EXTENDED TO MAY 17, 2021 Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $\ JUL\ 1$, $\ 2019$ ► Go to www irs.gov/Form990T for instructions and the latest information. Department of the Treasury
Internal Revenue Service → Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if name changed and see instructions) Check box if Name of organization (address changed SUFFOLK UNIVERSITY 04-2133255 Exempt under section **Print** F Unrelated business activity code 501(c/)(/3 Number, street, and room or suite no. If a P O box, see instructions. Type 408(e) 7220(e) 8 ASHBURTON PLACE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108 523000 529(a) Book value of all assets F Group exemption number (See instructions.) at end of year 401(a) trust 761,945,804. Other trust G Check organization type ► X 501(c) corporation 501(c) trust Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > PARTNERSHIP INVESTMENTS If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the provious contence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. 617-573-8400 J The books are in care of LAURA SANDER Telephone number Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 57,474 57.474. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 40 STMT -21,728, 5 -21 Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 35,746. Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 Repairs and maintenance 16 SO 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 OCOEN. UT Less depreciation claimed on Schedule A and elsewhere on feturn 21b 21 22 22 Depletion 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26 3,276. SEE STATEMENT 3 Other deductions (attach schedule) 27 27 3,276. 28 28 Total deductions. Add lines 14 through 27 32,470. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 Deduction, for net operating loss arising in tax years beginning on or after January 1, 2018 0. (see instructions) 32,470. Unrelated business taxable income Subtract line 30 from line 29 Form 990-T (2019)

2019.05094 SUFFOLK UNIVERSITY

923701/01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 99	0-T (2019	SUFFOLK UNIVERSITY				04-21332	55 Page 2
I Part	IINI	Total Unrelated Business Taxal	ole Income		1		
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructions)		3,2	32,470.
33	Amour	ts paid for disallowed fringes		ŕ		33	
34 5		ble contributions (see instructions for limitatio	n rules)	STMT 4	4	34	3,147.
35		nrelated business taxable income before pre-20	· ·	line 34 from the sum of	lines 32 and 33	35	29,323.
36		ion for not operating locs arising in tax years b	•		9	3,6	
37		f unrelated business taxable income before spe		•		34	29,323
38.		c deduction (Generally \$1,000, but see line 38		•	Ó	38	1,000.
39	•	ted business taxable income. Subtract line 38	· · ·	e 37	-7		
-7	•	ne smaller of zero or line 37	o nom and or man and or or ground man and	,	11	39	28,323.
(Pari		Tax Computation				1 03/1	
40	7	zations Taxable as Corporations. Multiply line	e 39 hv 21% (0 21)			. A60	5,948.
41	•	Taxable at Trust Rates. See instructions for ta	• • •	t on line 39 from:	1 -		 -
•••	$\overline{}$	ax rate schedule or Schedule D (Form	•			41	
42		ax. See instructions	. 10 11,			42	
43	•	tive minimum tax (trusts only)				43	
13/		Noncompliant Facility Income. See instruction	ane.		•	44	
45	`	Add lines 42, 43, and 44 to line 40 or 41, which			,	45	5,948.
		Tax and Payments	течет арриез			1 45	
		tax credit (corporations attach Form 1118; tru	usts attach Form 1116)	460			
		•	isis allacii Foliii 1110)	46a			
		redits (see instructions)		46b			
C		I business credit. Attach Form 3800	or 9997)	46c			
ď		for prior year minimum tax (attach Form 8801	01 0027)	46d		-	
		redits. Add lines 46a through 46d				46e	5,948.
47		ct line 46e from line 45	5 0044			47	3,340.
48			Form 8611 Form 8697 Form	1 8866 L Other	(attach schedule)		- E 049
49		ax Add lines 47 and 48 (see instructions)	005 0 0 111 1 111 1		-	49	5,948.
50		et 965 tax liability paid from Form 965-A or Fo	rm 965-8, Part II, column (k), line 3	(/I I	07 251	50	0.
	-	nts: A 2018 overpayment credited to 2019	<u>V</u>	571a	87,351		
		stimated tax payments	ψ	5 b	69,000	<u> </u>	
		posited with Form 8868		51c		 200	
	-	organizations: Tax paid or withheld at source	(see instructions)	51d		⊣}}}	
		withholding (see instructions)		511e		⊣iBBB	
		or small employer health insurance premiums	•	51f		- 	
g			orm 2439				
			ther Total	► 51g	-		
52	Total p	ayments Add lines 51a through 51g		V		52	156,351.
53		ted tax penalty (see instructions) Check if Forr	• —			53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50), and 53, enter amount owed		10	54	
55	•	yment. If line 52 is larger than the total of line			10	55	150,403.
<u>\</u>		ne amount of line 55 you want: Credited to 202			funded 🕨	56	0.
[Rari	WI	Statements Regarding Certain	Activities and Other Informa	tion (see instru	ctions)	•	
57	At any	time during the 2019 calendar year, did the org	ganization have an interest in or a signaturi	e or other authority			Yes No
	over a	financial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of the	e foreign country			
	here	SPAIN					Х
58	During	the tax year, did the organization receive a dist	tribution from, or was it the grantor of, or	transferor to, a forei	gn trust?		х
	If "Yes,	see instructions for other forms the organizat	tion may have to file				
50	Enter t	ne amount of tax exempt interest received or a	ccrued during the tax year 🕨 💲				
		nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other than				ledge and belief, it is tr	ue,
Sign		orrect, and complete Declaration of preparer (other than	r taxpayer) is based on all information of which pre	parer rias any knowledgi		May the IRS discuss th	his roturn with
Here		nenon	S 17 7074	/P/TREASURER		the preparer shown be	
		Signature of officer	Date Title			instructions)? X	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
Paic		1			self- employe		
	arer	CRAIG KLEIN	lu Stein	05/12/21	. ,	P0073464	0
•	Only	Firm's name ► CBIZ MHM, LLC	X		Firm's EIN	26-375	3134
Jac	Cilly	500 BOYLSTON ST	TREET	· - ·			
		Firm's address BOSTON, MA 0211	16		Phone no	617-761-0600	
923711	01-27-20						990-T (2019)

