88.	79-TE		IRS e-file Signature Aut for a Tax Exempt E	horization	ŀ	OMB No. 1545-0047
Form OO	/3-16	Fer estender ver 00	21, or fiscal year beginning OCT 1 , 2021, ar		··· 2 2	0004
		For calendar year 20	► Do not send to the IRS. Keep for y		20 22	2021
Department of Internal Reve	of the Treasury nue Service		► Go to www.irs.gov/Form8879TE for the			
Name of file	er NEW I		NATIONAL FESTIVAL OF AR		EIN or SSN	
	AND	IDEAS, INC.			06-14	44222
Name and t	title of officer of	or person subject to tax	AARON THOMPSON			
David	T	of Datama and Da	MANAGING DIRECTOR			
Part I			eturn Information re using this Form 8879-TE and enter the app			
Form 5330 or 10a bel whichever than one l	0 filers may e low, and the r is applicable ine in Part I.	enter dollars and cents amount on that line fo	 For all other forms, enter whole dollars only. r the return being filed with this form was blai 0-). But, if you entered -0- on the return, then 	. If you check the box on link, then leave line 1b, 2b enter -0- on the applicable	ine 1a, 2a, 3 , 3b, 4b, 5b, e line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b, Do not complete more
		check here ►	b Total revenue, if any (Form 990-EZ, lin			2b
3a Fo	orm 1120-P0	OL check here 🕨 🗌	b Total tax (Form 1120-POL, line 22)			3b
4a Fo	orm 990-PF	check here	b Tax based on investment income (Fo	orm 990-PF, Part V, line 5)		4b
5a Fo	orm 8868 ch	eck here 🕨 🔄	b Balance due (Form 8868, line 3c)			5b
		heck here 🕨 🔄	b Total tax (Form 990-T, Part III, line 4)			6b
		eck here ►	b Total tax (Form 4720, Part III, line 1)			7b
		eck here	b FMV of assets at end of tax year (For	rm 5227, Item D)		8b
		eck here	b Tax due (Form 5330, Part II, line 19)			9b
10a Fo		P check here	b Amount of credit payment requested ture Authorization of Officer or Pe	l (Form 8038-CP, Part III, I	line 22)	10b
		•	I am an officer of the above entity or			
acknowled of any refu entry to the financial in later than payment of	dgement of r und. If applic he financial in nstitution to o 2 business o of taxes to re	eceipt or reason for re able, I authorize the U sstitution account indii debit the entry to this lays prior to the paym ceive confidential info	electronic return originator (ERO) to send the jection of the transmission, (b) the reason foi S. Treasury and its designated Financial Age cated in the tax preparation software for payn account. To revoke a payment, I must contac ent (settlement) date. I also authorize the finan rmation necessary to answer inquiries and re- ignature for the electronic return and, if applic	r any delay in processing t ent to initiate an electronic ment of the federal taxes o tt the U.S. Treasury Financ ncial institutions involved i solve issues related to the	the return or funds withd wed on this tial Agent at in the proces payment. I	refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic nave selected a
	k one box o I authorize			te	o enter my P	INI
	Tauthonze		ERO firm name	(enter my i	Enter five numbers, but
						do not enter all zeros
X	with a state on the returr As an officer return. If I ha	agency(ies) regulating n's disclosure consent r or person subject to ave indicated within th	21 electronically filed return. If I have indicate charities as part of the IRS Fed/State program screen. tax with respect to the entity, I will enter my F is return that a copy of the return is being filed my PIN on the return's disclosure consent so	m, I also authorize the afor PIN as my signature on the d with a state agency(ies)	rementioned e tax year 20	I ERO to enter my PIN 21 electronically filed
					Dat-	•
Part III	Certif	subject to tax ication and Auth	entication		Date	
			nic filing identification			
		d by your five-digit self	•	06261906518 Do not enter all zeros		
	g this return i		PIN, which is my signature on the 2021 electro e requirements of Pub. 4163, Modernized e-F			
ERO's sign	ature 🕨			Date ▶ 02/	15/23	
		Do Not S	ERO Must Retain This Form - See Submit This Form to the IRS Unless		So	
LHA For	Privacy act		uction Act Notice, see instructions.			Form 8879-TE (2021)

000			Return of Organization Exempt F	rom lı	ncome Tax	OMB No. 1545-0047			
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	¹⁵⁾ 2021					
			Do not enter social security numbers on this form a	Open to Public					
Interr	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and		Inspection				
<u>A</u> F	A For the 2021 calendar year, or tax year beginning $OCT \ 1$, $\ 2021$ and ending $SEP \ 30$, $\ 2022$								
Bc	B Check if applicable: D Employer identification								
	⊃Addre	NEW	HAVEN INTERNATIONAL FESTIVAL OF AR'	TS					
	_chang ⊐Name	ge AND	IDEAS, INC.			• •			
	_chang	ge Doing b	usiness as		06-14442				
	_return Final	Number	,	Room/suite	E Telephone numbe				
	returr⊥ termi	n	CHURCH STREET, 12TH FLOOR		203-498-				
	ated ק Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,134,334.			
	_returr]Appli		HAVEN, CT 06510		H(a) Is this a group re				
	_tion pendi	F Name a	nd address of principal officer: MICHELLE QUIALA AS C ABOVE		for subordinates				
		empt status:			H(b) Are all subordinates in				
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o ARTIDEA.ORG	or 527		list. See instructions			
			X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	I State of legal domicile: CT			
	nrt I	Summary				State of legal dofinitine. CI			
	1		e the organization's mission or most significant activities: \underline{THE} C	RGANT	ZATTON WAS				
e	•		RATED FOR THE PURPOSE OF ORGANIZING	G CON	DUCTING AND				
nan	2		x ightharpoint in the organization discontinued its operations or dispose			sets			
Governance	3		-		3	28			
ŝ	4		ependent voting members of the governing body (Part VI, line 1b)			28			
کە م		5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5							
itie	6	Total number	6	<u> 176</u> 150					
Activities &	7 a	Total unrelate	7a	0.					
◄	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.			
					Prior Year	Current Year			
Ø	8	Contributions	and grants (Part VIII, line 1h)		2,668,402.	3,916,469.			
ň	9	Program servi	ce revenue (Part VIII, line 2g)		14,513.	129,331.			
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		541.	634.			
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,899.	-3,864.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,691,355.	4,042,570.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4)		0.	0.			
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,936,041.	1,932,189.			
sue	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expense	b		ng expenses (Part IX, column (D), line 25) 404,32		1 526 740	2 071 420			
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>1,526,748.</u> 3,462,789.	2,071,429.			
	18		-771,434.	4,003,618. 38,952.					
	19	Revenue less	expenses. Subtract line 18 from line 12						
Net Assets or - und Balances	00	Total accests "	Dart V. lina 16)		ginning of Current Year 1,789,380.	<u>End of Year</u> 2,354,201.			
Asse Bala	20	Total assets (F			78,141.	604,010.			
Vet ∕ und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		1,711,239.	1,750,191.			
	Part II Signature Block								
		•		and stateme	nts, and to the best of my	knowledge and belief, it is			
	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.								
<u></u>									

