	Form	990-T	l E	Exem	pt Orga		on Bus					ax Re	eturi	า	OMB N	lo 1545-0687	
							y tax und			603	3(e))	1904	)		_	040	
			For cat	endar year 2	018 or other tax y						nding JUN		19		Z	018	
		ment of the Treasury I Revenue Service	▶	Do not er	► Go to www nter SSN numb	•							501(c)(3)		Open to P 50 1(c)(3) C	ublic Inspection organizations On	for
	A _	Check box if address changed		Name of	organization (	Check	box if name of	changed	and se	e instr	uctions.)			(Emp	D Employer identification number (Employees' trust, see instructions)		
	B Ex	empt under section	Print	SUFFOL	K UNIVERSI	(TY									04-213	3255	
	X	501(c <b>Ø</b> 3 )	or	Number, street, and room or suite no. If a P.O. box, see instructions.										lated busin	ess activity code	8	
		408(e) 220(e)	Туре	8 ASHB	URTON PLAC	ĈE										,	
		408A530(a)  529(a)		City or town, state or province, country, and ZIP or foreign postal code  BOSTON, MA 02108									5230	00			
	C Boo	k value of all assets		F Group	exemption nun	nber (See ins	structions.)	<b></b>		-							
_	at er	nd of year 710,224,	267.	G Check	organization ty	pe 🕨 🛛 X	501(c) cor	poration		50	1(c) trust		401(a	a) trust		Other trus	<u> </u>
Ī	H Ent	er the number of the o	organiza	tion's unre	lated trades or	businesses.	<b>&gt;</b>	2			Describe	the only (c	or first) u	nrelated	t		
	trad	le or business here 🕨	PART	NERSHI	? INVESTME	NTS					If only one,	complete	Parts I-V	. If mor	e than on	е,	
	des	cribe the first in the bl	lank spa	ce at the e	nd of the previo	ous sentence	, complete Pa	arts I and	d II, co	mplete	a Schedule	M for each	h addıtıo	nal trad	e or		
	bus	iness, then complete l	Parts III-	-V				_				<u> </u>				_	
1		ing the tax year, was				_		nt-subsi	diary c	ontroll	ed group?			Y	es <u>x</u>	_ No	
		es," enter the name a				ent corporation	on. 🕨				<del></del>						_
ŗ	Par	t I Unrelated				00m0				/43 1	<del></del>	one number	-		73-8400		
L				ie oi bi	12111622 1110	Come		1		(A) Inc	ome	(8)	Expense	5	<del> </del>	(C) Net	_
		Gross receipts or sale				┨									1		
		Less returns and allov		A line 7\		c Balance		1c 2			<del></del>					-	
ç	_	Cost of goods sold (S Gross profit. Subtract				M		3	-					-	1	-	'
ž	-	Capital gain net incom				, C		4a			86,817.					86,81	7.
-	_	Net gain (loss) (Form				m 4797)		4b			,	<del></del>			<u> </u>	,	•
٠, ٢	,	Capital loss deduction			17) (allacii i oli	, ,		4c							1		
