT FOR THE

Part III Supplemental Information

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

PRESIDENT.

THE HOUSING ALLOWANCE PROVISION WAS CREATED BY FOLLOWING THE UNIVERSITY'S
COMPENSATION POLICY. A FORMALIZED WRITTEN EMPLOYMENT CONTRACT CONTAINING
THE HOUSING ALLOWANCE WAS APPROVED BY THE CHAIRMAN OF THE BOARD OF
GOVERNORS. THE HOUSING ALLOWANCE IS INCLUDED IN TAXABLE INCOME.

PART II, COLUMN C

RETIREMENT AND OTHER DEFERRED COMPENSATION

A PORTION OF THE \$519,310 REPORTED AS BASE COMPENSATION IN COLUMN
B-I FOR STEVEN KAPLAN INCLUDES \$117,515 RECEIVED FROM AN EMPLOYER
MAINTAINED 457(F), WHICH HAD BEEN REPORTED IN EARLIER 990'S AS RETIREMENT
AND OTHER DEFERRED COMPENSATION.

PART II, COLUMN C

NON-QUALIFIED RETIREMENT PLAN

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN
UNDER IRC SECTION 457(F). THIS AMOUNT HAS BEEN REPORTED ON SCHEDULE J,
COLUMN C AS DEFERRED COMPENSATION. STEVEN KAPLAN \$100,000

Part III Supplemental Information

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

SEVERANCE AGREEMENT

PART I, LINE 4A

MARGARET JABLONSKI HAS A SEVERANCE AGREEMENT DATED 9/30/2011. PURSUANT
TO THE TERMS OF THE AGREEMENT, SHE WAS ON PAID ADMINISTRATIVE LEAVE UNTIL
7/31/2012. FROM 8/1/2012 THROUGH 1/31/2013 SHE RECEIVED SEMI-MONTHLY
SEVERANCE PAYMENTS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

UNIVERSITY OF NEW HAVEN

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A STATE OF CONN HEALTH & EDUCAT FACILITIES AUTHORITY	06-0806186	2077FU4U6	08/17/2005	27,460,000.	DEFERRED MAINTENANCE & RENNOVATION		X		X		X
B STATE OF CONN HEALTH & EDUCAT FACILITIES AUTHORITY	06-0806186	20774U4V4	07/02/2008	46,000,000.	CONSTRUCTION & EQUIP. NEW FACILIT		X		X		X
C STATE OF CONN HEALTH & EDUCAT FACILITIES AUTHORITY	06-0806186	20774U4W2	08/29/2006	15,890,000.	CONSTRUCTION & EQUIP. NEW FACILIT		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	27,460,000.		46,000,000.		15,890,000.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	493,608.		669,598.		355,800.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds					50,000.			
10 Capital expenditures from proceeds	11,773,846.		45,330,402.		10,838,221.			
11 Other spent proceeds	15,192,546.				4,645,979.			
12 Other unspent proceeds								
13 Year of substantial completion	2007		2010		2008			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?	X			X	X			
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X			X		

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

UNIVERSITY OF NEW HAVEN

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities 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 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?	X			X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X		X		
b Exception to rebate?				X		X		
c No rebate due?			X		X			
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
b Name of provider	WELLS FARGO, NA		WELLS FARGO, NA		WELLS FARGO, NA			
c Term of hedge	22.000		23.000		25.000			
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

Part IV **Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V	Procedures To Undertake Corrective Action
---------------	--

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

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

[illegible]

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

ADVANCE REFUNDING

OF THE PROCEEDS FROM THE SERIES E BONDS ISSUED ON AUGUST 17, 2005,

\$15,192,546 WAS AN ADVANCE REFUNDING OF THE SERIES D BONDS.

OF THE PROCEEDS FROM SERIES G BONDS ISSUED ON AUGUST 29, 2006,\$4,645,979

WAS AN ADVANCE REFUNDING OF THE SERIES F BONDS.

