DLN: 93493135026750 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable SUFFOLK UNIVERSITY □ Address change 04-2133255 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 8 ASHBURTON PLACE ☐ Amended return ☐ Application pending (617) 573-8400 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA  $\,$  02108  $\,$ G Gross receipts \$ 356,181,287 Name and address of principal officer H(a) Is this a group return for LAURA SANDER ☐Yes **☑**No subordinates? 8 ASHBURTON PLACE H(b) Are all subordinates BOSTON, MA 02108 ☐ Yes ☐No ıncluded? 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SUFFOLK EDU  ${f M}$  State of legal domicile L Year of formation 1914 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 4 25 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3,303 **6** Total number of volunteers (estimate if necessary) . . . . 6 480 Total unrelated business revenue from Part VIII, column (C), line 12 857,296 **b** Net unrelated business taxable income from Form 990-T, line 34 202,863 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 19,952,091 13,515,051 Ravenua 279,456,034 292,304,352 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 12,620,116 17,508,696 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,086,363 6,816,481 316,114,604 330,144,580 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 89,586,269 102,454,949 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 113,434,108 127,313,702 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶3,127,427 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 98,477,609 99,911,772 301,497,986 329,680,423 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 14,616,618 464,157 Net Assets or Fund Balances Beginning of Current Year **End of Year** 710,224,267 719,297,237 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 381,854,131 375,361,307 22 Net assets or fund balances Subtract line 21 from line 20 . 337,443,106 334,862,960 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-07 Signature of officer Sign Here AURA SANDER SENIOR VP/TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-07 P00734640 Paid self-employed Firm's name ► CBIZ MHM LLC Firm's EIN ► 26-3753134 Preparer Use Only Firm's address ► 500 BOYLSTON STREET Phone no (617) 761-0600 BOSTON, MA 02116 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗆
1		organization's mission		·		
SEE :	SCHEDULE O					
_						
2					hich were not listed on	
	the prior Form 990 o					🗌 Yes 🗹 No
	•	ese new services on So				
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	ule O			
4	Section 501(c)(3) ar		ions are required	I to report the amount	largest program services, as me of grants and allocations to other	
	(Code	) (Expenses \$	116,403,484	including grants of \$	41,554,204 ) (Revenue \$	141,049,420 )
	See Additional Data					
4b	(Code	) (Expenses \$	113,423,825	ıncludıng grants of \$	43,527,075 ) (Revenue \$	102,117,130 )
	See Additional Data					
4c	(Code	) (Expenses \$	54,099,593	ıncludıng grants of \$	17,373,670 ) (Revenue \$	49,137,802 )
	See Additional Data					
4d	Other program serv	ices (Describe in Sched	dule O )			
	(Expenses \$	ıne	cluding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses >	283,926,9	002		
	• •	•	•			Form <b>990</b> (20

Par	tiV Checklist of Required Schedules			rage <b>J</b>
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part I 2	6		<u> </u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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	Yes	
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	Yes	

	Section of Provinced Calculation (continued)			rage =
Pai	tiV Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	<b>Yes</b> Yes	No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
Ь	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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	٠.		
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Yes

399

1a

1b

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Yes

Nο

No

No

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

rm '	990 (2018)			Page
Parl	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines
Se	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 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent  1b  25			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
ı	Did the organization have members or stockholders?	6		No
а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
e	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
)	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
)	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
)	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.5.		
_		16b		No
	Let the Chica with which a convert this Form 200 is required to be filed.			
,	List the States with which a copy of this Form 990 is required to be filed▶  MA			
3	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Calculus O whether (and fee here) the constitution made the recovering described and interest			

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

State the name, address, and telephone number of the person who possesses the organization's books and records

LAURA SANDER 8 ASHBURTON PLACE BOSTON, MA 02108 (617) 573-8400

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	Average Position (do not check more than one box, unless person eek (list is both an officer and a director/trustee) contact in the contact of the contact is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

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Section A. Officers, Direct	Section A. Officers, Directors, Trustees,		-mpi	Joye	es,	, allu	ıııgı	gliest Compensated Employees (Cont				inueu)		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles	neck mo ess pers er and a tee)	son	Repo compo froi organiz	( <b>D)</b> cortable censation om the zation ('	n W-	(E) Reportable compensation from related organizations (W-		Estim amount of compen from	ated of other isation the
	for related organizations below dotted line)		Institution	Officer	key employee	Highest o	Former	2/109	99-MISĊ	5)	2/1099-MISC		organization and related organizations	
		trustee 'r	Institutional Trustee		oyee	Highest compensated employee								
See Additional Data Table														
			lacksquare			$\sqsubseteq$	igspace							
			<del> </del>	H		+	+							
				<u> </u>			ightharpoons							
			$\vdash$	<u>                                     </u>	<u> </u>	_	$\vdash$					+		
		<u> </u>	$\vdash$	+-		<u> </u>	+							
			lacksquare				$oxed{\bot}$							
1b Sub-Total						<u> </u>	<u></u>					$\perp$		
c Total from continuation sheets to Padd Total (add lines 1b and 1c)						<b>&gt;</b>		4,	,454,954			0		642,557
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos				e) who	rec	eived mo	ore than	\$10	0,000			
3 Did the organization list any former of	officer, director	or trust	tee, k	ey e	mpl	lovee,	or h	ahest co	mpensa	ted •	employee on		Yes	No
line 1a? If "Yes," complete Schedule J  4 For any individual listed on line 1a, is	J for such individ	dual .	•	•	•	•	•	• •		•	• •	3		No
organization and related organizations	s greater than \$	\$150,00	07 <i>If</i>	"Yes	," c	omplet	te Sc	thedule J	for suc	h		4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization									ition or	ındı\ •	vidual for	5		No
Section B. Independent Contract	ors		_	_	_		_							
Complete this table for your five higher from the organization. Report comper	nsation for the c										's tax year	mpen		
	(A) and business addre	ess									(B) iption of services		Compe	nsation
C&W FACILITY SERVICES INC 275 GROVE ST SUITE 3-200			_	_	_		_		FACILIT	TES N	MAINTENANCE			1,980,235
AUBURNDALE, MA 024662274 SODEXO INC & AFFILIATES									FOOD S	ERVI	CES		4	1,960,221
PO BOX 360170 PITTSBURGH, PA 152516170									77. 77		**************************************			
ABM INDUSTRY GROUPS LLC  1350 EUCLID AVENUE SUITE 1500									FACILII	TES I	1AINTENANCE		2	2,971,023
CLEVELAND, OH 441151832 DECIBEL MEDIA LLC					_				ADVERT	TISIN	G			952,416
12 CITY SQUARE FLOOR 5 CHARLESTOWN, MA 02129 ONE SIXTY OVER NINETY LLC									ADVERT	TSIN	Ģ			947,668
510 WALNUT STREET FLOOR 19 PHILADELPHIA, PA 191063613					_									
2 Total number of independent contractor compensation from the organization ▶ 2		: not lim	iited t	:o th	ose	listed	abov	ve) who r	received	d mo	re than \$100,00	00 of		
													Form <b>99</b>	<b>0</b> (2018)

Part	VI													
		Check if Schedul	e O contains	a respo	onse or	note to any	(	his Part VIII (A) revenue	Re e fu	(B) lated or xempt inction	Unre busii reve	lated ness	Re exclu tax und	(D) evenue ided from der sections 2 - 514
(4	1	La Federated campaig	ns	1a				l	10	venue			J1.	2 - 314
ints		<b>b</b> Membership dues		<b>1</b> b										
Gra		<b>c</b> Fundraising events		1c		70,250								
fš,		d Related organizatio	ns	1d										
<u>i</u>		e Government grants (co	ontributions)	1e		6,077,721								
ıns, Sin		f All other contributions	, gıfts, grants,											
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above  g Noncash contribution		1f	0,692	7,367,080								
ont		in lines 1a - 1f \$  h Total. Add lines 1a-												
<u> </u>	ᆜ	II Iotal. Add lilles 1a	-11	•	• •	Business		13,515,051	I					
골	22 TUITION AND FEES					Business	Code	267,9	999,028	267,999	9,028			
Service Revenue	2a TUITION AND FEES  b RESIDENCE HALLS AND DI						611710	24,3	305,324	23,849	9,036	456,	288	
ı QΣ						•	721000							
Ϋ́	d ————————————————————————————————————													
S.														
Program		e ————————————————————————————————————												
δ					_	292,	304,352							
	┡	<b>9 Total.</b> Add lines 2a-2			<u> </u>		1		Т					
		Investment income (ii similar amounts)			interest,	and other	•	7,405,33	3			401,008		7,004,32
	4	Income from investme	ent of tax-exe	mpt b	ond pro	ceeds 🕨	•	216,69	8					216,698
	5	Royalties					<u> </u>							
	_	Cross route	(ı) Rea	l	(11)	Personal								
	٥	a Gross rents	1,6	74,602										
		<b>b</b> Less rental expenses		0										
		c Rental income or	1.6	74,602										
		(loss)		77 1,002										
		<b>d</b> Net rental income o	r (loss)	•		. •	]	1,674,60	2					1,674,60
	_		(ı) Securit	ties	(11	) Other								
	7	a Gross amount from sales of assets other than inventory	35,8	368,628										
		<b>b</b> Less cost or other basis and sales expenses		81,963										
		C Gain or (loss)		886,665			]							
		d Net gain or (loss) .				<b>•</b>		9,886,66	5					9,886,66!
Other Revenue	8	a Gross income from fi (not including \$ contributions reporte See Part IV, line 18	70,250 ed on line 1c)	of		40,400								
ev		<b>b</b> Less direct expense		ь		54,744	_							
er F		c Net income or (loss)		_	ents .	•	_	-14,34	4					-14,34
oth	9	a Gross income from g See Part IV, line 19		ies		<u> </u>								
		_		а										
		<b>b</b> Less direct expense		Ь										
		c Net income or (loss)  OaGross sales of invent		activit	les .	• •	7		+					
	_`	returns and allowand	ces	a	] [									
		<b>b</b> Less cost of goods s	sold	b										
		C Net income or (loss)		invent					1					
	_	Miscellaneous	Revenue		Busir	ness Code	اما	1 042 62	4	1 042 624				
	1	1aINTO SUFFOLK				90009	19	1,942,62	4	1,942,624				
		b MISCELLANEOUS IN	COME			90009	9	875,74	4					875,744
	c CENTER FOR RESTORATIVE					90009	9	639,85	7					639,85
		d All other revenue .						1,697,99	8					1,697,998
		e Total. Add lines 11a			٠	<b>&gt;</b>	1							·
	1	2 Total revenue. See	Instructions					5,156,22		065 555				0
	1					_		330 144 58	111	293 790 688		857 296		21 981 54