Alic	55	Income (loss) from a			S corporation (	attach statem	nent)	5		- 1	14.191.		WT_1,			314,19	1.
		Rent income (Schedul	•				,	6			ECE	VED					
_ <		Unrelated debt-finance	•	ne (Schedi	ule E)			7	1-1		15		78				
5	8 1	Interest, annuities, roy	alties, ar	nd rents fro	om a controlled	organization	(Schedule F)	8	8	M	AY (2 g	/2020	ő				
Received In Batching Orden	9	Investment income of	a sectio	n 501(c)(7	'), (9), or (17)	organization	(Schedule G)	9	19		··· <u> </u>	7-0-0	S				
8:5	10	Exploited exempt activ	vity inco	me (Sched	lule I)			10	1.		GDEN	117	1 <del>1</del>				_
ğ	11 /	Advertising income (S		•				11	<u>L</u>	<u> </u>	SUEI	, UI					_
8	12 1	Other income (See ins		•	chedule)			12									
r	13 Par	Total. Combine lines			- Classiba			13			01,008.	l			<u> </u>	401,00	8.
တ္ကု	Par				n Elsewhe ductions mus	•						income )					
SCANNED							<del>, coco.c</del>			0,0,0	. 500000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Τ.,	1		—
Z.	14 15	Compensation of office Salaries and wages	icers, oii	ectors, an	a trustees (Sch	ledule K)								14	<del> </del>		
m.	16	Repairs and mainten	ance											15			
$\ddot{\mathbf{o}}$	17	Bad debts	ance											17			_
	18	Interest (attach sche	dule) (se	e instructi	ions)									1.8			
2		Taxes and licenses	aa.a, (a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0110,									19			_
0		Charitable contribution	ons (See	Instructio	ns for limitatio	n rules)				SEE	STATEME	NT 3		20	<u> </u>	22,54	0.
တ		Depreciation (attach	•			,					21				-		
		Less depreciation cla	aimed on	Schedule	A and elsewhe	re on return					22a			22b			
2020	23	Depletion												23			
	24	Contributions to defe	erred cor	mpensatioi	n plans									24			
:	25	Employee benefit pro	grams											25			
:	26	Excess exempt exper	nses (Sc	hedule I)										_26			
2	27	Excess readership co	osts (Sch	nedule J)										27	ļ		
:	28	Other deductions (att	tach sch	edule)						SEE	STATEME	NT 2	A. A.	28	ļ	19,95	_
:	29	Total deductions. Ad		_									28		<u> </u>	42,49	_
	30	Unrelated business ta											40	30	<u> </u>	358,51	1.
	31	Deduction for net ope					or after Janua	ary 1, 20	18 (se	e instru	ictions)		30	نتا ۱	<del> </del>	252.5	
-	32	Unrelated business to											<u> 3</u>	<b>√</b> 32	<u> </u>	358,51	_
8	323701	01-09-19 LHA <b>F0</b>	r Paper	work Redu	ction Act Notic	ce, see instru	uctions.								Form	990-T (20	118)