Schedule A - Cost of Goods	S Sold. Enter	method of inver	ntory valuation	► N/A			
1 Inventory at beginning of year	1	-		at end of yea	r		6
2 Purchases	2			oods sold. Su		line 6	35
3 Cost of labor	3		7	5. Enter here		la la	1 32
4a Additional section 263A costs			line 2			,	7
(attach schedule)	4a			les of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		7		•	I for resale) apply to	[- 1] = 1
5 Total Add lines 1 through 4b	5		the organ	•	. ,		
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Personal P	roperty L	ease	d With Real Prope	erty)
Description of property	· · · · · · · · · · · · · · · · · · ·						
(1)							
(2)							
(3)							
(4)		 					
		ed or accrued	 			3(a) Deductions directly	connected with the income in
(a) From personal property (if the personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property personal property exc nt is based on profit o	eeds 50% or if	ge	columns 2(a) and	d 2(b) (attach schedule)
(1)							
(2)							
(3)	•						
(4)							
Total	0.	Total	-		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	·			
		-	2. Gross inc	ome from		Deductions directly conn to debt-finance	
1. Description of debt-fir	nanced property		or allocable	to debt-	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
						(attach schedule)	(attach schedule)
(1)						···	
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 by colum			7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)		· ·-		%			
(4)				%		·-	
	<u> </u>					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals					}	0	. 0.
Total dividends-received deductions in	ncluded in column	ı 8				` ▶	0.
The strict of th	.0.2000 111 00101111	· -					Form 990-T (2019)