Forr	n 990 (2018)				Page <b>10</b>
	Statement of Functional Expenses sion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	155,600	155,600	<u> </u>	
2	Grants and other assistance to domestic individuals See Part IV, line 22	101,757,017	101,757,017		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	542,332	542,332		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,003,846	1,411,100	2,244,900	347,846
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	94,870,759	75,275,457	18,338,764	1,256,538
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,574,955	5,217,763	1,263,450	93,742
9	Other employee benefits	15,278,801	12,171,630	2,947,289	159,882
10	Payroll taxes	6,585,341	5,226,261	1,258,000	101,080
11	Fees for services (non-employees)				
ā	Management				
Ŀ	Legal	357,911		357,911	
c	: Accounting	313,039		313,039	
c	l Lobbying	2,187		2,187	
6	Professional fundraising services See Part IV, line 17				-
f	Investment management fees	759,840		759,840	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,883,945	597,873	1,215,465	70,607
12	Advertising and promotion	4,471,407	2,748,320	1,566,221	156,866
13	Office expenses	1,949,858	1,319,903	401,313	228,642
14	Information technology	5,561,487	3,330,212	2,041,942	189,333
15	Royalties				
16	Occupancy	30,167,337	27,457,797	2,709,540	
17	Travel	2,605,758	1,745,433	425,848	434,477
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	16,199,904	15,217,486	982,418	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,318,404	13,855,526	1,462,878	
23	Insurance	1,652,782	1,031,272	621,510	-
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e				

3,673,459

3,345,234

1,705,876

1,539,265

8,404,079

329,680,423

3,673,459

3,345,234

1,705,876

1,539,265

4,602,086

283,926,902

3,713,579

42,626,094

88,414

3,127,427

Form **990** (2018)

expenses on Schedule  $\acute{\mathrm{O}}$  )

d INSTRUCTION EXPENSES

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

c LIBRARY EXPENSE

e All other expenses

a RESIDENCE HALL EXPENSES

**b** ACADEMIC SERVICE/SUPPOR

Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related See Part IV, line 11

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[	38,059,959	2	35,763,109
	3	Pledges and grants receivable, net	11,824,209	9,764,816			
	4	Accounts receivable, net	6,332,376	4	6,831,351		
ts	5 6 7	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited en  fied pe n 4958 itions o (see in	nployees Complete ersons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete		5 6 7	
ssets	8	Inventories for sale or use				8	
Ø	9	Prepaid expenses and deferred charges			2,936,144	9	3,070,934
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	568,584,397			
	ь	Less accumulated depreciation	<b>10</b> b	182,995,656	389,519,825	10c	385,588,741
	11	Investments—publicly traded securities .			226,291,007	11	195,441,566

24.886.585

9.467.243

9.979.889

719.297.237

27.627.547

6.911.634

337,182,652

10.132.298

381.854.131

283.742.905

19,467,975

34.232.226

337,443,106

719,297,237

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31 32

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63,056,887

7.838.761

2.868.102 710.224.267

27.039.162

8.211.752

7.638.964

375.361.307

278.806.703

22,353,152

33.703.105

334,862,960

710,224,267

Form **990** (2018)

332,471,429

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes

Yes (2018)

3b

#### **Additional Data**

Software ID:

Software Version:

CAREER-RELATED PROFESSIONAL PROGRAM TRACKS AND PRACTICAL EXPERIENCE ON OR OFF CAMPUS. SEE SCHEDULE O FOR ADDITIONAL INFORMATION

**EIN:** 04-2133255

Name: SUFFOLK UNIVERSITY

Form 990 (2018)

Form 990, Part III, Line 4a: THE COLLEGE OF ARTS AND SCIENCES PREPARES STUDENTS OF ALL AGES AND BACKGROUNDS TO LIVE MORE FULFILLING LIVES. TO APPRECIATE AND CONTRIBUTE TO THE COMMUNITIES OF WHICH THEY ARE MEMBERS AND TO REACH THEIR ETHICAL, PERSONAL, INTELLECTUAL AND FINANCIAL GOALS TO HELP ITS STUDENTS MAXIMIZE THEIR POTENTIAL. THE COLLEGE EMPHASIZES CRITICAL AND ANALYTICAL THINKING THROUGH A RIGOROUS "SUCCESS SKILLS" UNDERGRADUATE CORE PROGRAM IN WRITTEN AND ORAL COMMUNICATION, COMPUTING, ANALYZING, AND INTEGRATING FACULTY SCHOLARSHIP SUPPORTS DIVERSIFIED LIBERAL ARTS CONCENTRATIONS AVAILABLE IN THE HUMANITIES, THE NATURAL SCIENCES AND THE SOCIAL SCIENCES, ALONG WITH GRADUATE PROGRAMS IN SEVERAL FIELDS, MOST OFFERING

# THE SAWYER BUSINESS SCHOOL (SBS) CREATES A LEARNING ENVIRONMENT THAT ENABLES STUDENTS TO EMERGE AS SUCCESSFUL LEADERS IN THE PRACTICE OF GLOBAL BUSINESS AND PUBLIC SERVICES THE SBS VALUES EXCELLENCE IN EDUCATION AND RESEARCH, AND WORKS WITH ITS STUDENTS, ALUMNI, AND BUSINESS PARTNERS TO ACHIEVE THEIR GOALS. THE PROGRAMS ARE BUILT ON THE CORE VALUES OF PROMOTING OPPORTUNITY, EXCELLENCE, QUALITY TEACHING, INCLUSION

Form 990, Part III, Line 4b:

AND COLLABORATION, AND EXCEPTIONAL SERVICE SEE SCHEDULE O FOR ADDITIONAL INFORMATION

THE LAW SCHOOL IS DEDICATED TO WELCOMING STUDENTS FROM ALL BACKGROUNDS AND CIRCUMSTANCES AND EDUCATING THEM TO BECOME HIGHLY SKILLED AND ETHICAL LAWYERS WHO ARE WELL-PREPARED TO SERVE IN THEIR LOCAL COMMUNITIES, ACROSS THE NATION, AND AROUND THE WORLD THE LAW SCHOOL SEEKS TO DEVELOP IN ITS STUDENTS THE SKILLS NECESSARY TO SERVE THE PROFESSION'S CHANGING NEEDS IN AN INCREASINGLY DIVERSE, GLOBAL, AND TECHNOLOGICALLY-

DEPENDENT SOCIETY THE LAW SCHOOL'S GOAL IS TO PROVIDE ITS STUDENTS WITH ACCESS TO AN EXCELLENT LEGAL EDUCATION, INSPIRE A COMMITMENT TO

JUSTICE, AND PROVIDE ITS GRADUATES THE OPPORTUNITY TO ACHIEVE THEIR CAREER ASPIRATIONS

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours and a director/trustee)							organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
ROBERT C LAMB JR CHAIR	1 00	×						0	0	0
JOHN L BROOKS III TRUSTEE	1 00 0 00	×						0	0	0
KENT JOHN CHABOTAR TRUSTEE	1 00 0 00	×						0	0	0
JEANETTE G CLOUGH	1 00	×						0	0	0

TRUSTEE DANIEL F CONLEY ESQ TRUSTEE

SUSAN CONNELLY

JOSEPH DELISI

....... TRUSTEE

MARIA DIPIETRO

JOHN FERNANDEZ

TRUSTEE (THROUGH 10/15/2018)