Form 990-T		SUFFOLK UNIVERSITY			<u> </u>	04-213	3255		Page
[Partill	<u>                                  </u>	Total Unrelated Business Taxab	ole Income						
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or	businesses (se	e instruct	ions)	33	)	358,511
34	Amou	ints paid for disallowed fringes					34		
35	Dedu	ction for net operating loss arising in tax years	beginning before January 1,	2018 (see instri	uctions)	STMT 4	35	;	154,648
36		of unrelated business taxable income before s		•					
		33 and 34	<b>,</b>			•	36	;	203,863
37		fic deduction (Generally \$1,000, but see line 3	7 instructions for excentions\			340	37		1,000
38	-	ated business taxable income. Subtract line		reater than line	26	,	-	<u> </u>	
30		the smaller of zero or line 36	37 HOIN IIII6 30 17 III16 37 13 9	reater than his	50,	3	^\	,	202,863
[Part]		Tax Computation					. 1	<u> </u>	
		nizations Taxable as Corporations. Multiply in	no 29 by 219/ /0.21\			<u>~</u>	10 39 39	.	42,601
39	-	• • • • • • • • • • • • • • • • • • • •			! 20	-	7 33	<u>'</u>	
40	$\overline{}$	s Taxable at Trust Rates See instructions for	·	on the amount	011 11116 30	irom.			
		Tax rate schedule or Schedule D (For	m 1041)				<b>-</b>   40	) — — — — — — — — — — — — — — — — — — —	
41		tax. See instructions				•	<b>1</b>		
42		ative minimum tax (trusts only)					42		
		n Noncompliant Facility Income. See instruc				14	43		
	_	Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies			· · · · · · · · · · · · · · · · · · ·	7 44	<u> </u>	42,601
<u> IPartiv</u>		ax and Payments				<u> </u>			
45 a	Foreig	on tax credit (corporations attach Form 1118; t	rusts attach Form 1116)		45a		_	İ	
b	Other	credits (see instructions)			45b		_		
C	Gener	al business credit. Attach Form 3800			45c				
d	Credit	for prior year minimum tax (attach Form 880	1 or 8827)		45d				
е	Total	credits. Add lines 45a through 45d				ЦV	45	е	
46	Subtr	act line 45e from line 44				·	_   46	3	42,601
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 88	366	Other (attach schedule	Q 47	,	
48	Total	tax Add lines 46 and 47 (see instructions)				\	KM 148	1	42,601
49		net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (I	ر), line 2		C	) L <sub>9</sub>		0
50 a		ents: A 2017 overpayment credited to 2018	, , ,	" Gu	50a	82,95	2.		
	-	estimated tax payments		<b>' '</b>	50b	30,000	o .	Ĺ	
		eposited with Form 8868		C	50c	17,000	_		
		n organizations; Tax paid or withheld at source	a (caa instructions)		50d				
	_	ip withholding (see instructions)	c (see man benons)		50e				
		for small employer health insurance premium	oc (attach Form 9041)		5Df				
		<del>,</del> ,	rm 2439		<del>       </del>				
g				Total >	_   _		ì		
			her	. IUIAI	5 <b>)</b> )g	<del></del>			129,952
		payments. Add lines 50a through 50g	0000	٦		<i>ኒ</i> ን	5		129,932
		ated tax penalty (see instructions). Check if Fo				<b>%</b>	52		
		ue If line 51 is less than the total of lines 48,	•			5	⊿∺າ	_	07 351
1. A		ayment If line 51 is larger than the total of lin		•			54		87,351
		the amount of line 54 you want; Credited to 2			37,351.	11010111000	56	<u> </u>	0
<u>IPartiV</u>		Statements Regarding Certain				instructions)			
		time during the 2018 calendar year, did the o							Yes No
		financial account (bank, securities, or other)	• •	ū	•				
		N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter t	the name of the	foreign co	ountry			
	here	SPAIN							Х
57	Durin	g the tax year, did the organization receive a d	stribution from, or was it the	grantor of, or to	ansferor t	o, a foreign trust?			Х
	If "Yes	s," see instructions for other forms the organiz	ation may have to file.						
58	Enter	the amount of tax-exempt interest received or	accrued during the tax year	▶\$					
•		der penalties of perjury, I declare that I have examined : rect_and completa Declaration of preparer (other than					vledge ar	nd belief, it is true	•
Sign	"	Tect and complete Declaration of prepare (other train	11/11	ii oi willon prepare	i nas any ki	iowieuge	May the	IRS discuss this	roturn with
Here		· (MM)	15/15/00	SENIOR VP/	TREASU	RER		arer shown belov	
		Signature of officer	Date	fitle			ınstructi		
		Print/Type preparer's name	Preparer's signature	Da	ate	Check	ıf F	PTIN	
Paid		×	1 01		-	self- employe	1		
		CRAIG KLEIN	Cur Ski	<b>a</b> 05	/07/20	33 3		P00734640	
Prepa		Firm's name CBIZ MHM, LLC	X			Firm's EIN		26-37531	
Use O	uuy	500 BOYLSTON ST	REET U						
		Firm's address BOSTON, MA 0211				Phone no	617-	761-0600	