Sign	Signature of officer		Date							
Here	AARON THOMPSON, MANAGI	NG DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN					
Paid	KATHLEEN S. HELD, CPA	KATHLEEN S.	HELD,	CP 02/15	/23 self-employed P0063	8657				
Preparer	Firm's name SIMIONE MACCA &	LARROW, LLP			Firm's EIN > 06-1586	075				
Use Only	Firm's address 🖕 4130 WHITNEY AVE	NUE								
	HAMDEN, CT 06518				Phone no. 203-281-0	540				
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0										
g	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS
Form	<u>990 (2021)</u> AND IDEAS, INC. 06-1444222 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION WAS INCORPORATED FOR THE PURPOSE OF ORGANIZING,
	CONDUCTING AND SUPPORTING A FESTIVAL FOR THE PERFORMING, VISUAL AND
	LITERARY ARTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
U	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 \$ 3,009,103. including grants of \$) (Revenue \$ 129,965.)
	THE INTERNATIONAL FESTIVAL OF ARTS & IDEAS IS A YEAR-ROUND ORGANIZATION
	THAT CULMINATES WITH AN ANNUAL CELEBRATION OF PERFORMING ARTS,
	LECTURES, WORKSHOPS AND TOURS EACH JUNE IN NEW HAVEN, CT. IN 2022,
	ARTS & IDEAS PRODUCED PUBLIC PROGRAMMING, BOTH IN-PERSON AND ONLINE,
	THROUGHOUT THE MONTHS OF APRIL THROUGH SEPTEMBER. ADDITIONAL
	PROGRAMMING INCLUDES A SEMESTER-LONG HIGH SCHOOL FELLOWSHIP PROGRAM, A
	CITY-WIDE LITERARY CELEBRATION, ARTIST DEVELOPMENT PROGRAMS AND
	FUNDRAISING EVENTS. ANNUAL ATTENDANCE IN 2022 WAS 100,000.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(code:) (cxpenses \$) (nevenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,009,103.

Form 990 (2021) AND IDEAS, I Part IV Checklist of Required Schedules

AND IDEAS, INC.

			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			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	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?			77
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_</u>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZd		12a	х	
h	Schedule D, Parts XI and XII	12a	- 23	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	1 -1 a		
5	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

AND IDEAS, INC.

Form 990 (2021)

Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete							
	Schedule J	23		x				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete							
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28								
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a 28b		X X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v				
~~	"Yes," complete Schedule L, Part IV	28c		X X				
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x				
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X				
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31						
32		32		x				
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32						
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
•.	Part V. line 1	34		x				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
		38	Х					
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .						
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 142	-						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b							
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

NEW HAVEN INTERNATIONAL FESTIVAL OF AR)F ARTS
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Form	990 (2021) AND IDEAS, INC.	06	-144422	2 1	⊳ _{age} 5			
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		_		Yes	No			
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	176					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	3						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b	,	X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			:				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?				X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to t	he payor? 7a	Х				
		·		X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?			:	x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X			
f								
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9								
а			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	•						
а	Gross income from members or shareholders	11a						
	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?	12:	a				
	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.	•						
а	Is the organization licensed to issue qualified health plans in more than one state?		13	a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
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						
с	Enter the amount of reserves on hand	13c						
			14	a 🗌	X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17					
	If "Ves " complete Form 6069		······ ··					

Form 990 (IDEAS, INC.		1444222 Page 6
Part VI	Governance, Manage	ement, and Disclosure	For each "Yes" response to lines 2 through 7b below, an	nd for a "No" response
			, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O conta	ins a response or note to any	line in this Part VI	X

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion 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 on Schedule O.								
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	anv other						
_	officer, director, trustee, or key employee?			2		x			
3	Did the organization delegate control over management duties customarily performed by or under the								
•			. eep e	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6				6		X			
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					<u> </u>			
74	more members of the governing body?			7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		<u> </u>			
D				7b		x			
•				70					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	Х				
a L	The governing body?			8a 01-	X	<u> </u>			
b	Each committee with authority to act on behalf of the governing body?			8b	<u></u>	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x			
Sec	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O			9					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee				
100	Did the exception have least charters, branches, or effiliates?			100	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>					
b		-		10b					
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	Х	<u> </u>			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi		11a					
				12a	Х				
12a	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	<u> </u>			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120	- 23	<u> </u>			
С		,		12c	х				
40	on Schedule O how this was done			120	X	<u> </u>			
13	Did the organization have a written whistleblower policy?				X	<u> </u>			
14	Did the organization have a written document retention and destruction policy?			14	<u>_</u>				
15	Did the process for determining compensation of the following persons include a review and approva		dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v				
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 on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a	10		v			
	taxable entity during the year?			<u>16a</u>		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101					
800	exempt status with respect to such arrangements?			16b					
17 10	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT Section 6104 requires an organization to make its Forms 1022 (1024 or 1024 A if applicable) 000 as	ad 000	T (postion E01(a)(0)	only		blo			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ia 990	- (Section 501(C)(3)S	oniy)	availal	UIE			
	for public inspection. Indicate how you made these available. Check all that apply.	-							
40	Own website Another's website X Upon request Other (explain		,	£ ·					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	UTTIICT C	interest policy, and	Inanc	al				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boom MICHELLE QUIALA - (203) 946-3800	oks and	a records 🕨						
	$\frac{\text{MICHELLE QUIALA - (203) 946-3600}}{195 CHURCH STREET, 12TH FLOOR, NEW HAVEN, CT 0651($)							

NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS								
Form 990 (2021) AND IDEAS, INC.	06-1444222	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organization'	s tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than c	ne	Reportable	Estimated		
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	mper		1099-NEC)	,	and related
	below	idual	Institutional trustee	er	Key employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) GORDON GEBALLE	8.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) REV KEVIN EWING	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) ALINOR STERLING	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) PENN HOLSENBECK	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) ELIZABETH SLEDGE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANNE TYLER CALABRESI	2.00									
FOUNDING DIRECTOR		Х						0.	0.	0.
(7) DR. ROSLYN MEYER	2.00									
FOUNDING DIRECTOR		Х						0.	0.	0.
(8) JENNA ALLEGRETTO	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CANDACE BARRINGTON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOE BERTOLINO	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LORENZO M. BOYD	2.00									
DIRECTOR		Х						0.	0.	0.
(12) PATRICIA F. BRETT	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DIANE BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM T. BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DONNA CURRAN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DR. DEBORAH D. DESIR	2.00									
DIRECTOR		Х						0.	0.	0.
(17) STEVE GLICK	2.00									
DIRECTOR		Х						0.	0.	0.

NEW	HAVEN	INTERNATIONAL	FESTIVAL	OF	ARTS
	TDFAC	TNC			

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Form 990 (2021) AND IDEAS	S, INC.								06-1444	222	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	compensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do		Posi		۱ than d		Reportable	Reportable	Es	timated	Ł
	hours per	box	, unles	ss per	son i	is both	n an	compensation	compensation	am	nount o	f
	week		cer an	d a di	recto	or/trus I	tee)	from	from related	•	other	
	(list any	rector						the	organizations	· ·	pensati	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		om the	
	organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	ٽ ا	anizatio 1 relate	
	below	lual tr	tional		n ploye	st con		,			nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	Inzatio	110
(18) KIMBERLY GOFF-CREWS	2.00		_									
DIRECTOR		Х						0.	0.			0.
(19) HON. CLIFTON GRAVES JR	2.00											
DIRECTOR		Х						0.	0.			0.
(20) PAT HALL JAYNES	2.00											
DIRECTOR		Х						0.	0.			0.
(21) ANNIE LIN	2.00											
DIRECTOR		Х						0.	0.			0.
(22) RUBY MELTON	2.00											-
DIRECTOR	0 00	X						0.	0.			0.
(23) CHARLES O'CONNELL DIRECTOR	2.00	x						0.	0.			0.
(24) KERRY ROBINSON	2.00	~				-		0.	0.			0.
DIRECTOR	2.00	x						0.	0.			0.
(25) LISA STANGER	2.00											
DIRECTOR		х						0.	0.			0.
(26) RICHARD TAFT	2.00											
DIRECTOR		Х						0.	0.			0.
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VI	, Section A							147,666.	0.			0.
								147,666.	0.			0.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for se	ıch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4		<u>X</u>
5 Did any person listed on line 1a receive or a	-				-			-		_		v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich p	bers	on .				5		Х
1 Complete this table for your five highest con	nnoncotod ind	long	ndor		ntra	ooto	(n +	hat reasily ad mars than ¢	100 000 of componen	tion fro		
the organization. Report compensation for t												
(A)				ig w		<u> </u>		(B)		(C	:)	
Name and business	address	NC	ONE	2				Description of s	ervices	Comper		
2 Total number of independent contractors (ir		nt lin	nited	l to t	thee		ted	above) who recoived ma	ore than			
\$100.000 of compensation from the organiz	•	51 111	meu	01	(1105	-	.cu					

	I INTERN 5, INC.	AT	10	NA	L	FE	ST	IVAL OF ARTS	06-144	4222
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yees	s, ar	nd H	ighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0))			(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week (list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	(ey em ployee	Highest com pensated em ployee	⁻ ormer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations

	(list any hours for related organizations below line)	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated emp	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(27) MICHAEL E. TWITTY	2.00									
DIRECTOR		х						0.	0.	0.
(28) CHARLES WARNER JR.	2.00									
DIRECTOR		X						0.	0.	0.
(29) MICHELLE QUIALA	70.00	_						145 666	•	2
EXECUTIVE DIRECTOR			-	X				147,666.	0.	0.
		-								
			-			-				
		-								
			-							
		-								
			<u> </u>							
			-							
		-								
		_								
		 	<u> </u>			<u> </u>				
		4								
Total to Part VII, Section A, line 1c								147,666.		

Forn	<u>1 990</u> rt VI	(2021) AND IDEAS, INC	•			06-1444	222 Page 9
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Fundraising events 1c 1 Related organizations 1d 1d Government grants (contributions) 1e 1,4 All other contributions, gifts, grants, and similar amounts not included above 1f 2,3 Noncash contributions included in lines 1a-1f 1g \$ ADMISSIONS I	.09,955. 41,900. 64,614. ▶ Business Code 711300	3,916,469. 129,331.	129,331.		
Proę	e f	All other program service revenue					
		Total. Add lines 2a-2f	, and	129,331.			
Other Revenue	7 a b c d	Less: rental expenses 6b	iceeds (ii) Personal (ii) Other (ii) Other	634.	634.		
	c 9 a b c 10 a b	Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events 6 Gross income from gaming activities. See 9a Part IV, line 19 9a Less: direct expenses 9b	87,900. 91,764. ►	-3,864.			-3,864.
Miscellaneous Revenue	11 a b c d		Business Code				
	12	Total revenue. See instructions	►	4,042,570.	129,965.	0.	-3,864.

NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, INC.

Sectio	n 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	166 000	41 5 6 0	41 5 6 0	00 100
	trustees, and key employees	166,277.	41,569.	41,569.	83,139
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (0())	1 1 7 4 0 2 6	200.004	1 6 0 0 0 0
	Other salaries and wages	1,626,330.	1,174,036.	290,264.	162,030
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	120 500		25 020	10 000
	Payroll taxes	139,582.	94,654.	25,838.	19,090
	Fees for services (nonemployees):				
	Management				
	Legal				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	233,264.	119,563.	91,792.	21 000
	column (A), amount, list line 11g expenses on Sch 0.)	233,204.	119,303.	91,192.	21,909
	Advertising and promotion	88,518.	61,963.	8,852.	17,703
		00,510.	01,505.	0,052.	17,705
	Information technology				
	Occupancy	29,768.	20,640.	7,716.	1,412
	Travel Payments of travel or entertainment expenses	25,100.	20,0400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	. · · · · · · · · · · · · · · · · · · ·	7,890.		7,890.	
	Interest Payments to affiliates	,,0,00			
	Depreciation, depletion, and amortization	27,692.	19,384.	2,769.	5,539
		53,866.	25,203.	28,663.	.,
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	DIRECT ARTIST EXPENSES	650,825.	646,915.	862.	3,048
	BUILD OUT	445,535.	445,150.	385.	
	MARKETING	191,326.	187,463.	3,761.	102
	INFORMATION TECHNOLOGY	101,704.	61,022.	20,341.	20,341
	All other expenses	241,041.	111,541.	59,488.	70,012
	Total functional expenses. Add lines 1 through 24e	4,003,618.	3,009,103.	590,190.	404,325
	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 Figure 1 if following SOP 98-2 (ASC 958-720)				

-	~~~	(0004)
⊦orm	990	(2021)

<u>m 990</u> art X	(2021) AND IDEAS, INC. Balance Sheet		00	1444222 Page 1
	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	430,700.	1	131,591
2	Savings and temporary cash investments	28,082.	2	
3	Pledges and grants receivable, net	633,453.	3	1,424,393
4	Accounts receivable, net		4	<u>1,424,393</u> 607,353
5	Loans and other receivables from any current or former officer, director,		-	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	(1, 2)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9		55,441.	9	51,988
	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other			01,000
102				
r	basis. Complete Part VI of Schedule D10a241,751.basis. Complete Part VI of Schedule D103,583.basis. Complete Part VI of Schedule D10a	88,680.	10c	138 168
11		553,024.	11	<u>138,168</u> 708
12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	555,024.	12	,
13			13	
			13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,789,380.	16	2 35/ 20
16	Total assets. Add lines 1 through 15 (must equal line 33)	78,141.	17	2,354,20 129,01
17	Accounts payable and accrued expenses	/0,141.		127,01
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%		00	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.	05	175 000
	of Schedule D	78,141.	25 26	<u>475,00</u> 604,01
26	Total liabilities. Add lines 17 through 25	/0,141.	20	004,01
	Organizations that follow FASB ASC 958, check here X			
07	and complete lines 27, 28, 32, and 33.	1,688,639.	07	1 135 10
27	Net assets without donor restrictions	22,600.		<u>1,135,19</u> 615,00
28	Net assets with donor restrictions	22,000.	28	015,00
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		00	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1,711,239.	31	1 750 10'
	Total net assets or fund balances		32	1,750,191
33	Total liabilities and net assets/fund balances	1,789,380.	33	2,354,201 Form 990 (20

NEW HAVEN INTERNATIONAL FE	STIVAL OF ARTS
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Form	990 (2021) AND IDEAS, INC.	06-14	44222	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,042	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,618.
3	Revenue less expenses. Subtract line 2 from line 1	3		,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,711	,239.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	1,750	<u>,191.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	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?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	Public Chai		OMB No. 1545-0047					
				/Form990 for instructio				F armel and a		
Name or	the organizati		IDEAS, INC	RNATIONAL FES	SILVAI	JOFF	ART'S		identification number 6-1444222	
Part I	Beason			• (All organizations must c	omplete th	nis nart) S	ee instruction		0-1444222	
								15.		
1 2 3 4	A church, con A school des A hospital or A medical res city, and state	nvention of chi cribed in sect i a cooperative search organiza e:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	For lines 1 through 12, cl n of churches described Attach Schedule E (Form Inization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	ii). n 170(b)(1)(A		-	
5	•	•		lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in	
6 7 X 8 9	 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 									
	university:									
10										
11				vely to test for public saf	etv. See	section 50	09(a)(4).			
12 a b	more publicly lines 12a thro Type I. A si the support organizatio Type II. A si control or n	v supported org bugh 12d that of upporting orga ted organization n. You must o supporting org nanagement o	ganizations described describes the type of anization operated, su on(s) the power to reg complete Part IV, Se anization supervised	or controlled in connect anization vested in the sa	n section and comp by its supp majority o	509(a)(2). plete lines ported orga of the direct s supporte	See section 12e, 12f, and anization(s), t stors or truste ed organizatio	509(a)(3). (I 12g. ypically by es of the su n(s), by hav	Check the box on giving upporting ring	
<u>م</u> [_		-	g organization operated	in connect	ion with	and functional	llv integrate	od with	
•). You must complete F				ily integrate	a with,	
d e	 Type III no that is not f requiremen Check this 	n-functionally functionally int t (see instructi box if the orga	r integrated. A supp egrated. The organiz ions). You must con anization received a v	orting organization oper- ation generally must sati nplete Part IV, Sections written determination from nally integrated supportin	ated in cor isfy a distri A and D, m the IRS	nnection w ibution rec and Part that it is a	vith its suppor quirement and V.	an attentiv		
f Ent	er the number	u ,		, , , , , , , , , , , , , , , , , , , ,						
			n about the supporte	d organization(s)						
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization	I		(described on lines 1-10	Yes	No	support (see in	nstructions)	support (see instructions)	
				above (see instructions))						
Total										

						ma							
_	_	EW HAVEN		JNAL FEST	LVAL OF AF		4000						
_	edule A (Form 990) 2021 A Int II Support Schedule for (ND IDEAS,		Postiona 170/I	(1)(1)(1)	06 - 144	4222 Page 2						
Fc		-		-			-						
	(Complete only if you checked fails to qualify under the tests			-	n falled to qualify u	inder Part III. If the	organization						