FORM 8038-T FILING REQUIREMENT

A CALCULATION WAS PERFORMED THROUGH 8/11/2010 FOR THE BONDS LISTED IN

COLUMNS B AND C. AS A RESULT OF THIS CALCULATION IT WAS DETERMINED THAT

THERE WERE NO FUNDS SUBJECT TO REBATE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**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).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JAMES S. MCCOY				X	60,000.	60,000.		X	X		X	
(2) MARSHA HAM				X	56,000.	52,000.		X		X	X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$						112,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2012

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8 .	421,564 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

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

PART I, COLUMN B

NUMBER OF CONTRIBUTORS

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

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 ORGANIZATIONS TAX STATUS, BY UNIVERSITY
PERSONNEL, IN CONSULTATION WITH OUTSIDE ADVISORS AND IF NECESSARY,
APPROVAL BY THE UNIVERSITY'S BOARD OF GOVERNORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11B

A COMPLETED COPY OF THE FORM 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS
VIA A SECURE WEB PORTAL FOR REVIEW, COMMENT AND QUESTIONS PRIOR TO
SUBMISSION TO THE INTERNAL REVEUNE SERVICE.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE UNIVERSITY OF NEW HAVEN'S BOARD OF GOVERNORS CONFLICT OF INTEREST
POLICY COMPLIES WITH THE GOOD GOVERNANCE PRINCIPLES AS ESTABLISHED BY THE
INTERNAL REVENUE SERVICE. IN ADDITION, THE CONFLICT OF INTEREST POLICY
WAS CREATED TO COMPLY WITH THE CONNECTICUT REVISED NON-STOCK CORPORATION
ACT. THE POLICY IDENTIFIES WHAT CONSTITUTES A CONFLICT OF INTEREST FOR A
BOARD MEMBER AND WHAT IS REQUIRED OF A BOARD MEMBER IF A CONFLICT WERE TO
ARISE.

THE UNDERLYING PRINCIPLES OF THE POLICY ARE AIMED AT INSURING A FULL AND
TIMELY DISCLOSURE MADE BY A BOARD MEMBER REGARDING ANY CONFLICT OF
INTEREST THAT MAY EXIST. BOARD MEMBERS WITH CONFLICTS ARE NOT TO BE
INVOLVED IN ANY BOARD DELIBERATIONS OR VOTE ON THE MATTER. IN ADDITION,
IF THE TRANSACTION IS TO BE APPROVED AT THE UNIVERSITY STAFF LEVEL, THEN,
THE BOARD MEMBER SHALL HAVE NO INVOLVEMENT IN THE STAFF DECISION MAKING
PROCESS.

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
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THE PROCEDURES REGARDING THE IMPLEMENTATION OF THE CONFLICTS POLICY CONTAINS THREE STEPS; SUBMISSION OF THE ANNUAL CONFIRMATION FORM, REPORTING OF SUBSEQUENT CONFLICTS OF INTEREST AND THE SECRETARY'S ROLE IN REPORTING CONFLICTS TO THE ETHICS SUBCOMMITTEE OF THE BOARD'S EXECUTIVE COMMITTEE.

THE SCOPE OF THIS POLICY COVERS CURRENT BOARD MEMBERS, AND IS REVIEWED AND MONITORED WITH THE SUBMISSION OF THE ANNUAL CONFIRMATION FORM BEING SUBMITTED TO EXECUTIVE ASSISTANT TO THE PRESIDENT. AN ADDITIONAL CONFIRMATION IS SECURED WITH A REVIEW OF THE ANNUAL CONFIRMATION FORMS BY THE UNIVERSITY ADMINISTRATION.