823711 01-09-19

Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A		·	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2		7 Cost of goods sold	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter her	e and in f	Part I,	
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or	acquired	l for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	d With Real Prope	rty) 
1 Description of property						
(1)						
(2)				_		
(3)				-		
(4)						,
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage		onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)	-			·		
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>•</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		<u> </u>	
			Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	d property
1 Description of debt-fir	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)		-				
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis tillocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	•	0.	0.
Total dividends-received deductions IF	ncluded in column	ı 8	·		<b></b>	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Discription of income  2. Amount of income 2. Amount of income 3. Disductional description commodition of earth com	Schedule F - Interest, A	Annuitie	s, Royalti	es, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	s)
contention of controlled Congression of Controlled Organizations   10 Per of column 9 Bins a residue   11 Determine development of the column 5 Bins a residue   11 Determine development of					Exempt (	Controlled O	rganizatio	ons				
(2)   (3)   (4)   (4)   (5)   (5)   (6)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (8)   (8)   (9)   (9)   (1)	1. Name of controlled organizat	ion	identifica	ation					includ	ed in the contr	olling	connected with income
(2)   (3)   (4)   (4)   (5)   (5)   (6)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (8)   (8)   (9)   (9)   (1)	(1)							<del></del>				
An		· .								<del></del>		
Moneyempt Controlled Organizations   S. Test introduction (page instructions)   S. Test of vasceded payments   10			<u>L</u> .			<del></del>			$\vdash$			
Nonexempt Controlled Organizations  7. Totable Income  8. Not variation process (constructions)  9. Total of superients made (superients) made (constructions)  10. Part of column 8 that is included in the considering agrantation in the considering												
7, Tasable income 8, Net translater income (less) (new instructions) 9, Total of specified payments in the controlling organizations (real payments) (real pay	1	zatione										
(1) (2) (3) (4)  And columns 3 and 10 Enter here and on page 1, Part 1, Ime 8, column (8) (5) (6) (7) (8) (8)  And columns 4 and 10 Enter here and on page 1, Part 1, Ime 8, column (8) (8) (9)  1. Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deductions (see instructions)  5. Total deductions (cell 3 plus oil 4) (cell 2) (3) (4)  Fart 1, Ime 8, column (8) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	——————————————————————————————————————		nralated income	(less)	O Total	of an and sold name		10 Part of calu	nn O thai	un annahudad	11 0	dustans desetts appareted
(d)  Add columne 5 and 10 Enter have and on page 1, Part I, line 8, column (8)  1. Description of mome  1. Description of mome  2. Amount of income  2. Amount of income  3. Obscictions described (attach schedule)  (1) (2) (3) (4)  Enter have and on page 1, Part I, line 8, column (8)  1. Description of mome  2. Amount of income  2. Amount of income  3. Obscictions described (attach schedule)  (4)  Enter have and on page 1  (4)  Enter have and on page 1  (5)  (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4)  Enter have and on page 1  Enter have and on page 1  Fart I, line 8, column (8)  (6)  (7) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	7. Taxable income				9. 10(a)		lettis	in the controlli	ng organ	ization s	with	income in column 10
(d)  Add columne 5 and 10 Enter have and on page 1, Part I, line 8, column (8)  1. Description of mome  1. Description of mome  2. Amount of income  2. Amount of income  3. Obscictions described (attach schedule)  (1) (2) (3) (4)  Enter have and on page 1, Part I, line 8, column (8)  1. Description of mome  2. Amount of income  2. Amount of income  3. Obscictions described (attach schedule)  (4)  Enter have and on page 1  (4)  Enter have and on page 1  (5)  (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4)  Enter have and on page 1  Enter have and on page 1  Fart I, line 8, column (8)  (6)  (7) (6) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)											
Add columns 5 and 10   Enter here and on page 1, Part I, tend to example (cold 3 plus cell of 1)												
Add columns 3 and 10   Enter here and on page 1, Part 1, time 8, column (8)   0   0   0												