TRUSTEE

TRUSTEE

TRUSTEE

JILL S GABBE

and Independent Contractors

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and Independent Contractors

J ROBERT JOHNSON

PATRICK F JORDAN

IVANA MAGOVCEVIC-LIEBISCH

KONSTANTINOS LIGRIS

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

STACY MILLS

BEVILTON MORRIS

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(EMERITUS TRUSTEE EFFECTIVE 6/21/19)

	ally llours	anu	a uii	ecti	<i>/</i> 1 / Cl	usice	'	Organization	Organizations	nom me
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PATRICIA J GANNON	1 00	Х						0	C	0
TRUSTEE	0 00							0	0	
CHRISTINE GARVEY	1 00	×						0	C	0
TRUSTEE	0 00							0	0	
ERNST GUERRIER ESQ	1 00	×						0	0	0
TRUSTEE	0.00							ľ	U	U

TRUSTEE	0 00						
ERNST GUERRIER ESQ	1 00	l 🗸			0	0	
TRUSTEE	0 00	_ ^			0	o o	
JOHN F HARRINGTON	1 00	×			0	O	
TRUSTEE	0 00	l				Ü	
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	4.1, 1.04.5	u	u un		.,	45000	,	(11) 2 (1000	(14/ 3/4000	1 110111 1110
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	enplosee Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
THE HONORABLE AMY L NECHTEM	1 00	X						0	0	0
TRUSTEE	0 00									
CAROL SAWYER PARKS	1 00	x						0	0	0
TRUSTEE	0 00							Ĭ	J	Ĭ
SUSAN RUGNETTA	1 00	X						0	0	0
TRUSTEE	0 00									
E MACEY RUSSELL ESQ	1 00	X						0	0	0
TRUSTEE	0 00							_	· ·	1

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570,750

325,709

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57,810

47,327

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E MACEY RUSSELL ESQ
TRUSTEE
LARRY SMITH
TRUSTEE

NANCY STACK

MARK E SULLIVAN ESQ

......

TRUSTEE (THROUGH 11/6/2018)

TRUSTEE

**TRUSTEE** 

TARA L TAYLOR

MARISA KELLY

LAURA SANDER

SENIOR VP/TREASURER

PRESIDENT

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer compensation from the from related from the

and Independent Contractors

DEAN

DEAN

DEAN

ANN COYNE

GREGOR GATLIN

THOMAS DORER

GENERAL COUNSEL

MICHAEL BEHNAM

ASSOCIATE DEAN

VP/MARKETING AND COMMUNICATION

ASAKO M TOYODA

	any hours	and	a dır	ecto	r/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SEBASTIAN ROYO	50 00									
	•••••			×				291,800	0	57,810
SVP/ACTING PROVOST	0 00									
COLM RENEHAN	50 00									_
	•••••			×				289,475	0	34,033
SVP/ADVANCEMENT	0 00									
JOHN NUCCI	50 00									
				Ιx				252,389	0	22,500

	0 00						
COLM RENEHAN	50 00						
SVP/ADVANCEMENT	0 00		Х			289,475	
JOHN NUCCI	50 00						
SVP/GOV'T & COMMUNITY AFFAIRS			Х			252,389	
SVF/GOV T & COMMONITY ALTAINS	0 00						
ANDREW PERLMAN	50 00						
				X		342,042	
DEAN	0 00						

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				×			342 042	0	
				^			342,042	0	
50 00				<			206 500	0	
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SVP/ADVANCEMENT			^			289,475	U	34,033
SVI / ADVANCE HENT	0 00							
JOHN NUCCI	50 00							
			l x l			252,389	0	22,500
SVP/GOV'T & COMMUNITY AFFAIRS	0 00					·		<u>'</u>
ANDREW PERLMAN	50 00			Ç		242.042		57.010
DEAN				X		342,042	0	57,810
DEAN	0 00							
WILLIAM O'NEILL	50 00							

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276,337

159,598

163,376

286,714

254,562

43,999

24,664

26,968

48,852

57,810

48,493

and Independent Contractors (C) (A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation

	week (list any hours for related organizations	pers and	on is La dir	both ecto	h an or/tr	office rustee) ਜੁਸ਼ੂਰੀ	)	from the organization (W- 2/1099- MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	<u>04</u>	empioyee	hest compensated dovee	ner			organizations
KENNETH GREENBERG	50 00									
PROFESSOR	0 00					X		250,540	0	22,759
THOMAS LYNCH III	50 00									
CIO	0 00					Х		238,160	0	22,282
JANICE GRIFFITH	50 00					х		231,052	0	30,522

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225,941

0 00 50 00

0 00

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**PROFESSOR** 

MICHAELE MORROW

ASSOCIATE PROFESSOR

38,918

efil	e GR/	APHIC pri	nt - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493135026750
SCI	HED	ULE A	Dub	lic (	Charity Statu	e and Dul	nlic Sunn	ort	OMB No 1545-0047
	m 99		Complete if t	he or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2018
•		the Treasury	<b>&gt;</b> (	o to <u>i</u>	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Nam	e of th	n <b>e organiza</b> VERSITY	tion					Employer identific	ation number
						<u> </u>		04-2133255	
	rt I rganiz		for Public Charity a private foundation be					see instructions.	_
1	. ga <u>2</u>		onvention of churches,		•	•		(A)(i).	
2	<b>▽</b>	•	scribed in section 170						
3			or a cooperative hospita			,	, ,		
4		·	esearch organization o		-			•	nter the hospital's
5		An organiza	ation operated for the back (iv). (Complete Part II		of a college or unive	rsity owned or op	perated by a gov	vernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local governme	ent or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	۱)(v).	
7			ation that normally reco 'O(b)(1)(A)(vi). (Con			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>s</b> e	ection	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organızat rant college of agrıcultı						lege or university or a
10		from activit	ation that normally receives related to its exeminated income and unrelated See section 509(a)(2	pt fund busine	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
11		An organiza	ation organized and ope	erated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operly cly supported organizate othrough 12d that desc	ions d	escribed in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
a		Type I. A s organizatio	supporting organization n(s) the power to regu <b>Part IV, Sections A a</b>	opera larly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization or the supporting or plete Part IV, Section	n supe ganıza	tion vested in the sar			- ' ' '	_
С		Type III f	unctionally integrate organization(s) (see ins	<b>d.</b> A s	upporting organizatio				ated with, its
d		Type III n	on-functionally integrated The organ  integrated The organ  i) You must complet	grated ization	I. A supporting organ generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orga	1. 1.
е		Check this	box if the organization or Type III non-function	receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organiza	tions				_	
g			ing information about			T'			T
	(i) N	lame of supp organization		.N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			<u>'</u>						
Tot-	1								
Tota		work Padua	tion Act Notice, see t	he In	structions for	Cat No 11285	<u> </u>	   Schedule A / Form 9	90 or 990-EZ) 2018

supported organization

instructions

	Support Schedule for (b)(1)(A)(ix)	Organizations	Described in S	ections 170(b	)(1)(A)(iv), 17	U(B)(1	L)(A)(vi)	, and 170
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, or	9 of Part I or if	the organization	n failed	to qualify	y under Part
	III. If the organization fa						· .	·
S	ection A. Public Support							
	Calendar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Total
•	membership fees received (Do not include any "unusual grant")	8,896,768	8,057,795	7,803,759	19,952,091	1	3,515,051	58,225,464
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	8,896,768	8,057,795	7,803,759	19,952,091	1.	3,515,051	58,225,464
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly supported organization) included on							3,863,293
	line 1 that exceeds 2% of the							5,005,295
	amount shown on line 11, column (f)							
5	Public support. Subtract line 5 from line 4							54,362,171
S	Section B. Total Support				1			
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	<b>(e)</b> 2	.018	(f)Total
7		8,896,768	8,057,795	7,803,759	19,952,091	13	3,515,051	58,225,464
8	Gross income from interest,	•						
	dividends, payments received on securities loans, rents, royalties and	5,683,775	6,497,427	6,437,005	8,049,656	8	8,895,625	35,563,488
_	income from similar sources Net income from unrelated business							
9	activities, whether or not the business is regularly carried on						288,632	288,632
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	1,810,971	1,345,431	2,011,715	2,585,645	3	3,253,999	11,007,761
11	10							105,085,345
12	Gross receipts from related activities,	etc (see instructio	ns)			12		1,415,513,218
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fıfth	tax year as a sect	ion 501(	(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>						<u>▶□</u>	<u> </u>
S	Section C. Computation of Public	c Support Perc	entage					
14	Public support percentage for 2018 (lii	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		51 730 %
	Public support percentage for 2017 Sc					15		55 670 %
16a	<b>33 1/3% support test—2018.</b> If the	organization did r	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	ox
	and stop here. The organization quali 33 1/3% support test—2017. If th	ifies as a publicly s	upported organiza	tion				▶ ☑
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	t— <b>2018.</b> If the org n meets the "facts	janization did not o -and-circumstance	check a box on lines" test, check this	box and stop her	<b>e.</b> Expla	ain	▶□
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organization	zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.		▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

ightharpoons

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.	)	
30	Calendar year		43.50/5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 <b>8</b> (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	<b>017</b> Schedule A, <sup>1</sup>	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt 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 in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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 in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> 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-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10, BOOKSTORE COMMISSIONS - 2014 AMOUNT \$ 510,928 2015 AMOUNT \$ 459,835 2016 AMOUNT \$ 407 EXPLANATION OF OTHER ,453 2017 AMOUNT \$ 370,681 MISCELLANEOUS INCOME - 2014 AMOUNT \$ 1,300,043 2015 AMOUNT INCOME \$ 885,596 2016 AMOUNT \$ 1,321,184 2017 AMOUNT \$ 1,759,261 2018 AMOUNT \$ 2,573,742 CENTER FOR RESTORATIVE JUSTICE - 2016 AMOUNT \$ 283,078 2018 AMOUNT \$ 639,857 INTO SUF