			Exempt C	Controlled O	ganizatio	ons					
1 Name of controlled organization	ıder	Employer httfication umber	3 Net unre (loss) (see	elated income instructions)		a) of specified lents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)			-	-	-						
Nonexempt Controlled Organiz	ations						<u> </u>			· -	
· · · · ·		(1)	0.7.11			40 - Death of sub-	0 11 -1		44 0.4		
7 Taxable Income	8 Net unrelated inc (see instructi		y Total o	of specified payn made	nents	10. Part of colu in the controll gros	mn 9 tnat ing organi s income	is included zation's	with i	uctions directly connected ncome in column 10	
(1)											
(2)											
(3)						•					
(4)							·				
			•			Add colur Enter here and line 8,		1, Part I,)	Enter he	i columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
Totals					▶			0.		0	
Schedule G - Investmer		Section	n 501(c)(7), (9), or (⁻	17) Org	anization					
(see instr	uctions)			. <u> </u>	Т		- 1			F ==	
1. Descr	iption of income			2 Amount of	income	 Deduction directly connected (attach schedule) 	ected	4. Set-a (attach s		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			-								
(2)			-								
(3)											
(4)	 										
Totals Schedule I - Exploited I (see instru	•	ty Incom	► ne, Other	Enter here and of Part I, line 9, co	0 .	g Income	\$			Enter here and on page Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	expenses y connected production inrelated ess income	4. Net incomfrom unrelated business (cominus columgain, compute through	trade or lumn 2 n 3) If a a cols 5	5. Gross inc from activity is not unrela business inco	that ted	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									•		
					-						
(2)		+		l	-					 	
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 1	nere and on a 1, Part I, i0, col (B)			-	J	•		Enter here and on page 1, Part II, line 25	
Totals	O Income (0.					,			
Schedule J - Advertisir Part I Income From F				solidated	Basis			<u> </u>			
1 Name of periodical	2 Gross advertisin income	ng ,	3 Direct dvertising costs		lising gain of 2 minus ain, compute arough 7	5. Circula		6 Read		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				7	• • • • • • • • • • • • • • • • • • • •						
(2)				٦.,	• , ,						
(3)				⊣ 4, .							
				┥ . ゙							
(4)				 		 -		-			
Totals (carry to Part II, line (5))	•	0.	C).						(

|Partill| Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2 Gross advertising 6. Readership costs 5. Circulation 3. Direct 1. Name of periodical advertising costs ıncome (1) (2) (3) (4) 0 0. Ο. Totals from Part I Enter here and on page 1, Part I, line 11, col (B) Enter here and on Enter here and page 1, Part I, line 11, col (A) on page 1, Part II, line 26 ٥. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 1. Name 2. Title · (1) % % (2) % (3) % (4) 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
DESCRIPTION	
ACCOLADE PARTNERS VII, LP - ORDINARY BUSINESS INCOME	
(LOSS)	-487.
ACCOLADE PARTNERS VII, LP - INTEREST INCOME	175.
ACCOLADE PARTNERS VII, LP - OTHER PORTFOLIO INCOME (LOSS)	-1,140.
ACCOLADE PARTNERS VII, LP - OTHER INCOME (LOSS)	-9,901.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	24,003.
ORDINARY BUSINESS I	24,003.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P NET RENTAL REAL EST	5.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
OTHER NET RENTAL IN	54.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
INTEREST INCOME	209.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
ROYALTIES	483.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
OTHER PORTFOLIO INC	-53,681.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L.P	
OTHER INCOME (LOSS)	56,004.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP -	
ORDINARY BUSINESS INCOME	-1,033.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - OTHER	1
INCOME (LOSS)	1.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	-2,080.
ORDINARY BUSINESS INCOME COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - NET	2,000.
RENTAL REAL ESTATE I	-43,
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP -	·
INTEREST INCOME	743.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER	
PORTFOLIO INCOME (2,066.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER	
INCOME (LOSS)	-808.
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP - OTHER INCOME	
(LOSS)	-14.
ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-92.
LANDMARK EQUITY PARTNERS XVI, L.P ORDINARY BUSINESS	5 504
INCOME (LOSS)	5,591.
LANDMARK EQUITY PARTNERS XVI, L.P NET RENTAL REAL	-2,
ESTATE INCOME	-2,
LANDMARK EQUITY PARTNERS XVI, L.P OTHER NET RENTAL	138.
INCOME (LOSS) LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME	44.
LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME LANDMARK EQUITY PARTNERS XVI, L.P DIVIDEND INCOME	26,
LANDMARK EQUITY PARTNERS XVI, L.P BOYALTIES	3,
LANDMARK EQUITY PARTNERS XVI, L.P OTHER INCOME (LOSS)	-12,287
LANDMARK EQUITY PARTNERS XVI, L.P ORDINARY BUSINESS	·
INCOME (LOSS)	-520
LANDMARK EQUITY PARTNERS XVI, L.P NET RENTAL REAL	
ESTATE INCOME	1.
LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME	1,097.
70	STATEMENT (S)