COMPENSATION POLICY

PART VI, SECTION B, LINES 15A & 15B

THERE ARE TWO SEQUENTIAL STEPS TAKEN EACH FISCAL YEAR AT THE UNIVERSITY OF NEW HAVEN WITH REGARDS TO THE DECISIONS MADE BY THE BOARD OF GOVERNORS IN CONNECTION WITH THE COMPENSATION AWARDED TO THE TOP MANAGEMENT OFFICIALS AT THE UNIVERSITY, VIZ., ITS SENIOR OFFICERS CONSISTING OF: (I) THE PRESIDENT; (II) THE PROVOST; AND (III) THE VICE PRESIDENTS. THE FIRST STEP INVOLVES A SPECIAL COMMITTEE OF THE BOARD OF GOVERNORS, THE COMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS COMPRISED OF FOUR MEMBERS: (I) THE BOARD CHAIR AND VICE CHAIR; AND (II) TWO OTHER BOARD MEMBERS. THE MEMBERS OF THE COMMITTEE ARE SELECTED BY THE BOARD CHAIR; AND THE COMMITTEE HAS BEEN AUTHORIZED BY THE BOARD TO ACT IN ITS SPECIAL CAPACITY. THE MEMBERS OF THE COMMITTEE ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO THUS ARE ABLE TO CONDUCT THE COMPENSATION

Name of the organization

UNIVERSITY OF NEW HAVEN

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06-0761704

REVIEW AT "ARMS' LENGTH." WITH REGARD TO THE UNIVERSITY'S 7/1/12-6/30/13 FISCAL YEAR, THE COMMITTEE CONDUCTED AN IN-DEPTH REVIEW, AND DISCUSSION, OF FOUR RELEVANT MATTERS.

FIRST, IT REVIEWED THE VARIOUS ELEMENTS OF COMPENSATION FOR EACH SENIOR OFFICER, INCLUDING BASE SALARY, BONUS INCENTIVES, STANDARD ERISA-QUALIFIED HEALTH AND RETIREMENT PLANS, TAXABLE ALLOWANCES, AND OTHER BENEFITS. SECOND, THE COMMITTEE REVIEWED APPROPRIATE COMPARABILITY DATA BASED ON THE GEOGRAPHIC LOCATION, ACADEMIC PROGRAMS OFFERED AND THE FINANCIAL RESOURCES OF OTHER UNIVERSITIES. THIRD, THE REASONABLENESS OF THIS DATA WAS SUBSTANTIATED WITH BENCHMARKING EACH SENIOR OFFICER'S POSITION WITH MARKET NORMS. FOURTH, AND FINALLY, THE LEVELS OF RESPONSIBILITY AND OVERALL QUALIFICATIONS OF EACH OF THE SENIOR OFFICERS RELATIVE TO MARKET COMPARABLE POSITIONS, AND ALSO EACH SENIOR OFFICER'S JOB PERFORMANCE, WERE ALSO REVIEWED. (AS IS PRUDENT, THE COMMITTEE'S DELIBERATIONS AND DECISIONS WERE DOCUMENTED BY CONCURRENTLY-PREPARED MINUTES BY A COMMITTEE MEMBER WHO IS A PRACTICING CONNECTICUT ATTORNEY.)

THE FINAL STEP IN THE COMPENSATION ANNUAL APPROVAL PROCESS COMMENCED WITH THE COMMITTEE'S PRESENTATION OF ITS ANNUAL REPORT AT A MEETING OF THE BOARD OF GOVERNORS WITH REGARD TO: (I) THE DATA THAT THE COMMITTEE REVIEWED; AND (II) ITS COMPENSATION RECOMMENDATIONS TO THE BOARD. (IN THIS CONTEXT, ALL MEMBERS OF THE BOARD ARE INDEPENDENT PERSONS WITH NO CONFLICTS OF INTEREST, AND WHO THUS ARE ABLE TO CONDUCT THE COMPENSATION REVIEW AT "ARMS' LENGTH.") THE BOARD THEN DISCUSSED THIS DATA FROM THE

Name of the organization

UNIVERSITY OF NEW HAVEN

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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 COMMITTEE OR BOARD REVIEW OR APPROVAL.

THEREFORE, THE UNIVERSITY OF NEW HAVEN HAS DETERMINED THAT IT'S PROCEDURES FOR DETERMINING THE COMPENSATION OF THE TOP MANAGEMENT OFFICIALS AND ALL OTHER OFFICERS AND KEY EMPLOYEES, OF THE UNIVERSITY MEET THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION.