Se	ction A. Public Support	ilsted below, plea	se complete i art i										
	Calendar year (or fiscal year beginning in) \blacktriangleright (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total												
	Gifts, grants, contributions, and		(6) 2010	(6) 2010	(0) 2020								
•	membership fees received. (Do not												
	include any "unusual grants.")	2309721.	2535603.	2412354.	2663402.	3057266.	12978346.						
2	Tax revenues levied for the organ-												
	ization'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	2309721.	2535603.	2412354.	2663402.	3057266.	12978346.						
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)						4732284.						
	Public support. Subtract line 5 from line 4.						8246062.						
Se	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total						
7	Amounts from line 4	2309721.	2535603.	2412354.	2663402.	3057266.	12978346.						
8	Gross income from interest,												
	dividends, payments received on												

7	Amounts from line 4	2309721.	2535603.	2412354.	2663402.	3057266.	12978346.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,626.	11,827.	6,112.	541.	634.	22,740.
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 VI.)	5,818.	7,271.	2,731.	12,037.		27,857.
11	Total support. Add lines 7 through 10						13028943.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	677,746.
13	13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.29 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	68.47 %
16 a	1 33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
Ł	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ition			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
k	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021	AND	IDEAS,	INC.	
Part III Support Schedule fo	r Orga	nizations	Described in Section	n 509(a)(2)

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

					1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2								
2	Gross receipts from admissions, merchandise sold or services per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
Ŭ	furnished by a governmental unit to							
	, ,							
	the organization without charge							
	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							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support		•	•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) (2021	(f) Total
	Amounts from line 6	(u) 2011		(0) 2010		(c/.		(1) 10141
	Gross income from interest,							
104	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							
с	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
40	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	e e		-			•	·
0.00	check this box and stop here							>
	tion C. Computation of Publi							
	Public support percentage for 2021 (I			column (f))		15		%
	Public support percentage from 2020					16		%
Sec	tion D. Computation of Inves	tment Income	e Percentage					
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17		%
18	Investment income percentage from a	2020 Schedule A,	Part III, line 17			18		%
	33 1/3% support tests - 2021. If the					3 1/3%, a	and line 17	7 is not
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2020. If the							
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organizatio							
	i intere realization in the organizatio	and not oncon a		a, 51 100, 01100K ti				····· 🔽 🗖

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990) 2021 AND Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

INC.

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

AND IDEAS,

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	dule A (Form 990) 2021 AND IDEAS, INC.	06-1444222	2 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	iicers, orted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			

- these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b Schedule A (Form 990) 2021

2b

3a

	dule A (Form 990) 2021 AND IDEAS, INC.			06-1444222 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	_
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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Sche Par	dule A (Form 990) 2021 AND IDEAS, IN t V Type III Non-Functionally Integrated 509		nizatione / //		6-1444222 Page 7
		(a)(5) Supporting Orga	nizations (continu	<u>ed)</u>	0
	on D - Distributions		I	-	Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	a of our ported or conizations	、	2	
<u>3</u> 4			4		
-	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro-		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		-	
U	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

	(=			INTERNATIONAL	FESTIVAL (OF ARTS	
Schedule A Part VI	(Form 990) 2021 Supplemental Inform	mation	• Provide th	e explanations required by	Part II, line 10; Part I	06-1444222 P	
	line 1; Part IV, Section D,	lines 2 ai	nd 3; Part IV	, Section E, lines 1c, 2a, 2b	, 3a, and 3b; Part V,	ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V r any additional information.	Ι,

NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, INC.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

06 - 1444222

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MR & MRS. WILLIAM GRAUSTEIN	280,000.	19,421.
MR & MRS. GORDON GEBALLE	1,318,576.	1,057,997.
ROSLYN & JEROME MEYER	1,847,161.	1,586,582.
THE EUCALYPTUS FOUNDATION	1,300,000.	1,039,421.
YALE UNIVERSITY	1,100,000.	839,421.
CITY OF NEW HAVEN	321,600.	61,021.
NATIONAL ENDOWMENT FOR THE ARTS	389,000.	128,421.
Total Excess Contributions to Schedule A. Part II. Line 5		4,732,284.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

0		
	NEW	HA

AND IDEAS, INC.

VEN INTERNATIONAL FESTIVAL OF ARTS EAS, INC. 06-1444222

IDEAD, INC.

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS 06 - 1444222AND IDEAS, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 GORDON AND SHELLEY GEBALLE X Person Payroll **19 FLYING POINT ROAD** 310,000. Noncash \$ (Complete Part II for STONY CREEK, CT 06405 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 YALE UNIVERSITY X Person Payroll **433 TEMPLE STREET** 225,000. Noncash (Complete Part II for NEW HAVEN, CT 06511 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 ROSLYN AND JEROME MEYER Person X Payroll 50 OLD QUARRY ROAD 261,000. Noncash \$ (Complete Part II for GUILFORD, CT 06437 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NATIONAL ENDOWMENT FOR THE ARTS 4 Person X Payroll 400 7TH STREET SW \$ 169,000. Noncash (Complete Part II for WASHINGTON, DC 20506 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CONNECTICUT HUMANITIES COUNCIL X Person Payroll **100 RIVERVIEW CENTER SUITE 290** 180,000. Noncash \$ (Complete Part II for noncash contributions.) MIDDLETOWN, CT 06457 (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 SEEDLINGS FOUNDATION Person Payroll 101,500. Noncash 984 MAIN STREET \$ (Complete Part II for BRANFORD , CT 06405 noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2		
			Employer identification number		
	AVEN INTERNATIONAL FESTIVAL OF ARTS DEAS, INC.		06-1444222		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.			