FOLK - 2017 AMOUNT \$ 455,703 FUNDRAISING INCOME - 2018 AMOUNT \$ 40,400

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

DLN: 93493135026750

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

f the  s  f the  free  free  [Prox	Section 527 organizations Comple corganization answered "Yes" of Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iir ection 501(h)) Co ider section 501(h	ne <b>47 (Lobbying A</b> Omplete Part II-A D )) Complete Part I	ctıvitı o not I-B D	i <b>es),</b> com o not	plete Part II-l t complete Pa	art II-A
Nar	ne of the organization	·		Employ	yer id	entif	fication nun	nber
SUF	FOLK UNIVERSITY			04-213	3255			
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is			niza	tion.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	n Part IV (see instr	uction	s for	definition of	
2	Political campaign activity expenditures (see instructions)					\$ _		
3	Volunteer hours for political camp	paign activities (see instructions)						
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise to	ax incurred by the organization under se	ction 4955		<b>&gt;</b>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955		<b>&gt;</b>	\$_		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	hıs year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
ь	If "Yes," describe in Part IV						□ 1e3	NO
Par		nization is exempt under sectio	n 501(c), exce	ept section 501	.(c)(:	3).		
1	Enter the amount directly expend	led by the filing organization for section	527 exempt funct	ion activities	<b>&gt;</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$							
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b							
4	Did the filing organization file Form 1120-POL for this year?					□ No		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV							
	(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organiza funds If none, -0-	tion's		(e) Amount contributions and promp directly deliv separate p organization enter	received only and vered to a political only.
1								
2								
3								
4							_	
5								

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Current year

Carryover from last year

b

c Total

3

4

1

(b)

Amount

(a)

No

Nο

Νo

Yes

#### Media advertisements? Νo Mailings to members, legislators, or the public? Nο d Publications, or published or broadcast statements? Nο Grants to other organizations for lobbying purposes? Nο Direct contact with legislators, their staffs, government officials, or a legislative body? No Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Yes 2,187 Total Add lines 1c through 1i 2,187 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Were substantially all (90% or more) dues received nondeductible by members? 2 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 expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

### expenditure next year?

4 5 Taxable amount of lobbying and political expenditures (see instructions)

5 Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

expenses for which the section 527(f) tax was paid).

Explanation SUFFOLK UNIVERSITY PAYS MEMBERSHIP DUES TO VARIOUS EDUCATIONAL ASSOCIATIONS WHICH MAY PART II-B, LINE 1

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

ENGAGE IN LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBER MEMBERSHIP FEES TO THESE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES AMOUNTED TO \$2,187

Schedule C (Form 990 or 990EZ) 2018

2a

2b

2c

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

#### **Supplemental Financial Statements**

► 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. ▶ Attach to Form 990.

DLN: 93493135026750 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** SUFFOLK UNIVERSITY 04-2133255 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. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

	edule D (FOITH 990) 2010									Page Z
	t III Organizations Maintaining C									
3	Using the organization's acquisition, access items (check all that apply)	ion, and other rec	·	_	he following t	that are a	significant us	e of its coll	ection	
а	✓ Public exhibition		d	<b>✓</b>	Loan or exch	ange prog	rams			
b	Scholarly research		е		Other					
c	✓ Preservation for future generations									
4	Provide a description of the organization's of	collections and exp	olain how the	ey furth	er the organi	zation's ex	empt purpos	e in		
	Part XIII	·			-					
5	During the year, did the organization solicit assets to be sold to raise funds rather than						ılar	☐ Yes	<b></b> ✓ N	o
Pa	rt IV Escrow and Custodial Arrang	,							000	
	Complete if the organization an X, line 21.	swered "Yes" or	1 Form 990	, Part .	IV, line 9, o	r reporte	a an amour	it on Form	1 990,	Part
1a	Is the organization an agent, trustee, custo	odian or other inter	rmediary for	contrib	utions or oth	er assets i	not			
	included on Form 990, Part X?	raidir or other mitel	imoundity for					☐ Yes	$\square$ N	0
										_
b	If "Yes," explain the arrangement in Part X	III and complete t	he following	table			An	nount		_
С	Beginning balance					1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for	escrow	or custodial a	account lia	ıbılıty?	☐ Yes	$\square$ N	o
b	If "Yes," explain the arrangement in Part X	III Check here if t	he explanati	on has	been provide	d in Part )	KIII			
Pa	art V Endowment Funds. Complete	ıf the organizat	ion answer	ed "Ye	s" on Form	990, Par	t IV, line 10	).		
		(a)Current yea	ar <b>(b)</b> P	rıor year	(c)Two y	ears back	(d)Three year	s back <b>(e)</b> F	our yea	rs back
<b>1</b> a	Beginning of year balance	249,136	,919	231,720,	743 1	81,636,189	185,8	13,403	194,	540,110
b	Contributions	15,350		9,810,		34,392,019	· ·	30,104		795,746
c	Net investment earnings, gains, and losses	11,071	,683	16,512,	690	23,362,074	-5:	33,757	-1,	110,491
d	Grants or scholarships	1,537	,006	1,287,	925	1,413,660	91	65,496	6,	943,309
е	Other expenditures for facilities and programs	17,009	,474	7,175,	925	5,886,340	5,8:	17,507	4,	045,659
f	Administrative expenses	712	,733	443,	480	369,539	39	90,591		422,994
g	End of year balance	256,299	,963	249,136,	919 2	31,720,743	181,6	36,189	185,	813,403
2	Provide the estimated percentage of the cu	rrent year end bal	ance (line 1	g, colun	nn (a)) held a	ıs				
а	Board designated or quasi-endowment 🕨	83 560 %								
b	Permanent endowment ► 13 150 %									
С	Temporarily restricted endowment ► 3	3 290 %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%								
3а	•	session of the orga	nızatıon tha	t are he	ld and admin	istered foi	r the			
	organization by (i) unrelated organizations							3a(i)	Yes Yes	No
	(ii) related organizations			•				3a(ii)	103	No
b	If "Yes" on 3a(II), are the related organizations		red on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of t								l	
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization an	swered "Yes" or								
	Description of property (a) Cost or (invest		Cost or other	basis (o	tner)   <b>(c)</b> Acc	cumulated d	epreciation	( <b>d)</b> Bo	ook valu	e
<b>1</b> a	Land			46,33	5,033				46	,336,033
b	Buildings			383,04	7,826		93,283,460		289	,764,366
С	Leasehold improvements			44,81	1,525		24,071,353		20	,743,172
А	Faunment			89.15	3.208		64.736.152		24	1.417.056

5,232,805

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

4,328,114

385,588,741

904,691

e (c) Method of valuation Cost or end-of-year market value  504 F  941 F  725 F  717 F  000 C  8887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation Cost or end-of-year market value
Cost or end-of-year market value  504
941 F 725 F 717 F 000 C  887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation
941 F 725 F 717 F 000 C  887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation
941 F 725 F 717 F 000 C  887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation
725 F 717 F 000 C 887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation
717 F  000 C  887  V, line 11c. See Form 990, Part X, line 13.  alue (c) Method of valuation
O00 C  887  V, line 11c. See Form 990, Part X, line 13. alue (c) Method of valuation
V, line 11c. See Form 990, Part X, line 13.
V, line 11c. See Form 990, Part X, line 13.
V, line 11c. See Form 990, Part X, line 13.
V, line 11c. See Form 990, Part X, line 13.
V, line 11c. See Form 990, Part X, line 13.
alue (c) Method of valuation
alue (c) Method of valuation Cost or end-of-year market value
D, Part IV, line 11d See Form 990, Part X, line 15
(b) Book value
n Form 990, Part IV, line 11e or 11f.
b) Book value
5,506,856 2,132,108
2,132,100
10

Schedule D (Form 990) 2018

Part XI

2

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Page 4

1,365,999 329,384,740

759,840

330,144,580

333,356,774

4,436,191

759,840

329.680.423

Schedule D (Form 990) 2018

328,920,583

а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>		

Other (Describe in Part XIII ) . . . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . .

Supplemental Information

Add lines **4a** and **4b** . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2b 2c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

Total expenses and losses per audited financial statements . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2a 2b

2c

2d

4a

4b

Explanation

5.898.407 759,840 4b

-4.532.408

4,436,191

759.840

2e	
3	
4c	

s included on Form 990, Part VIII, line 12, but not on line 1								
nent expenses not included on Form 990, Part VIII, line 7b	4a				759,84	0		
Describe in Part XIII)..............	4b							
es <b>4a</b> and <b>4b</b>						<b>∏</b> 4	ŀc	
venue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12 )						!	5	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu					urn	ì.		
Complete if the organization answered 'Yes' on Form 990, Part	IV, lı	ne 12	2a.					
penses and losses per audited financial statements					•		1	Ī

2e

3

4c

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# **Additional Data**

# Software ID:

**Software Version: EIN:** 04-2133255

Name: SUFFOLK UNIVERSITY

**Supplemental Information** 

Return Reference	Explanation
PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS CONSIST OF WORKS OF ART, ARTIFACTS, RARE BOOKS, HISTORICAL DO CUMENTS, AND OTHER SIMILAR MATERIALS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGUED, PRESERVED, AND CARED FOR, AND AC TIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY AN EXAMPLE OF A COLLECTION HELD BY THE UNIVERSITY IS THE JOHN JOSEPH MOAKLEY ARCHIVE AND I NSTITUTE THE JOHN JOSEPH MOAKLEY ARCHIVE AND INSTITUTE AT SUFFOLK UNIVERSITY WAS ESTABLIS HED IN 2001 UPON CONGRESSMAN MOAKLEY'S GIFT OF HIS PAPERS THE INSTITUTE IS DEDICATED TO THE PRESERVATION, STUDY, INTERPRETATION, AND CELEBRATION OF CONGRESSMAN MOAKLEY'S LEGACY OF SERVICE AND POLITICAL AND PUBLIC POLICY LEADERSHIP THROUGH PROGRAMMING AND PROMOTION OF JOE MOAKLEY'S CONGRESSIONAL PAPERS EXHIBIT PROGRAM THE MOAKLEY INSTITUTE CURATES AND PRESENTS TWO TYPES OF EXHIBITS ON THE LIFE AND LEGACY OF CONGRESSMAN JOE MOAKLEY GALLERY EXHIBITS AND TRAVELING EXHIBITS CONGRESSMAN MOAKLEY PAPERS THE CONGRESSMAN MOAKLEY PAPERS CONSIST OF 522 BOXES OF MATERIALS THAT DOCUMENT THE CONGRESSMAN'S EARLY LIFE, HIS WORLD WAR IS SERVICE, HIS TERMS IN THE MASSACHUSETTS HOUSE OF REPRESENTATIVES AND SENATE, AND HIS SERVICE, HIS TERMS IN THE MASSACHUSETTS HOUSE OF REPRESENTATIVES AND SENATE, AND HIS SERVICE IN THE US CONGRESS PRIMARILY, THE COLLECTION COVERS MOAKLEY'S CONGRESSIONAL CAREER FROM 1973 TO 2001 INCLUDING DOCUMENTS RELATED TO HIS LEGISLATIVE AND POLICY CAMPAIGNS CENT ERED ON HUMAN RIGHTS, THE MOAKLEY COMMISSION IN EL SALVADOR, FIRE-SAFE CIGARETTES, AND HIS PROMOTION OF DISTRICT PROJECTS SUCH AS THE BOSTON HARBOR ISLANDS, THE BIG DIG, AND PRESER VATION OF HISTORIC SITES

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	SUFFOLK UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 265 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS, FUNDS DESIGNAT  ED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES FOR STRATEGIC INITIATIVES A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FIN ANCIAL ASSISTANCE TO UNDERGADUATE, GRADUATE, AND LAW SCHOOL STUDENTS SOME OF THE OTHER US  ES OF THE FUNDS INCLUDE, BUT ARE NOT LIMITED TO, SUPPORT FOR FELLOWSHIPS, THE CREATION AND FUNDING OF DEPARTMENT CHAIRS, SUPPORT FOR VARIOUS UNIVERSITY CENTERS, AND SUPPORT FOR THE UNIVERSITY'S TEACHING AND RESEARCH ACTIVITIES THE UNIVERSITY'S SPENDING POLICY IS DESIGN ED TO PROVIDE THE UNIVERSITY A STABLE LEVEL OF FINANCIAL SUPPORT AND TO PRESERVE THE ENDOW MENT'S REAL VALUE

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AND IS GENERALLY EXEMPT FROM FEDERAL AND S TATE INCOME TAXES ON RELATED INCOME AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVE NUE CODE THE UNIVERSITY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTIONS AN D DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THE UNIVERSITY'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED

- - -

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CHANGE IN VALUE OF SPLIT INTEREST 14,400 LOSS ON EARLY EXTINGISHMENT OF DEBT -2,007,507 ADJUSTMENTS REVENUE REPORTED BY SUBSIDIARY IN SPAIN 4,395,958 FOREIGN EXCHANGE ADJUSTMENT -128,576 C

HANGE IN PBO OBLIGATION 3,609,788 NET FUNDRAISING EVENT ACTIVITY 14,344

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES REPORTED BY SUBSIDIARY IN SPAIN 4,421,847 NET FUNDRAISING EVENT ACTIVITY 14,344					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135026750 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** SUFFOLK UNIVERSITY 04-2133255 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

	ODIENTATION OFNIDED IDENTITY OFNIDED EVEDENCIAL OFNITTO
	ORIENTATION, GENDER IDENTITY, GENDER EXPRESSION, GENETIC
	INFORMATION, VIETNAM-ERA OR DISABLED-VETERAN STATUS IN ITS
	EMPLOYMENT, ADMISSION POLICIES, OR IN THE ADMINISTRATION OR
	OPERATION OF, OR ACCESS TO ITS ACADEMIC AND NON-ACADEMIC
	PROGRAMS AND POLICIES IT DOES NOT DISCRIMINATE ON THE BASIS OF
	DISABILITY IN VIOLATION OF SECTION 504 OF THE REHABILITATION ACT
	OF 1973 THE UNIVERSITY PUBLISHES ITS RACIALLY NONDISCRIMINATORY
	POLICY ON THE UNIVERSITY'S WEBSITE, APPLICATIONS FOR
	EMPLOYMENT, AND STUDENT, EMPLOYEE AND FACULTY HANDBOOKS
SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVES AID FOR STUDENTS FROM SUCH FEDERAL
	I DDOODAMS AS DELL SECO EEDEDAL WODK STUDY DEDKINS DIDECT

PROGRAMS AS PELL. SEOG. FEDERAL WORK STUDY. PERKINS. DIRECT LOANS, ETC. THE UNIVERSITY IS ALSO THE RECIPIENT OF SEVERAL

FEDERAL AND STATE GRANTS FROM AGENCIES SUCH AS THE U.S. DEPARTMENT OF JUSTICE PROGRAMS, NATIONAL SCIENCE FOUNDATION AND THE U.S. DEPARTMENT OF EDUCATION, AMONG OTHERS

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -	•		DLN:	93493135026750
SCHEDULE F (Form 990) Statement of Activities Outside the United States						OMB No 1545-0047
		► Attach t	res" to Form 990, Part IV, I o Form 990. Instructions and the latest in		or 16.	2018 Open to Public
Department of the Treasury Internal Revenue Service		- '				Inspection
Name of the organization SUFFOLK UNIVERSITY						tification number
					4-2133255	
<b>Form 990, Part IV</b>		s Outside the C	<b>Inited States.</b> Comple	ete if the or	ganization a	nswered "Yes" to
1 For grantmakers. Does	the organization ma	aıntaın records to	substantiate the amount	t of its grant	ts and	
other assistance, the grai	• ,	the grants or assis	stance, and the selection	criteria use	ed	_
to award the grants or as	ssistance?					✓ Yes 🗌 N
2 For grantmakers. Description outside the United States		ganızatıon's proce	dures for monitoring the	use of its g	rants and otl	her assistance
3 Activites per Region (The f	following Part I, line 3	3 table can be dupli	cated if additional space is	needed )		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program ser specifi	listed in (d) is a vice, describe c type of s) in region	(f) Total expenditures for and investments in region
See Add'l Data			•			
		0 0				1 272 5
Sub-total     District Total from continuation sheel     Part I	ets to	0 0				1,373,5 11,157,4
c Totals (add lines 3a and 3b	\	0 0				12,531,0

Page **3** 

Part IIII Grants a	d Other Assistance t	o Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III ca	n be duplicated if addit	ional space is	needed.				
(a) Type of grant or assis	ance (b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of

(a) Type of grant or assistance		(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FOREIGN GRANTS PAID - AFRICA	SUB-SAHARAN AFRICA	2	1,575	AWARD			
PACIFIC	PACIFIC	17					
	ICELAND & GREENLAND)	70	, i				
FOREIGN GRANTS PAID - SOUTH AMERICA	SOUTH AMERICA	1	10,350	AWARD			
					1		
					T ,		

Schedule F (Form 990) 2018						

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F (Fo	orm 990) 2018 Page <b>5</b>
	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Explanation
PART I, LINE 2	ALL GRANTS ARE AWARDED BASED ON NEED AND/OR MERIT AND CONFORM TO FEDERAL, STATE, AND

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES IN COLUMN (F) ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING

#### **Additional Data**

CENTRAL AMERICA AND THE

CARIBBEAN

### Software ID: Software Version:

**EIN:** 04-2133255

Name: SUFFOLK UNIVERSITY

RECRUITING

3,501

#### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION OR OTHER	12,030

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 ISEND AGENTS TO **IEDUCATION** 10.313 CARIBBEAN SEMINAR EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES **IEDUCATION OR OTHER** 315,550

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES RECRUITING 71.122 EAST ASIA AND THE PACIFIC 0 ISEND AGENTS TO **IEDUCATION** 8,339 SEMINAR