Add scalums 5 and 10 Enter here and on page 1. Pert 1, then 8, column (8)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income  2. Amount of income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  (1) (2) (3) (4)  Enter here and on page 1. Pert 1, time 8, column (8)  Enter here and on page 1. Pert 1, time 8, column (8)  Totals  2. Cross or creditable business income in form yellow or column shows an expensive comment of income in form yellow or column shows an expensive										- 1		
Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Description of income details schedule)  (1)  (2)  (3)  (4)  Felt Income Income of a Section 501(c)(7), (9), or (17) Organization  (col 3 plus col 4)  (4)  Felt Income Income of a Section 501(c)(7), (9), or (17) Organization  (5)  (6)  (7)  (8)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (1)  (1								Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2. Amount of income directly connected ghistich scheduling (strach scheduling) (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 9, column (6)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  3. Expenses drawling income (see instructions)  4. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Neurone (see)  9. Coves are already of the income o							_ [		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Destructions develop connected (eitach acheadule) (international destructions)  (international destructions)  (international destructions)  (international destructions)  Enter here and on page 1, Part I, line 9, column (a)  (international destructions)  1. Description of control destructions  2. Amount of income (eitach acheadule) (international destructions)  Enter here and on page 1, Part I, line 9, column (a)  1. Description of control destructions  2. Amount of income (eitach acheadule) (international destructions)  Enter here and on page 1, Part I, line 9, column (b) (international destructions)  4. Net income (less) from unrelated business (international destructions)  4. Net income (less) from unrelated business (international destructions)  5. Gross income home activity half business income home activity half busine	Totals	- 4.1			F041 1/-	n) (c) :	<u>▶</u>			0.		0.
1. Description of income  2. Amount of income  3. Section and freetily commonded (eitach schedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part 1, time 9, column (b)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  are also as a column from trade of business income from trade of business income from trade of the majes 1, Part 1, time 10, col (b)  (1)  (2)  (3)  (4)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3. Expenses 4. Nat income (loss) 1. Description of exploited activity 3. Expenses 4. Nat income (loss) 5. Goes income 1. Description of exploited activity 3. Expenses 4. Nat income (loss) 5. Goes income 1. Description of exploited activity 4. Nat income (loss) 5. Goes income 1. Description of expenses (column 5) 1. Description of exploited activity 1. Expenses 1. Description of exploited activity 1. Descr			ne of a So	ection	501(c)(7	'), (9), or (	17) Org	anization				
1. Description of income 2. Amount of income develop (areaty connected (attach schedule) (attach sched	(see insti	uctions)				_			-			1
(2) (3) (4)    Enter here and on page 1, Part I, line 9, column (8)   Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)    2. Cross uncome from trade or business uncome from trade or business income in the Other Income (loss) in the Other Income Income Incom	1. Desc	ription of inco	me			2. Amount of	ıncome	directly conne	cted			and set-asides
(3) (4) (4) (5) (6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9												
Column   C												
Enter here and on page 1,	(3)											
Part  , line 9, column (A)   Part  , line 9, column (B)	(4)				<u> </u>			<u> </u>				
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  2 Gross unrelated business income from production of trustalist of the production of trustalist of trustalist of the production of trustalist of trustalist of the production of trustalist of												
(1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  1. Name of periodical  2 Gross urrelated business wirelated business wirelated business (column 2) advertising costs advertising costs advertising costs (3) If a gain, compute cols 5 (response)  (1) (2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  1. Name of periodical  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising costs  3 Direct advertising costs  4 Net income (loss) from urrelated trade or business extravitable to submass income to mactivity that is not urrelated business income  5. Gross income from tom activity that is not urrelated business income  5. Gross income from extravitable to column 3.  5. Gross income from extravitable to column 3.  6. Expenses externing at the column 4.  7. Excess exemption of urrelated trade or business income and column 4.  8. Enter here and on page 1, Part II, line 10, col (B)  9. O.  9. O.  9. Crucitation  1. Name of periodical  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs or strong than column 4.  (1)  (2)  (3)  (4)  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs and exemption costs. Strong than column 4.  (4)  (5)  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs and exemption costs. Strong than column 4.  (6)  7. Excess readership costs (column 6 minus column) 5.  (7)  (8)  (9)  (1)  (1)  (2)  (3)  (4)  (4)  (4)  (5)  (6)  (7)  (7)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (9)  (1)  (1)  (1	Totals				<b></b>		-					0.