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution		
7	EUCALYPTUS FOUNDATION		Person		
		-	Payroll		
	<u>PO BOX 29550</u>	\$ 600,0			
	SAN FRANCISCO, CA 94129		(Complete Part II for noncash contributions.)		
		-			
(a)	(b) (c)		(d)		
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution		
8	CT DECD		Person		
		-	Payroll		
	450 COLUMBUS BLVS, SUITE 801	\$\$614,5			
	HARTFORD, CT 06103		(Complete Part II for noncash contributions.)		
		-			
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution		
			Person		
		-	Payroll		
		\$\$	Noncash		
			(Complete Part II for noncash contributions.)		
		-			
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution		
			Person		
		-	Payroll		
		_ \$	Noncash		
			(Complete Part II for noncash contributions.)		
		-			
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution		
		_	Person		
			Payroll		
		_ \$	(Complete Part II for		
			noncash contributions.)		
		_			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution		
<u>N0.</u>	ivaine, address, and ZIP + 4				
		_	Person		
			Payroll Noncash		
		_ \$	(Complete Part II for		
			noncash contributions.)		

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) (c) FMV (or estima (See instruction		(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

Schedule I	B (Form 990) (2021)			Page 4					
Name of o	organization			Employer identification number					
NEW H	AVEN INTERNATIONAL FESTI	VAL OF ARTS							
	DEAS, INC.			06-1444222					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ction 501(c)(7), (8), or (10)	that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. or	nce.) > \$					
	Use duplicate copies of Part III if additional s	pace is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I	(-)	(0,000 0. g	(,						
	I	(e) Transfer of gift							
		(e) fransier of gin							
	Transferee's name, address, an	Relationship of tra	ansferor to transferee						
	,,,								
(a) No. from	(b) Purpose of gift (c) Use of gi		(d) Doo	printion of how gift is hold					
Part I	(b) Purpose of gift (c) Use of		(d) Des	cription of how gift is held					
	(e) Transfer of gift								
			B 1 11 11 11						
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of tra	ansferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift (c) Use of		f gift (d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee					
		[
(a) No. from									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
<u> </u>									
		(e) Transfer of gift							
		_							
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee					

SCHEDULE C	Pc	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047	
(Form 990)				-	7	2021	
		anizations Exempt From Income if the organization is described					
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i			0-LZ .	Open to Public Inspection	
If the organization answ		Form 990, Part IV, line 3, or For			ign Activi	ities), then	
-	-	plete Parts I-A and B. Do not com			•	<i></i>	
 Section 501(c) (other 	than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below. I	Do not complete Part I	I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.					
If the organization answ	vered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activi	ities), the	n	
		nave filed Form 5768 (election und		•	•		
		nave NOT filed Form 5768 (electio		· ·		•	
If the organization answ Tax) (See separate inst	-	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form §	990-EZ, P	Part V, line 35c (Proxy	
		ions: Complete Part III.					
Name of organization		EN INTERNATIONAL	FESTIVAL OF	ARTS E	Emplover	identification number	
5		AS, INC.				6-1444222	
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	r is a section 527	organi	zation.	
1 Provide a description	on of the organiz	ation's direct and indirect political	l campaign activities in	Part IV.			
2 Political campaign a	activity expendit	ures			▶\$		
3 Volunteer hours for	political campai	gn activities					
-		anization is exempt unde			•		
		incurred by the organization unde					
		incurred by organization manager n 4955 tax, did it file Form 4720 fo				Yes No	
						Yes No	
b If "Yes," describe in							
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), e	except section 50)1(c)(3).		
1 Enter the amount d	irectly expended	I by the filing organization for sect	ion 527 exempt function	on activities	▶\$		
2 Enter the amount of	f the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527			
exempt function ac					▶\$		
	-	. Add lines 1 and 2. Enter here an			. .		
					▶\$		
			of all agation 507 polit			Yes No	
		nployer identification number (EIN) tion listed, enter the amount paid		-			
		omptly and directly delivered to a					
political action com	mittee (PAC). If a	additional space is needed, provid	le information in Part IV	V.	-	-	
(a) Name		(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's con -0 r d	e) Amount of political tributions received and promptly and directly elivered to a separate political organization. If none, enter -0	

Schedule C (Form 990) 2021 A Part II-A Complete if the organization	ND ID	EAS,	INC.	L FESTIVAL C	06-1	L444222 Page 2 ection under
expenses, and share	of excess I	obbying	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
Limits	s on Lobbyi	ing Expe	nd "limited control" pro nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influe b Total lobbying expenditures to influe c Total lobbying expenditures (add line d Other exempt purpose expenditures 	ence a legis es 1a and 1 s	b)	dy (direct lobbying)			
e Total exempt purpose expenditures	•		· ·····	h oolumpo		
f Lobbying nontaxable amount. Enter If the amount on line 1e, column (a) or (Not over \$500,000		The lob	e following table in both by by ing nontaxable am the amount on line 1e.	ount is:		
Over \$500,000 but not over \$1,000,0 Over \$1,000,000 but not over \$1,500		\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17,00 Over \$17,000,000	00,000	\$225,00 \$1,000,	00 plus 5% of the exce 000.	ss over \$1,500,000.		
 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero c j If there is an amount other than zero reporting section 4911 tax for this year 		Yes No				
(Some organizations that	at made a s	section 5	eraging Period Under 01(h) election do not ate instructions for lin	have to complete all o	f the five columns b	elow.
	Lobbyi	ng Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 20	18	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a 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					Caba	lulo C (Earm 990) 2021

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a	a)	(1)
	lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
с	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		10),000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			10),000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(ō), or sec	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				0.1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"NO" OR	(b) Part I	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 politi	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:				