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SUFFOLK UNIVERSITY	04-2133255
LANDMARK EQUITY PARTNERS XVI, L.P DIVIDEND INCOME	503.
LANDMARK EQUITY PARTNERS XVI, L.P ROYALTIES	29.
LANDMARK EQUITY PARTNERS XVI, L.P OTHER PORTFOLIO	
INCOME (LOSS)	-2,153.
LANDMARK EQUITY PARTNERS XVI, L.P OTHER INCOME (LOSS)	-11,521.
LONE JUNIPER, L.P ORDINARY BUSINESS INCOME (LOSS)	-5,186.
LONE JUNIPER, L.P DIVIDEND INCOME	269.
LONE JUNIPER, L.P OTHER PORTFOLIO INCOME (LOSS)	-645.
LANDMARK EQUITY PARTNERS XVI, L.P ORDINARY BUSINESS	
INCOME (LOSS)	37.
LANDMARK EQUITY PARTNERS XVI, L.P NET RENTAL REAL	
ESTATE INCOME	40.
LANDMARK EQUITY PARTNERS XVI, L.P OTHER NET RENTAL	
INCOME (LOSS)	-2.
LANDMARK EQUITY PARTNERS XVI, L.P INTEREST INCOME	100.
LANDMARK EQUITY PARTNERS XVI, L.P DIVIDEND INCOME	341.
LANDMARK EQUITY PARTNERS XVI, L.P ROYALTIES	75.
LANDMARK EQUITY PARTNERS XVI, L.P OTHER PORTFOLIO	
INCOME (LOSS)	-11,807.
LANDMARK EQUITY PARTNERS XVI, L.P OTHER INCOME (LOSS)	-363.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-21,728.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
ACCOUNTING FEE	513.
INVESTMENT MANAGEMENT FEES	2,763.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	3,276.

FORM 990-T	CONTE	RIBUTIONS SUMMARY	S	TATEMENT 4
	CONTRIBUTIONS SUBJECT			`
FOR TAX	OF PRIOR YEARS UNUSED YEAR 2014 YEAR 2015	CONTRIBUTIONS		
FOR TAX FOR TAX	YEAR 2016 YEAR 2017 YEAR 2018	6,431 24,060	,	
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBU	TIONS	30,491	
	TRIBUTIONS AVAILABLE NOOME LIMITATION AS AD	JUSTED	30,491 3,147	•
EXCESS 100	TRIBUTIONS 0% CONTRIBUTIONS 2SS CONTRIBUTIONS		27,344 0 27,344	
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON	·	3,147
TOTAL CONT	RIBUTION DEDUCTION		_	3,147

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

Department of the Treasury

ndar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service	Do not enter SSN numbers on	this form as it	may be	made public	if your organiz	ation is a 501(c)	(3).	501(c)(3) Organizations Only
Name	of the organization	SUFFOLK UNIVERSITY					Employer id 04-21	entificatio	on number
ī	Inrelated Business	Activity Code (see instructions)	532000						`
	escribe the unrelat	ted trade or business REN	TING RESID	ENCE H	łalls				
Par	t I Unrelated	Trade or Business Income	•		(A) Inc	ome	(B) Expens	es	(C) Net
1 a	Gross receipts or	sales							
b	Less returns and allo	owances c	Balance >	1c					
2	Cost of goods sole	d (Schedule A, line 7)		2					•
3	Gross profit Subt	ract line 2 from line 1c		3					
4 a	Capital gain net in	come (attach Schedule D)		4a					
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Fo	rm 4797)	4b					
С	Capital loss deduc	ction for trusts		4c					
5	Income (loss) from	a partnership or an S corporation	(attach						
	statement)			5					
6	Rent income (Sch	edule C)		6		556,709.	952	2,887.	-396,178.
7	Unrelated debt-fin	anced income (Schedule E)		7					
8	Interest, annuities	, royalties, and rents from a control	led						
	organization (Sche	edule F)		8					
9	Investment incom	e of a section 501(c)(7), (9), or (17)						l	
	organization (Sche	edule G)		9					
10	Exploited exempt	activity income (Schedule I)		10					
11	Advertising incom	e (Schedule J)		11					
12	Other income (See	e instructions, attach schedule)		12		ı			
13	Total. Combine lir	nes 3 through 12		13		556,709.	952	2,887.	-396,178.
	directly co	ns Not Taken Elsewhere (S	business in			ns on ded	uctions) (De	1 1	ns must be
14	•	officers, directors, and trustees (Sc	neaule K)					14	
15	Salaries and wage							15	
16	Repairs and maint	teriance						16 17	
17	Bad debts	bodulo) (aco matriotica)						18	
18	Taxes and license	hedule) (see instructions)						19	
19 20	Depreciation (atta-				1	20		13	
21	•	claimed on Schedule A and elsewh	ara on return			21a		21b	
22	Depletion	claimed on Schedule A and eisewi	iere on return		L	210		22	
23	•	leferred compensation plans						23	
24	Employee benefit							24	
25		programs (penses (Schedule I)						25	
26	•	costs (Schedule J)						26	
27	Other deductions	·						27	· · · · · · · · · · · · · · · · · · ·
28		. Add lines 14 through 27						28	0.
29		s taxable income before net operat	ina lose dedir	rtion S	Subtract line	28 from line 1	3	29	-396,178.
30		operating loss arising in tax years t	-				•	25	,
50	instructions)	operating loss ansing in tax years t	zeginning on o		Junuary 1, 2	0.0 1366	STMT 5	30	0.
31	•	s taxable income Subtract line 30	from line 29					31	-396,178.
LHA		Reduction Act Notice, see instruc							e M (Form 990-T) 2019
	. J. , aperiork i						•		(. c 500 1/ ±015