1. Description of exploited activity  at is not unrelated business income from activity hat is not un		-	Activity I	ncome	e, Other	Than Adv	ertisin	g Income				
(2) (3) (4)  Enter here and on page 1, Part I, Inne 10, col (A)  O. O. Schedule J - Advertising Income (see instructions)  [Part III Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs (sol 2 minus cols 5 through 7)  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  0. 0. 0. 0.		unrelated incom	business e from	directly c with pro of unr	onnected duction elated	from unrelated business (co minus colum gain, compute	trade or lumn 2 n 3) If a a cols 5	from activity t is not unrelat	hat ed	attributa	able to	expenses (column 6 minus column 5, but not more than
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  Schedule J - Advertising Income (see instructions)  [Part I I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs (sol 2 minus rincome)  1. Name of periodical  3 Direct advertising gain or (loss) (sol 2 minus rincome)  (1) (2) (3) (4)	(1)											
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O. Schedule J - Advertising Income (see instructions)  [Rart] Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs income  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  0. Enter here and on page 1, Part II, line 26  O. Schedule J - Advertising Income (see instructions)  7. Excess reader ship costs (column 6 minus column 5, but not more than column 4)  Totals (carry to Part II, line (5))  0. O. O.	(2)											
(4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  Schedule J - Advertising Income (see instructions)  [Part IIII Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising income  1. Name of periodical  2 Gross advertising costs advertising costs old 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  0.  Enter here and on page 1, Part I, line 26  Consolidated Basis  7. Excess readership costs cold 5 through 7  For Income  1. Name of periodical  2 Gross advertising costs advertising costs old 5) If a gain, compute cols 5 through 7  Totals (carry to Part II, line (5))  0.  0.		[			••							
Enter here and on page 1, Part I, line 10, col (A)  Totals  Totals  Totals  Enter here and on page 1, Part I, line 10, col (B)  0.  Column 1, Name of periodical  2 Gross advertising income  1. Name of periodical  2 Gross advertising costs advertising costs advertising costs (column 6 minus column 5, but not more than column 4)  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  Totals (carry to Part II, line (5))  Enter here and on page 1, part I, line 26  A. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  5. Circulation income  6. Readership costs (column 6 minus column 5, but not more than column 4)  7. Excess readership costs (column 6 minus column 6) income  1. Totals (carry to Part II, line (5))			<u> </u>							-		
Schedule J - Advertising Income (see instructions)  [Part] Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising advertising costs advertising costs advertising costs (sol 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  • Advertising gain or (loss) (col 2 minus cold) 3) If a gain, compute cols 5 through 7  5. Circulation income costs  6. Readership costs column 6, but not more than column 4)  7. Excess readership costs column 6, but not more than column 4)  7. Excess readership costs (column 6, but not more than column 4)		page 1,	, Part I,	page 1	, Part I,							on page 1,
Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising noome  3 Direct advertising costs col 3 If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  ▶ 0. 0. 0. 0. 0.	Totals -											<b>■</b>   0.
Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising noome  3 Direct advertising costs col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))  ▶ 0. 0. 0. 0. 0.	Schedule J - Advertisir	ng Incon	ne (see in	struction	s)							
1. Name of periodical advertising advertising costs (column 6). Income costs (column 6) and nor	[Part]I∎ Income From I	Periodic	als Repo	rted or	a Cons	solidated	Basis					
(2) (3) (4)  Totals (carry to Part II, line (5))  0. 0.	1. Name of periodical		advertising			or (loss) (co	ol 2 minus nn, compute					costs (column 6 minus column 5, but not more
(2) (3) (4)  Totals (carry to Part II, line (5))  0. 0.	(1)											
(3) (4)  Totals (carry to Part II, line (5))  0. 0.												
(4)												
Totals (carry to Part II, line (5))   0. 0.												
	<del>- · · · · · · · · · · · · · · · · · · ·</del>											
	Totals (carry to Part II, line (5))	<b>•</b>		).	C	o.						

# Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by-line basis )

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	İ						
(2)							
(3)							
(4)		_					
Totals from Part I	•	0.	0.	-			0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		**	_	·  0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

OMB No 1545-0123

Name

Employer identification number

SUFFOLK UNIVERSITY 04-2133255

Part I Short-Term Capital Gains and Losses (See Instructions )

Part     Short-Term Capital Gall	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894	 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g)	)	combine the result with column (g
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			ak ag	the state of the s	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-14,179
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation	tion)			6	(
7 Net short-term capital gain or (loss) Combine			_	7	-14,179
Part II Long-Term Capital Gair	ns and Losses (See	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9, )	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on		,			
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					100,730
11 Enter gain from Form 4797, line 7 or 9				11	266
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			_13	
14 Capital gain distributions				_14	
15 Net long-term capital gain or (loss) Combine		n h		15	100,996
"Part III" Summary of Parts I and	H				
Part III Summary of Parts I and		il loss (line 15)		16	
16 Enter excess of net short-term capital gain (line	e 7) over net long-term capita	, ,	ne 7)	16 17	86.817
<u> </u>	e 7) over net long-term capita capital gain (line 15) over net	short-term capital loss (li	ne 7)	16 17 18	86,817 86,817

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

04-2133255 SUFFOLK UNIVERSITY Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Partil Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long term transactions, see page 2 Note. You may aggregate all short term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (b) (d) (h) Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of (f) combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL NATURAL RESOURCES PAR 15. LANDMARK EQUITY PARTNERS XVI, L.P.-LANDM 1,834. LANDMARK EQUITY PARTNERS XVI, L.P.-LANDM <277.> LONE JUNIPER, L.P.-LONE JUNIPER, L.P. <15.751.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)

<14,179.>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Form 8949 (2018)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

## SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

	PHILIT	_
l	OMB No	1545-0687
г		

Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

**2018** 

Department of the Treasury Internal Revenue Service (99 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Interna	Do not enter SSN numbers on this form as it	may be	made public if your organiza	tion is a 501(c)(3)	501(c)(3) Organizations Only
Name	of the organization			Employer identification	on number
	SUFFOLK UNIVERSITY			04-2133255	
ι	Inrelated business activity code (see instructions)   532000				
	Describe the unrelated trade or business RENTING RESID	ENCE I	HALLS	1	<del></del>
Pa	11 Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		-	
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) .	5			
6	Rent income (Schedule C)	6	456,288.	532,167.	-75,879
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	456,288.	532,167.	-75,879
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere)				or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salanes and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			. 19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21	<del></del>	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0
30	Unrelated business taxable income before net operating loss deduced			30	-75,879
34	Deduction for not operating loss arising in tay years beginning on a		January 1, 2019 Jana	ı	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

instructions)

Page	3

						ENTI'	TY 1
Form 990-T (2018)							Page
SUFFOLK UNIVE					04-21332	55	
Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory valuation				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold Si	ubtract l	ine 6		
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	_5		the organization?				
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prope	erty)	
(see instructions)							
1 Description of property	_						
(1) RESIDENCE HALLS							
(2)							
(3)	-						
(4)							-
. ( )	2. Rent receiv	ed or accrued					
(a) From personal property (if the per-	centage of	(h) From real ar	nd personal property (if the percenta	gө	3(a) Deductions directly of	connected with the in d 2(b) (attach schedu	
rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal property exceeds 50% or if t is based on profit or income)	-	SEE STATEMENT		10)
(1)	0.			288.			532,167.
(2)							
(3)							
(4)							
Total	0.	Total	456	288.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	iter			(b) Total deductions.		
here and on page 1, Part I, line 6, column		<b>►</b>	456	288.	Enter here and on page 1, Part I, line 6, column (B)	•	532,167.
Schedule E - Unrelated Deb		Income (see	instructions)	· · ·	, , , , , , , ,		
		(000)	2. Gross income from		3. Deductions directly conne to debt-finance	ected with or allocated property	ole
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other d	eductions
	Tanada pi apai iy		manced property		(attach schedule)	` (attach so	.hedule)
(1)		<del> </del>					
(2)				_		+	
(3)				_	<del></del>	<del> </del>	
(4)	Τ					-	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)			%				
(2)			%				
(3)			%				

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

(4)