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND O FUNDRAISING 4.314 & GREENLAND) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES **IEDUCATION OR OTHER** 948.394 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES RECRUITING 39,307 & GREENLAND) EUROPE (INCLUDING ICELAND 0 ISEND AGENTS TO **IEDUCATION** 49,782 & GREENLAND) ISEMINAR

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE EAST AND NORTH O FUNDRAISING 36,054 AFRICA MIDDLE EAST AND NORTH 0 PROGRAM SERVICES **IEDUCATION OR OTHER** 55.262 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) MIDDLE FAST AND NORTH 0 PROGRAM SERVICES RECRUITING 23.316 AFRICA MIDDLE EAST AND NORTH 0 ISEND AGENTS TO **IEDUCATION** 3.193 AFRICA ISEMINAR

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES **IEDUCATION OR OTHER** 60.063 NORTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES RECRUITING 24,876

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 ISEND AGENTS TO **IEDUCATION** 14.216 NORTH AMERICA SEMINAR 0 PROGRAM SERVICES **IEDUCATION OR OTHER** 58,515 SOUTH AMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 PROGRAM SERVICES RECRUITING 46.239 SOUTH AMERICA SOUTH AMERICA 0 ISEND AGENTS TO **IEDUCATION** 450 SEMINAR

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SOUTH ASIA 0 PROGRAM SERVICES RECRUITING 21.042 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES IEDUCATION OR OTHER 3,354

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) SUB-SAHARAN AFRICA 0 ISEND AGENTS TO IEDUCATION. 1.487 SEMINAR 0 IGRANTMAKING 1.575 SUB-SAHARAN AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EAST ASIA AND THE PACIFIC 0 IGRANTMAKING 173.417 EUROPE (INCLUDING ICELAND 0 IGRANTMAKING 356,990 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 IGRANTMAKING 10.350 SOUTH AMERICA CENTRAL AMERICA AND THE 0 INVESTMENTS 10,177,957 CARTBBEAN

SCHEDULE G
(Form 990 or 990-EZ)

SCHEDULE G
Fundraising or C

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities Complete If the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

Go to www irs gov/Form990 for instructions and the latest information

omplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, o organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. 2018

**DLN: 93493135026750**OMB No 1545-0047

Open to Public Inspection

	ne of the organization FOLK UNIVERSITY						Employer ide	entification number
UF	FOLK UNIVERSITY						04-2133255	
Pa	Fundraising Activi				answered "Yes" on Fo	orm 990,	Part IV, line	17.
1	Indicate whether the organiza	ition raised funds th	nrough an	y of the fo	ollowing activities Check	all that a	pply	
a Mail solicitations e Solicitation of non-government grants								
b	☐ Internet and email solicitations f☐ Solicitation of government grants							
С	Phone solicitations			g	Special fundraisin	g events		
d	☐ In-person solicitations							
2a	Did the organization have a wor key employees listed in For						· - —	es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$5			ndraisers)	pursuant to agreements	s under wh	nich the fundrais	ser Is
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con	i) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) asser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
ot	al		I	<b></b>				
	List all states in which the orgar licensing	nization is registere	d or licen	sed to soli	cit contributions or has l	been notifi	ed it is exempt	from registration or

che	dule G (Form 990 or 990-EZ) 2018					F	age <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	Пис	
.2	Is the organization a grantor, beneficial formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and re	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirent the organization's own exempt activity		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493135026750 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number SUFFOLK UNIVERSITY 04-2133255 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Return Reference

Explanation

(3) (4) (5) (6)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

(7)

PART I, LINE 2 MONITOR THE USE OF GRANTS FUNDS IN THE US THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO BOSTON PLANNING AND DEVELOPMENT AGENCY, AS PART OF THE CITY OF BOSTON, WHICH ASSISTS THE ORGANIZATION TO DEVELOP DOWNTOWN BOSTON AND SURROUNDING NEIGHBORHOODS PURSUANT TO COOPERATIVE AGREEMENT THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO CAMBRIDGE STREET DEVELOPMENT CORPORATION, A 501(C)(3) ORGANIZATION, WHICH ASSISTS THE ORGANIZATION TO DEVELOP THE CAMBRIDGE STREET AREA OF THE CITY OF BOSTON. THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO EAST BOSTON HIGH SCHOOL FOR ITS ATHLETIC PROGRAMS. THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO THE FUND FOR PARKS AND RECREATION IN BOSTON FOR UPKEEP OF ATHLETIC FIELDS USED BY THE UNIVERSITY AS WELL AS THE SURROUNDING NEIGHBORHOODS ALL GRANTS AWARDED ARE BASED ON NEED AND/OR MERIT AND CONFORM TO FEDERAL. STATE, AND INSTITUTIONAL REGULATIONS ELIGIBILITY IS BASED ON A THOROUGH REVIEW AND VERIFICATION OF A FAMILY'S INCOME. ASSETS, SIZE, AND NUMBER OF DEPENDENTS ENROLLED IN COLLEGE ANNUAL EXPENDITURE REPORTS ARE SUBMITTED TO THE FEDERAL AND STATE GOVERNMENTS FOR REVIEW. THE FUND EXPENDITURES ARE REVIEWED FOR COMPLIANCE IN AN ANNUAL AUDIT CONDUCTED BY AN INDEPENDENT ACCOUNTING FIRM

Page **2** 

## **Additional Data**

1 CITY HALL BOSTON, MA 02201 CAMBRIDGE STREET

CORPORATION 74 JOY STREET BOSTON, MA 02114

COMMUNITY DEVELOPMENT

# Software ID: Software Version: **EIN:** 04-2133255 Name: SUFFOLK UNIVERSITY Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) Amount of non-(f) Method of valuation (q) Description of (book, FMV, appraisal, non-cash assistance

8,100

(h) Purpose of grant

or assistance

GENERAL SUPPORT

GENERAL SUPPORT

or government				assistance	other)
BOSTON PLANNING AND	04-6006386	GOVERNMENT	30,000		

501(C)(3)

cash

DEVELOPMENT AGENCY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(
--	---------	----------------------------------	-----------------------------	---

22-2496921

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 000000000 GOVERNMENT 15.000 IGENERAL SUPPORT EAST BOSTON HIGH SCHOOL 86 WHITE STREET EAST BOSTON, MA 02128 GENERAL SUPPORT

FUND FOR PARKS AND 04-6006386 GOVERNMENT 102.500 RECREATION IN BOSTON 1010 MASSACHUSETTS AVENUE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOSTON, MA 02118

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9313	35026	750	
Sch	edule J	Con	npensati	ion Information	ОМ	B No	1545-0	0047	
(For	n 990)	For certain Officers,							
		➤ Complete if the organ	Compensation answ	ited Employees vered "Yes" on Form 990, Part IV, li	ine 23.	2018			
			▶ Attach	to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<i>Form</i> 990 for	instructions and the latest informa	ition.		to Pul ectio		
	ne of the organiza	ation		E	mployer identificat				
SUF	FOLK UNIVERSITY			0	4-2133255				
Pa	rt I Questio	ons Regarding Compensatio	n	•					
							Yes	No	
1a				the following to or for a person listed of the selection regarding these					
		or charter travel	<b>✓</b>	Housing allowance or residence for pe	ersonal use				
		companions		Payments for business use of persona					
		nification and gross-up payments	<b>⊻</b>	Health or social club dues or initiation					
	☐ Discretion	ary spending account		Personal services (e g , maid, chauffe	ur, cnef)				
b		kes in line 1a are checked, did the oll of the expenses described above		ollow a written policy regarding paymei plete Part III to explain	nt or reimbursement	<b>1</b> b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line 1	~?	2	Yes		
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line 1	.ar				
3				ed to establish the compensation of the					
	_	EO/Executive Director Check all th d organization to establish compen		CEO/Executive Director, but explain in	Part III				
	✓ Compensa		<b>✓</b>	Mushan analosmanh annhuat					
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	<b>7</b>	Approval by the board or compensation	on committee				
		-	_						
4	During the year, related organiza		), Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a				
а	_	ance payment or change-of-control	l navment?			4a		No	
b		r receive payment from, a supplem		ified retirement plan?		4b		No	
С	•	r receive payment from, an equity-	•	· ·		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	olicable amounts for each item in Part I	II				
	- 1/ \/-								
5		), 501(c)(4), and 501(c)(29) or	_	must complete lines 5-9. the organization pay or accrue any					
,		ontingent on the revenues of		the organization pay or accrue any					
а	The organization	17				5a		No	
b	Any related orga	anization?				5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any					
а	The organization	۱۶				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed rt III		7	Yes		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des	cribe				
_						8		No	
9	If "Yes" on line 8 53 4958-6(c)?	s, aid the organization also follow t	ne rebuttable	presumption procedure described in Re	egulations section	9			
For E	``	ction Act Notice, see the Instru	ections for Ec	orm 990 Cat No. 500	053T Schedule 1		1 990)	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

Schedule J (Form 990) 2018								

rage 3		
Part III Supplemental Information		
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	
Return Reference	Explanation	
·	THE UNIVERSITY PAYS FOR CERTAIN TRAVEL EXPENSES FOR THE UNIVERSITY PRESIDENT'S SPOUSE, ONLY WHEN THAT TRAVEL IS PRIMARILY FOR BONA FIDE BUSINESS PURPOSES OF THE UNIVERSITY TRAVEL EXPENSES FOR THE PRESIDENT AND HER SPOUSE ARE APPROVED BY THE CHAIRMAN OF THE BOARD OF	