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 75,87			75,879.	75,879.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	75,879.	75,879.

- 14	Τ.	т	Τ.	1	

Form 990-1 (2019) SUFFOLK UNIVE	RSTTV					04-2133	255		Page 3
Schedule A - Cost of Goods		method of inven	torv v	aluation		01 2200			
Inventory at beginning of year	1	method of inven	 	Inventory at end of yea	ır .		6		
2 Purchases	2		1	Cost of goods sold St		ine 6	<u>'</u> ,		
3 Cost of labor	3		1 ′	from line 5. Enter here					
4a Additional section 263A costs			1	line 2	una 117 1	urri,	7		
(attach schedule)	4a		8		263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		1 °	property produced or a	•	•		XX.	19:11
5 Total. Add lines 1 through 4b	5		1	the organization?	ioquii cu	Tor result) apply to		1/40-21/1	
Schedule C - Rent Income (see instructions)		Property and	Per		.ease	d With Real Prop	erty)	- · · · · · · · · · · · · · · · · · · ·	•
1. Description of property									
(1) RESIDENCE HALLS					-				
(2)									
(3)						•			
(4)									
	2. Rent receiv	ed or accrued				1			
rent for personal property is more than for p				I and personal property (if the percentage personal property exceeds 50% or if ent is based on profit or income) 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach scheduler) sets as STATEMENT 6			h the income is schedule)	n	
(1)	0.	<u>-</u>	•	556,	709.			952	,887.
(2)									
(3)									
(4)									
Total	0.	Total		556,	709.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.		<u>'</u>	709.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	952	,887.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ictions)		·			
			١,	2 Gross income from		Deductions directly con to debt-finance		allocable	
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) (at	Other deduction tach schedule)	ns
(1)							_		
(2)									
(3)									
(4)							1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	•	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		locable deduct 1 6 x total of co 3(a) and 3(b))	olumns
(1)			1	%					
(2)			1	%					
(3)				%					
(4)				%					
Totals				•		inter here and on page 1, Part I, line 7, column (A)		ere and on pag line 7, column	
Total dividends-received deductions in	neludad in eolumi	- Q				_	. i		