THE ORGANIZATION HAS HIRED A LOBBYIST TO HELP THEM MAINTAIN THEIR

CURRENT LEVEL OF STATE FUNDING.

SCHEDULE D Supplemental Financial Statements									
	n 990)		2021						
•		► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public					
	ment of the Treasury I Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest informatio	n.	Inspection					
Nam	e of the organizati	n NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS	Emp	loyer identification number					
		AND IDEAS, INC.		06-1444222					
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	organizatio	(a) Donor advised funds	(b) Euro	Is and other accounts					
1	Total number at er	d of year							
2		contributions to (during year)							
3		grants from (during year)							
4		end of year							
5		n inform all donors and donor advisors in writing that the assets held in donor advised fu	unds						
	are the organizatio	n's property, subject to the organization's exclusive legal control?		Yes No					
6	Did the organization	n inform all grantees, donors, and donor advisors in writing that grant funds can be used	d only						
	for charitable purp	oses and not for the benefit of the donor or donor advisor, or for any other purpose conf	erring						
Des		te benefit?		Yes No					
Pa		ation Easements. Complete if the organization answered "Yes" on Form 990, Part	IV, line 7.						
1		ervation easements held by the organization (check all that apply).		and a stand land area					
		of land for public use (for example, recreation or education) Preservation of a hi							
		of open space							
2		through 2d if the organization held a qualified conservation contribution in the form of a	conservati	on easement on the last					
-	day of the tax year			Held at the End of the Tax Year					
а		nservation easements	2a						
b		icted by conservation easements							
с	•	ation easements on a certified historic structure included in (a)	·						
d		ation easements included in (c) acquired after 7/25/06, and not on a historic structure							
	listed in the Natior	2d							
3	Number of conser	ation easements modified, transferred, released, extinguished, or terminated by the orga	anization c	luring the tax					
	year 🕨								
4		here property subject to conservation easement is located							
5		ion have a written policy regarding the periodic monitoring, inspection, handling of							
6	,	brocement of the conservation easements it holds?							
0		Tous devoted to monitoring, inspecting, nariding of violations, and emoting conserva	ation easer	nents during the year					
7	Amount of expens	 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements	s during the year					
	► \$			s aan ng ano your					
8	Does each conser	ation 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, describ	e how the organization reports conservation easements in its revenue and expense state	ement and	l					
	balance sheet, and	include, if applicable, the text of the footnote to the organization's financial statements	that descr	ibes the					
Der	organization's accounting for conservation easements.								
Pa		tions Maintaining Collections of Art, Historical Treasures, or Other	Similar	Assets.					
		the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	0	elected, as permitted under FASB ASC 958, not to report in its revenue statement and b							
		asures, or other similar assets held for public exhibition, education, or research in furthe Part XIII the text of the footnote to its financial statements that describes these items.	rance of p	ublic					
h		elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	nce sheet v	works of					
5	-	ures, or other similar assets held for public exhibition, education, or research in furtherar							
		area, or other similar assets new for public exhibition, education, or research in further and a anounts relating to these items:							
	-	led on Form 990, Part VIII, line 1	▶ \$	5					
		d in Form 990, Part X	•						
2	.,	received or held works of art, historical treasures, or other similar assets for financial gai							
		nts required to be reported under FASB ASC 958 relating to these items:							
а	Revenue included	on Form 990, Part VIII, line 1	🕨 \$	i					
	Assets included in	Form 990, Part X		6					
1114	Fau Damanuaula D	duction Act Nation, son the Instructions for Form 990		Schodulo D (Earm 990) 2021					

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

Schedule D (Form 990) 2021

<u> </u>		EN INTERNA	TIONA	L FEST	FIVAL C	F AR		06 14	44222	_	n
-		AS, INC.	+ Uioto	rical Tra		r Othor		$\frac{06 - 14}{06 - 14}$			age Z
									(continu	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	ls, check a	any of the f	ollowing that	: make sig	gnificant ı	use of its			
а		c	1 🗌 I	oan or excl	hange progra	am					
b	Scholarly research				nango progra						
c	Preservation for future generations										
4	 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 										
5											
5	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			Jiganizatio	II answered	163 011	1 0111 330	, i aitiv, i	ine 3, 0i		
10	Is the organization an agent, trustee, custodi		lion (for or	ontribution	or other eer	oto pot i	noludod				
Ia			-						7 Vaa		
h	on Form 990, Part X?							L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	liowing ta	DIE:					Amount		
	B · · · · ·								Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	-									<u> </u>
		(a) Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a.	column (a)) held as:						
	Board designated or quasi-endowment	•	%		,						
b	Permanent endowment										
č		/°									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	· -									
30	Are there endowment funds not in the posse		ation that	are held an	nd administer	ed for th	o organiza	ation			
ou							c organize		<u>ا</u>	Yes	No
	by: (i) Uprolated organizations										
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tu	nas.							
1 41	Complete if the organization answere		Dart IV	lino 11a S	000 Eorm	Dart X	lino 10				
									(-1) D 1		
	Description of property	(a) Cost or o basis (investr		(b) Cost		• •	ccumulate preciation	a	(d) Book	value	е
			nenty	basis		uep	JI COLATION				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				4 8 5 4				4.0.0		<u> </u>
	Other				1,751.		103,58	53.	138		
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, columr</u>	<u>1 (B), line 1(</u>	0c.)				138	,1	68.
								Schedule	D (Form	990)	2021

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Schedule D	(Form 990) 2021 AND IDEAS ,	INC.	06	5-1444222 Page 3
Part VII				
	Complete if the organization answered "Yes"		-	
(a) Descrip	Dtion of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
.,	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) must aqual Form 000, Part V, col. (B) line 12)			
Part VIII	 b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. 			
	Complete if the organization answered "Yes'	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	1