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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

THE BEGINNING BALANCE SHEET WAS CONSOLIDATED WITH THE HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE (HENRY C. LEE). THE ENDING BALANCE SHEET IS STAND ALONE FOR THE UNIVERSITY. THE PRIOR PERIOD ADJUSTMENT IS EQUAL TO

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
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THE BEGINNING NET ASSETS OF HENRY C. LEE.

INTEREST RATE SWAP	7,536,225
NET ASSETS OF HENRY C. LEE INSTITUTE	74,304

TOTAL OTHER CHANGES	7,610,529

ATTACHMENT 1

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

THE UNIVERSITY OF NEW HAVEN IS A STUDENT-CENTERED COMPREHENSIVE UNIVERSITY WITH AN EMPHASIS ON EXCELLENCE IN LIBERAL ARTS AND PROFESSIONAL EDUCATION. OUR MISSION IS TO PREPARE OUR STUDENTS TO LEAD PURPOSEFUL AND FULFILLING LIVES IN A GLOBAL SOCIETY BY PROVIDING THE HIGHEST QUALITY EDUCATION THROUGH EXPERIENTIAL, COLLABORATIVE, AND DISCOVERY-BASED LEARNING.

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CENTERS, LLC 1140 CONNECTICUT AVE WASHINGTON, DC 20036	MANAGERIAL SERVICES	425,343.
WIGGIN AND DANA LLP 265 CHURCH STREET NEW HAVEN, CT 06510	LEGAL SERVICES	340,393.
LAWN MASTER, LLC 112 NUTMEG HILL ROAD HAMDEN, CT 06514	LAWN & GROUND SERVIC	232,321.

Name of the organization UNIVERSITY OF NEW HAVEN	Employer identification number 06-0761704
ATTACHMENT 2 (CONT'D)	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SHIPMAN & GOODWIN, LLC ONE CONSTITUTION PLAZA HARTFORD, CT 06103	LEGAL SERVICES	1,005,592.
ALL AMERICAN WASTE, LLC 182 DANBURY ROAD NEW MILFORD, CT 06776	DISPOSAL SERVICES	168,947.

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SCHOLARSHIP BALL	87,950.	201,049.	-113,099.
GOLF TOURNAMENT	64,070.	56,713.	7,357.
TOTALS	<u>152,020.</u>	<u>257,762.</u>	<u>-105,742.</u>

ATTACHMENT 4FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED BOND ISSUANCE COST	1,123,742.	1,147,699.
LIFE INSURANCE POLICIES	488,127.	515,207.
PREPAID EXPENSES	142,526.	40,719.
DEFERRED CHARGES	21,975.	
TOTALS	<u>1,776,370.</u>	<u>1,703,625.</u>

Name of the organization

UNIVERSITY OF NEW HAVEN

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06-0761704

ATTACHMENT 5FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CORPORATE STOCKS	16,897,864.	20,447,907.	FMV
CORPORATE BONDS	8,190,327.	8,419,898.	FMV
CASH AND SHORT-TERM INVESTMTS	842,617.	1,151,837.	FMV
TOTALS	<u>25,930,808.</u>	<u>30,019,642.</u>	

ATTACHMENT 6FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED INCOME	10,032,590.	9,503,657.
TOTALS	<u>10,032,590.</u>	<u>9,503,657.</u>

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**▶ **Attach to Form 990.**▶ **See separate instructions.**

Name of the organization

UNIVERSITY OF NEW HAVEN

Employer identification number

06-0761704

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HENRY C LEE INST. OF FORENSIC SCIENCE 06-1629144 300 BOSTON POST ROAD WEST HAVEN, CT 06516	EDUCATION	CT	501(C)(3)	11A	N/A	X	
(2) UNIVERSITY OF NEW HAVEN DENTAL CENTER 06-1629143 300 BOSTON POST ROAD NEW HAVEN, CT 06516	INACTIVE CORP	CT	501(C)(3)	11A	N/A	X	
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (2) _____	CHARITABLE TRUST	CT	N/A	TRUST					
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	N	456,750.	FMV
(2) HENRY C. LEE INSTITUTE OF FORENSIC SCIENCE	R	151,120.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
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Schedule R (Form 990) 2012

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