FORM 990-T (M)	DEDUCTIONS	CONNECTED	WITH F	RENTAL	INCOME	STATEMENT 6	
DESCRIPTION				TIVITY JMBER	AMOUNT	TOTAL	
FOOD			-		138,051.		_
UTILITIES					137,940.		
CLEANING					61,479.		
RESIDENT LIFE STA	FFING				2,188.		
SUPPLIES					2,120.		
RESIDENT LIFE POL	ICE				111,153.		
PILOT EXPENSE					14,477.		
TECHNOLOGY					1,065.		
PROPERTY INSURANCE	E:				19,131.		
STUDENT EMPLOYMEN	\mathbf{T}				190,682.		
DEPRECIATION			,		274,601.		
		- SUBTOTA	L -	1		952,8	87.
TOTAL TO FORM 990	-T, SCHEDUI	LE C, COLU	MIN 3		,	952,8	 387.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Dull the cuproration dispuse of any meshment(s) in a quickfield upportunity fund during the tax year? Part Short-Term Capital Gains and Losses (See instructions) Part Short-Term Capital Gains and Losses (See Instructions) Part Short	Name						Employer identification number				
Do If the componation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes Y	SUFFOLK UNIVERSITY				04-	2133255)				
If Yes, 1 attach Form 9849 and see its instructions for additional requirements for reporting your gain or loss Peart Short-Term Capital Gains and Losses (See instructions)		ent/e\ ur_a malificad menoriti	unity found change the tax years			▶ □		S N.			
Part I Short-Term Capital Gains and Losses (See instructions)							.00 _				
See instructions for how to figure the amounts to enter on the lines below Polytes (abase prices) (b) (c) (c) (g) Adjustments to gain product the lines below Part I, into 2, column (g) (h) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of contibbre the result with column (g) (l) Cayn or (beast Subbert of column (g) (l) Cayn or (beast Subbert or (g) Cayn or (beast Subbert or (b) Cayn or (beast Subbert or (g) Cayn or (beast Su				0, 1000			-				
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11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Inter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 19 11 436. 10 436. 11 436. 12 12 13 13 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 45,783. 16 11,691. 17 45,783.							,	45,347.			
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13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Sammary of Parts I and II 19 Inter excess of net short-term capital gain (line 15) over net short-term capital loss (line 7) 10 Inter excess of net short-term capital gain (line 15) over net short-term capital loss (line 7) 17 As add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	· · · · · · · · · · · · · · · · · · ·	s from Form 6252 June 26 or	37								
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15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 45,783.		ia oxonangoo nom romi ooz	•				-				
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17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 57,474.			ital loss (line 15)		16			11,691.			
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 57,474.	, , ,				$\overline{}$						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120

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Schedule D (Form 1120) 2019

921051 12-16-19

Form

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

Attachment Sequence No 12A

Name(s) shown on return

Social security number or

						taxpayer	dentification no.		
SUFFOLK UNIVERSITY						04-2	04-2133255		
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ation as Form 109	you received any 99-B Either will s	Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from yo r cost) was rej	our broker A su corted to the IF	bstitute SS by your		
Part I Short-Term. Transact		al assets you held	1 year or less are ge	enerally short term (see	nstructions) F	or long-term			
transactions, see page 2 Note: You may aggregate al							ljustments or		
codes are required Enter the									
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo I fit on this page for on	 If more than one be or more of the boxes 	ox applies for your sho , complete as many for	rt-term transactions, comp ms with the same box che	olete a separate Fo ocked as you need	rm 8949, page 1, for	each applicable box		
(A) Short-term transactions rep					Note above)			
(B) Short-term transactions rej	ported on Form(s	i) 1099-B showin	g basıs wasn't r	eported to the IRS					
(C) Short-term transactions no	t reported to you	on Form 1099-E	3						
1 (a)	(b)	(c)	(d)	(e)		any, to gain or	(h)		
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss If you e	Gain or (loss).			
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price)	basis See the Note below and see Column (e) in	column (f). See instructions.		Subtract column (e) from column (d) &		
					(f) (g)		combine the result		
				the instructions	Code(s)	adjustment	with column (g)		
ACCOLADE PARTNERS VII,									
LP-ACCOLADE PARTN							1.		
COMMONFUND CAPITAL NATURAL					<u> </u>				
RESOURCES PAR							2.		
LANDMARK EQUITY PARTNERS									
XVI, L.PLANDM							4.		
LANDMARK EQUITY PARTNERS									
XVI, L.PLANDM							1,022.		
LONE JUNIPER, L.PLONE									
JUNIPER, L.P.							10,660.		
LANDMARK EQUITY PARTNERS									
XVI, L.PLANDM							2.		
							1		
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				ļ	<u> </u>				
	<u> </u>								
2 Totals. Add the amounts in colui	mns (d), (e), (g), a	nd (h) (subtract							
negative amounts) Enter each to	tal here and incl	ude on your							
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B							
above is checked), or line 3 (if B	lox C above is ch	necked)] <u>'</u> [11,691.		

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

COMMONFUND CAPITAL NATURAL RESOURCES PAR COMMONFUND CAPITAL PRIVATE EQUITY PARTNE LANDMARK EQUITY PARTNERS XVI, L.P.-LANDM 609. LANDMARK EQUITY PARTNERS 12,790. XVI, L.P.-LANDM LONE JUNIPER, L.P.-LONE JUNIPER L.P. 32,491. LANDMARK EQUITY PARTNERS 265. XVI L.P.-LANDM 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E 45,347. above is checked), or line 10 (if Box F above is checked)

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

Form 8949 (2019)