	(a	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	<u>ımn (b) must equal Form 990, Part X, col. (B) lir</u> Other Liabilities.	e 15.)		•
FailA	Complete if the organization answered "Yes"	on Form 000 Dort IV line 1	110 or 11f Soo Form 000 Dort V line 24	-
	(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2	(b) Book value
<u>1.</u>	() 1 ,			
	deral income taxes			475,000.
	INE OF CREDIT			475,000.
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(7)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lir	a 25)	`	475,000.
	<u>ann (o) musi equal i Omi 330, Fait A, COI. (D) III</u>	<u> </u>		

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

X

NEW	HAVEN	INTERNATIONAL	FESTIVAL	OF	ARTS
	סגיםתד	TNO			

Sche	dule D (Form 990) 2021 AND IDEAS, INC.		06-1	444222 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			4,042,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,042,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,042,570.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Returr	.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			4,003,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,003,618.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	<u>8.)</u>		4,003,618.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT
MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES. SINCE
TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO
ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY
THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO
ADDITIONAL TAX, PENALTIES, AND INTEREST AS A RESULT OF SUCH CHALLENGE. AS
OF SEPTEMBER 30, 2022, THE ORGANIZATION'S TAX RETURNS GENERALLY REMAIN
SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS FOR THE LAST THREE
YEARS.

Schedule D	(Form 990) 2021	NEW AND	HAVEN IDEAS,	INTERNATIONAL INC.	FESTIVAL	OF ARTS	06-1444222	Page 5
		mation	(continued)					
					_			

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	0	MB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the		2021			
Department of the Treasury		Attach to Form 990						Open to Public			
Internal Revenue Service		to www.irs.gov/Form990 for inst						Inspection			
Name of the organization	1,200 1110	EN INTERNATIONAL F AS, INC.	EST.	LVAI	J OF ARTS			ntification number			
Part I Fundrais		Complete if the organization answ	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 9	90-EZ	filers are not			
	complete this part										
1 Indicate whether th	e organization rais	ed funds through any of the followin	ng activ	vities. (Check all that apply.						
a Mail solicitat				-	overnment grants						
b Internet and email solicitations f Solicitation of government grants											
c Phone solici		g 🔄 Specia	l fundra	aising e	events						
d In-person so		or oral agreement with any individua	l (incluc	lina of	ficers directors trus	tees or					
•		art VII) or entity in connection with p	•	Ū			Yes	No			
	•	viduals or entities (fundraisers) pursu			•	he fundraiser is	s to be	·			
compensated at le	east \$5,000 by the	organization.									
			(iii)	Did		(v) Amount	paid				
(i) Name and addres		(ii) Activity	(iii) fundi have c	aiser ustody	(iv) Gross receipts	to (or retaine	d by)	(vi) Amount paid to (or retained by)			
or entity (fund	braiser)		or control of Tron contributions?		from activity	fundraiser listed in col. (i)		organization			
			Yes	No							
Total											
Total 3 List all states in whi	ich the organizatio	n is registered or licensed to solicit	 contrib		or has been notified	l it is exempt fr	rom rec	nistration			
or licensing.			John		2. Has been notined		50	g.= (1 4 (1 (1)			

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

Schedule G (Form 990) 2021

		NEW HAV	EN INTERNATIO	ONAL FESTIVAL		
			AS, INC.			1444222 Page 2
Pa	rt I	3				
		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	ts greater than \$5,000.
				(D) Event #2	NONE	(d) Total events
			VLA LUNCHEON	2022 CALA	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine				(010111)[00)		
Revenue	1	Gross receipts	53,505.	144,350.		197,855.
	2	Less: Contributions	3,455.	106,500.		109,955.
	3	Gross income (line 1 minus line 2)	50,050.	37,850.		87,900.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E)	7	Food and beverages	24,276.	41,470.		65,746.
	8	Entertainment	2,558.	633.		3,191.
	9	Entertainment Other direct expenses	8,042.	14,785.		3,191. 22,827.
	10				▶	91,764.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	-3,864.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вe	1	Gross revenue				
	•					
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	ו ס וח כסועמא (מ)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "I	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No
J						

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Sch	edule G (Form 990) 2021		HAVEN IDEAS		FESTIVAL OF ART	06 111000
	Does the organization conduct ga			•		
	Is the organization a grantor, bene					
12	to administer charitable gaming?					Yes No
13	Indicate the percentage of gaming	activity	conducted			
						13 a
	The organization's facility					
	An outside facility Enter the name and address of the					
14		e person		es the organization's gamin	ig/special events books and reco	Jius.
	Name					
	Address 🕨					
15a	Does the organization have a cont	ract with	n a third part	ty from whom the organizat	ion receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gami	na rever	nue received	by the organization > \$	and the a	mount
	of gaming revenue retained by the					
c	If "Yes," enter name and address of					
-						
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation	► \$_				
	Description of services provided	▶				
	Director/officer	En En	nployee	Independent	contractor	
			ipioyoo			
17	Mandatory distributions:					
а	Is the organization required under	state lav	v to make cl	haritable distributions from	the gaming proceeds to	
	retain the state gaming license?					
b	Enter the amount of distributions r					it in the
	organization's own exempt activiti	es durin	g the tax yea	ar 🕨 \$	-	
Pa					Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	150, 150, 16, and 170, as	applicat	bie. Also pro	vide any additional informa	tion. See instructions.	

Schedule G	(Form 990) Supplemental Infor	NEW AND	HAVEN IDEAS,	INTERNATIONAL INC.		06-1444222	Page 4
ruitiv			(continuea)				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Name of the organization NEW HAVEN INTERNATIONAL FESTIVAL OF ARTS AND IDEAS, INC.

Employer identification number 06-1444222

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

SUPPORTING A FESTIVAL FOR THE PEFORMING, VISUAL AND LITERARY ARTS.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE TO REVIEW AS A

SUBCOMMITTEE OF THE BOARD OF DIRECTORS. COPIES ARE PROVIDED TO OTHER BOARD

MEMBERS UPON REQUEST.

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

BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDIT IS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW. AFTER THEIR

REVIEW, THE AUDIT IS THEN APPROVED BY THE AUDIT COMMITTEE.

PART XII LINE 2C

NO CHANGE FROM PRIOR YEAR.