PAID BY THE UNIVERSITY ON BEHALF OF AN OFFICER DURING CALENDAR YEAR 2018 THE DUES ARE NOT INCLUDED IN THE EMPLOYEE'S TAXABLE WAGES AS

ITRUSTEES THE HOUSING ALLOWANCE WAS RECEIVED BY THE UNIVERSITY'S PRESIDENT AND IS INCLUDED IN HER TAXABLE WAGES SOCIAL CLUB DUES WERE

THE SOCIAL CLUB IS USED TO CONDUCT UNIVERSITY BUSINESS

Schedule 1 (Form 990) 2018

Return Reference	Explanation
-,	RING AN EXECUTIVE SESSION OF THE COMPENSATION COMMITTEE, THE COMMITTEE COMPLETED AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT AND REED UPON A BONUS AMOUNT THAT REFLECTED HER PERFORMANCE DURING THE PRECEDING YEAR

PART I

Software ID:

Software Version:

**EIN:** 04-2133255

Name: SUFFOLK UNIVERSITY Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation MARISA KELLY 472,636 40,000 58,114 24,750 33,060 628,560 PRESIDENT LAURA SANDER (1) 320,336 5,373 24,750 22,577 373,036 SENIOR VP/TREASURER SEBASTIAN ROYO (i)287,117 4,683 24,750 33,060 349,610 SVP/ACTING PROVOST COLM RENEHAN (1)287,702 1,773 24,750 9,283 323,508 SVP/ADVANCEMENT JOHN NUCCI 189,423 62,966 22,500 274,889 SVP/GOV'T & COMMUNITY AFFAIRS ANDREW PERLMAN (1)334,778 7,264 24,750 33,060 399,852 DEAN WILLIAM O'NEILL 291,970 4,539 24,750 19,249 340,508 DEAN ASAKO M TOYODA 274,039 2,298 24,664 301,001 DEAN ANN COYNE 148,390 11,208 14,629 12,339 186,566 DEAN GREGOR GATLIN (1)161,078 2,298 15,792 33,060 212,228 VP/MARKETING AND COMMUNICATION (III)THOMAS DORER 284,296 2,418 24,750 33,060 344,524 GENERAL COUNSEL MICHAEL BEHNAM 217,417 (1)37,145 23,573 24,920 303.055 ASSOCIATE DEAN KENNETH GREENBERG 248,160 2,380 22,759 273,299 **PROFESSOR** THOMAS LYNCH III (1)237,931 744 229 21,538 260,442 JANICE GRIFFITH 220,052 21,240 9,282 261,574 11,000 **PROFESSOR** (II) 0 MICHAELE MORROW 162,255 (1) 63,686 19,817 19,101 264,859 ASSOCIATE PROFESSOR

DLN: 93493135026750 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Inspection Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number SUFFOLK UNIVERSITY 04-2133255 Part I **Bond Issues** (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (e) Issue price behalf of financing issuer Yes No Yes No Yes No MA DEVEOPMENT FINANCE 04-3431814 57583R3C7 10-14-2010 65,889,765 DEMOLISH/RECONSTRUCT Χ Χ AGENCY SERIES 2010 BLDG/IMPROVE MA DEVEOPMENT FINANCE 04-3431814 57584XM81 04-27-2017 185,251,323 REFUND SERIES 2009A - PARTIAL Х Х Χ AGENCY SERIES 2017 MA DEVEOPMENT FINANCE 92.159.803 REFUND SERIES 2009A - PARTIAL 04-3431814 57584YSB6 04-03-2019 AGENCY SERIES 2019 Part  ${
m I\hspace{-.1em}I}$ **Proceeds** В C D Α 6,195,000 2 3 66,200,759 185,251,323 92,159,803 5 6 185.249.413 91.232.811 7 1,114,524 732.168 1,910 8 9 10 65,086,239 11 194,824 12 13 2015 2017 2019 Yes Yes No Yes No No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ Х 14 Were the bonds issued as part of an advance refunding issue? . . . . Χ 15 Χ Х Χ Х Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part Ⅲ Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property 1 Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed 2 Χ Χ Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2018 Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Χ

0 340 %

0 340 %

Х

Х

0 %

Yes

Χ

Χ

Χ

No

Χ

Χ

Χ

Χ

Х

C

Yes

Χ

Χ

Χ

No

Χ

Х

Χ

Χ

X

Χ

2 290 %

2 290 %

Х

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Yes

Χ

0 %

В

Yes

Χ

No

Χ

1 210 %

0 540 %

1 750 %

Χ

Х

Yes

Х

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Page 3

No

Nο

D

Yes

Yes

В

Nο

Explanation

No

Χ

Х

Yes

Yes

Х

No

No

Yes

Х

No

Yes

Χ

Х

Yes

Χ

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

BOND ISSUE B & C - THE SERIES 2009A BONDS WERE ISSUED ON 11/18/2009

Schedule K (Form 990) 2018

(GIC)?

period?

Part V

Part VI

OF PURPOSE

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

PART I. COLUMN (F) - DESCRIPTION

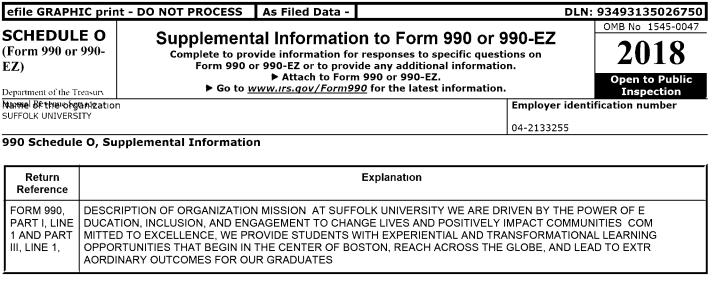
Return Reference	Explanation
	THE DIFFERENCE BETWEEN TOTAL PROCEEDS IN PART II, LINE 3 AND TOTAL PROCEEDS OF THE BOND ISSUE IS INVESTMENT EARNINGS OF \$310,994

Return Reference	Explanation
PART II, COLUMN C	THE AMOUNT INCLUDED IN PART II, LINE 11 REFLECTS AMOUNTS PAID FOR THE ISSUER'S FEE AND TITLE INSURANCE

Return Reference	Explanation
IDADI IVI LINE IC	THE REBATE COMPUTATION DATE FOR THE 2010 BOND ISSUE WAS OCTOBER 2019 THE REBATE COMPUTATION DATE FOR THE 2017 BOND ISSUE WAS APRIL 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135026750 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SUFFOLK UNIVERSITY 04-2133255 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . Χ 390,692 MEAN PRICE 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. PART I, COLUMN (B) Schedule M (Form 990) (2018)



Return Reference Explanation

FORM 990, PART III,
LINE 4A AND 4B,
PROGRAM SERVICE
WHICH ACADEMIC COURSES ARE TAUGHT EXPENSES ARE ALLOCATED BASED ON THE SCHOOL
ACCOMPLISHMENTS
IN
THE RESPECTIVE SCHOOLS

Return Reference	Explanation
FORM 990,	IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE SHALL
PART VI,	HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT AND EXECUTION O
SECTION A,	F THE AFFAIRS OF SUFFOLK UNIVERSITY IN ALL MATTERS EXCEPT THOSE WITH RESPECT TO WHICH AUTH
LINE 1	ORITY IS GIVEN IN THE UNIVERSITY'S BYLAWS TO THE ADMINISTRATION AND FINANCE COMMITTEE AND
	EXCEPT THOSE WHICH PURSUANT TO LAW OR SPECIFIC SECTIONS OF THE BYLAWS REQUIRE THE VOTE OF
	THE BOARD OF TRUSTEES