Totals

Total dividends-received deductions included in column 8

%

Enter here and on page 1, Part I, line 7, column (A)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
ALLIANCE RESOURCE PARTNERS, L.P ORDINARY BUSINESS	-270
INCOME (LOSS)	-270
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P ORDINARY BUSINESS I	22,215
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	35,327
NET RENTAL REAL EST	2
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
INTEREST INCOME	635
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
ROYALTIES	468
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
OTHER INCOME (LOSS)	307,498
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - ORDINARY BUSINESS INCOME	148
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - OTHER	
INCOME (LOSS)	-1.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	
ORDINARY BUSINESS INCOME	5,847
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - NET	
RENTAL REAL ESTATE I	-3
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	
INTEREST INCOME	606
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER INCOME (LOSS)	-140
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP - OTHER INCOME	
(LOSS)	-3
ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-2
ENDOWMENT VENTURE PARTNERS V, LP - OTHER INCOME (LOSS)	14
LANDMARK EQUITY PARTNERS XVI, L.P ORDINARY BUSINESS	2 224
INCOME (LOSS)	3,331
LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME LANDMARK EQUITY PARTNERS XVI, L.P DIVIDEND INCOME	33
LANDMARK EQUITY PARTNERS XVI, L.P ROYALTIES	3
LANDMARK EQUITY PARTNERS XVI, L.P OTHER PORTFOLIO	
INCOME (LOSS)	1
LANDMARK EQUITY PARTNERS XVI, L.P OTHER INCOME (LOSS)	-3,657
LANDMARK EQUITY PARTNERS XVI, L.P ORDINARY BUSINESS	
INCOME (LOSS)	822
LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME	2,252
LANDMARK EQUITY PARTNERS XVI, L.P DIVIDEND INCOME LANDMARK EQUITY PARTNERS XVI, L.P ROYALTIES	11,666 2
LANDMARK EQUITY PARTNERS XVI, L.P ROYALTIES LANDMARK EQUITY PARTNERS XVI, L.P OTHER PORTFOLIO	2
INCOME (LOSS)	54
LANDMARK EQUITY PARTNERS XVI, L.P OTHER INCOME (LOSS)	-35,249
LONE JUNIPER, L.P ORDINARY BUSINESS INCOME (LOSS)	-2,437
LONE JUNIPER, L.P DIVIDEND INCOME	337
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	314,191.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEE INVESTMENT MANAGEMENT FEES		5,472. 14,485.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	19,957.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 20 FOR TAX YEAR 2014 20 FOR TAX YEAR 2015 9 FOR TAX YEAR 2016 28,922 FOR TAX YEAR 2017 24,060		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	53,031	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	53,031 22,540	<del>-</del>
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	30,491 0 30,491	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		22,540
TOTAL CONTRIBUTION DEDUCTION		22,540

NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
36,328.	0.	36,328.	36,328.
53,250.	0.	53,250.	53,250.
65,070.	0.	65,070.	65,070.
ER AVAILABLE THIS	YEAR	154,648.	154,648.
	36,328. 53,250. 65,070.	LOSS PREVIOUSLY APPLIED  36,328. 0. 53,250. 0.	PREVIOUSLY LOSS REMAINING  36,328.  36,328.  53,250.  65,070.  0.  36,328.  53,250.  65,070.

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	5
DESCRIPTION			_	TIVITY UMBER	AMOUNT	TOTAL	
FOOD					92,936.		
UTILITIES					65,581.		
CLEANING					57,310.		
RESIDENT LIFE ST	AFFING				5,580.		
SUPPLIES					1,455.		
RESIDENT LIFE PO	LICE				58,267.		
PILOT EXPENSE					3,464.		
TECHNOLOGY					4,321.		
PROPERTY INSURAN	CE				10,730.		
STUDENT EMPLOYME	NT				62,432.		
DEPRECIATION					170,091.		
		- SUBTOTA	<b>L</b> –	1		532	2,167.
TOTAL TO FORM 99	0-T, SCHEDUI	LE C, COLUI	MIN 3			532	2,167.