Return Explanation
Reference

FORM 990,	DURING THE TAX YEAR, THE UNIVERSITY MADE THE FOLLOWING SIGNIFICANT REVISIONS TO PREVIOUSLY
PART VI,	ADOPTED BYLAWS CHANGED THE APPOINTMENT PROCESS FOR SENIOR ADMINISTRATORS OTHER THAN THE
SECTION A,	PRESIDENT, CHANGED THE DONATION ACCEPTANCE PROCESS, AND CHANGED THE PROCESS FOR FACULTY AP
LINE 4	POINTMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CONTROLLER OF SUFFOLK UNIVERSITY IS RESPONSIBLE FOR PROVIDING THE INFORMATION NECESSAR Y FOR THE UNIVERSITY'S TAX ADVISOR TO PREPARE FORM 990 RECOMMENDED CHANGES ARE DISCUSSED WITH SENIOR MANAGEMENT AND INCORPORATED INTO THE RETURN THE DRAFT FORM IS THEN PROVIDED TO THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES SUFFICIENT LY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS OF THE COMMITTEE WITH SENIOR MANAGEMENT AND THE UNIVERSITY'S TAX ADVISOR ALL QUES TIONS AND CONCERNS OF THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE MEMBERS ARE ADD RESSED AND INCORPORATED INTO THE FORM AS APPROPRIATE AFTER THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE REVIEW, ALL MEMBERS OF THE GOVERNING BODY ARE PROVIDED A LINK TO A PASSWORD-PROTECTED WEBSITE ON WHICH THE ENTIRE FORM 990 CAN BE VIEWED IN ADVANCE OF THE FILING DEADLINE ALL QUESTIONS AND CONCERNS OF THE MEMBERS OF THE BOARD OF TRUSTEES ARE ADDRESSED BY THE TREASURER AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE AFTER ALL OF THE INPUT FROM THE BOARD OF TRUSTEES AND THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE HAS BEEN APPROPRIATELY ADDRESSED, THE TREASURER OF THE UNIVERSITY IS AUTHORIZED TO FILE THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIB LE FOR OBTAINING A CONFLICT OF INTEREST DISCLOSURE STATEMENT FROM ALL BOARD MEMBERS, OFFIC ERS OF THE UNIVERSITY, AND ALL EMPLOYEES OF THE UNIVERSITY HOLDING CERTAIN POSITIONS AS DE TERMINED BY THE EXECUTIVE COMMITTEE, REFERRED TO AS COVERED PERSONS THE DISCLOSURE STATEM ENT IS TO BE COMPLETED UPON FIRST ACCEDING TO THE OFFICE OR POSITION, UPON MATERIAL CHANGE IN THE INFORMATION REQUESTED, AND IN JULY OF EACH YEAR THE AUDIT, COMPLIANCE, AND RISK M ANAGEMENT COMMITTEE PROVIDES THE BOARD WITH A SUMMARY REPORT OF ANY CONFLICT OF INTEREST A T LEAST ANNUALLY, AND MORE FREQUENTLY AS APPROPRIATE THE AUDIT, COMPLIANCE, AND RISK MANA GEMENT COMMITTEE MAY INVITE THE COVERED PERSON TO MAKE A PRESENTATION AT A MEETING TO DISC USS THE TRANSACTION THE AUDIT, COMPLIANCE, AND RISK MANAGEMENT COMMITTEE WILL THEN DETERM INE BY A MAJORITY VOTE WHETHER THE TRANSACTION IS IN THE UNIVERSITY'S BEST INTEREST, AND W HETHER IT IS FAIR AND REASONABLE, AND THEREFORE WHETHER THE UNIVERSITY MAY OR MAY NOT ENTER INTO THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR THE COMPENSATION SETTING PROCESS OF THE PRESIDENT, THE BOARD OF TRUSTEES ENGAGED AN IN DEPENDENT FIRM TO ANALYZE AND COMPARE THE COMPENSATION OF CEOS AT COMPARABLE INSTITUTIONS A COMMITTEE OF THE BOARD OF TRUSTEES WORKED WITH THE INDEPENDENT FIRM TO ANALYZE THE COMPENSATION DATA AFTER REVIEWING THE RESULTS OF THE STUDY AND IN CONSULTATION WITH THE OUTSI DE COUNSEL, THE COMMITTEE PROPOSED COMPENSATION FOR THE PRESIDENT A CONTRACT WAS PREPARED BY THE OUTSIDE COUNSEL, WHICH WAS VOTED ON AN APPROVED AT A MEETING OF THE FULL BOARD OF TRUSTEES FOR THE COMPENSATION SETTING PROCESS OF OTHER OFFICERS, THE BOARD OF TRUSTEES EN GAGED AN INDEPENDENT FIRM TO ANALYZE AND COMPARE THE COMPENSATION OF INDIVIDUALS IN COMPAR ABLE POSITIONS AT COMPARABLE INSTITUTIONS A COMMITTEE OF THE BOARD OF TRUSTEES WORKED WIT H THE INDEPENDENT FIRM TO ANALYZE THE COMPENSATION DATA AFTER REVIEWING THE RESULTS OF THE STUDY, THE COMMITTEE PROPOSED COMPENSATION FOR THE OFFICERS THE COMPENSATION WAS VOTED ON AND APPROVED AT A MEETING OF THE FULL BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference

LINE 19

Reference	
FORM 990,	ALL REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIALS STATEMENTS,
PART VI,	AND TAX RETURNS ARE RECEIVED BY THE PRESIDENT AND/OR VICE PRESIDENT'S OFFICES AND ARE TURN
SECTION C,	ED OVER TO THE TREASURER'S OFFICE FOR IMMEDIATE RESPONSE TAX RETURNS AND FINANCIAL STATEM

ENTS ARE ALSO AVAILABLE ON THE MASSACHUSETTS ATTORNEY GENERAL AND GUIDESTAR WEBSITES

Explanation

Return Reference	Explanation
FORM 990, PART VI, LINE 16	THE UNIVERSITY PARTICIPATES IN A JOINT VENTURE AGREEMENT THAT HELPS UNIVERSITIES EXPAND IN TERNATIONAL RECRUITMENT AND ENSURES INTERNATIONAL STUDENTS' SUCCESS ON CAMPUS THROUGH PROV EN PROGRAMS THAT BETTER PREPARE STUDENTS FOR ACADEMIC SUCCESS THE JOINT VENTURE INCLUDES TWO PARTIES AND IS GOVERNED BY A SIX MEMBER BOARD OF DIRECTORS COMPRISING THREE REPRESENTA TIVES FROM EACH ORGANIZATION PRIOR TO SIGNING, THE AGREEMENT WAS REVIEWED BY INTERNAL AND EXTERNAL LEGAL COUNSEL TO ENSURE IT COMPLIED WITH TAX REGULATIONS THE REVENUE RECOGNIZED PURSUANT TO THE AGREEMENT IS CONSIDERED IN PART VIII AS RELATED OR EXEMPT FUNCTION REVEUN E THE AGREEMENT ALSO INCLUDES A PROVISION FOR TERMINATING THE AGREEMENT IN THE EVENT THAT CONTINUATION OF THE AGREEMENT WOULD CAUSE THE UNIVERSITY TO LOSE ITS TAX-EXEMPT STATUS

Return Explanation

Reference	
FORM 990,	CHANGE IN VALUE OF SPLIT INTEREST 14,400 LOSS ON EARLY EXTINGUISHMENT OF DEBT -2,007,507
PART XI,	FOREIGN EXCHANGE ADJUSTMENT -128,576 CHANGE IN PBO OBLIGATION 3,609,788
LINE 9	

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	135026	750			
SCHEDULE R (Form 990)  Department of the Treasury	<b>&gt;</b> C	Related O Complete if the organi ► Go to <u>www</u>	zation ar	swered "Yes ▶ Attach to	s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		20 Open to	2018 Open to Public Inspection				
Internal Revenue Service  Name of the organization SUFFOLK UNIVERSITY									Emp	loyer identifi	cation		ection				
										133255							
Part I Identification	of Disregarded E	ntities Complete If t	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 33	3.								
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a		(c) Legal domicile (state or foreign country)		(d) Total inco	ome (e) End-of-year asse		ssets Direct		) ntrolling ity				
	of Related Tax-Ex npt organizations di	empt Organization uring the tax year.	<b>s</b> Comple	te if the org	anızatıon	 answered	"Yes" on F	orm 990,	Part I\	/, line 34 bed	cause	ıt had one or	more				
Name, address, an	<b>(a)</b> d EIN of related organızatı	a) N of related organization		<b>(b)</b> ary activity	ctivity Legal domi		(c) (d) nicile (state n country)		(e) Public charity status (if section 501(c)(3))		Dır	(f) ect controlling entity	Section (13) cor enti	512(b) trolled			
													res	NO			
For Paperwork Reduction Ac	t Notice see the Inc	structions for Form 9	<u> </u>			t No 5013	257				Scho	edule R (Form	990) 20	10			

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

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total incom	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
					514)			Yes	No		Yes	No	
												П	
Part IV Identification of Related Organiza because it had one or more related or						zation ans	swered "Yes	on F	orm 9	90, Part IV,	line	34	
(a)	(b)		c)			e)	(f)		(g)	of Porse			(ı)

			1					<del></del>				
Part IV  Identification of Related Organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct contri entity	(e) Type of entity (C corp, S corp or trust)		(g) Share of end- year assets	(h) of- Percentage ownership	(13)	(I) on 512(b) controlled ntity?			
(1)SUFFOLK UNIVERSITY MADRID CAMPUS SL  CALLE VINA 3 MADRID 28003 SP 000000000	HIGHER EDUCATION	SP	N/A	С	4,395,958	3,483,4	100 000 %	Yes				
(2)CRUT	INVESTING	МА	N/A	Т				Yes				
							Schedule R (For	rm 990)	2018			

Schedule R (Form 990) 2018		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No

<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m Yes	;	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No	
o Sharing of paid employees with related organization(s)				10	No	
p Reimbursement paid to related organization(s) for expenses				1p	No	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No	
r Other transfer of cash or property to related organization(s)				1r	No	
f s Other transfer of cash or property from related organization(s)				1s	No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	(d) etermining amount involved		
(1)SUFFOLK UNIVERSITY MADRID CAMPUS S L	М	4,421,847	ACCRUAL METHOD			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	onate   Code V-UB		ox managing partner? e		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
													_				
	•								•	Schedul	e R (Form	1 99	0) 2018				

