

Form **990**
Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Syracuse University

% JEAN B GALLIPEAU
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
SKYTOP OFFICE BLDG SKYTOP ROAD

City or town, state or province, country, and ZIP or foreign postal code
SYRACUSE, NY 132445300

D Employer identification number
15-0532081

E Telephone number
(315) 443-3765

G Gross receipts \$ 2,092,456,823

F Name and address of principal officer:
KENT SYVERUD
CROUSE HINDS HALL
SYRACUSE, NY 13244

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SYR.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1870

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SYRACUSE UNIVERSITY IS A NON-PROFIT UNIVERSITY DEVOTED TO EDUCATION, TEACHING, AND RESEARCH.

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)	3	44
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	17,583
6 Total number of volunteers (estimate if necessary)	6	1,466
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	20,349,288
b Net unrelated business taxable income from Form 990-T, line 39	7b	7,247,024

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	70,977,810	76,114,264
9 Program service revenue (Part VIII, line 2g)	1,339,972,061	1,325,379,972
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,372,108	120,761,987
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,833,376	269,498
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,523,155,355	1,522,525,721
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	342,244,142	358,709,257
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	614,235,845	630,516,740
16a Professional fundraising fees (Part IX, column (A), line 11e)	154,821	278,873
b Total fundraising expenses (Part IX, column (D), line 25) ▶25,792,183		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	411,909,444	422,075,701
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,368,544,252	1,411,580,571
19 Revenue less expenses. Subtract line 18 from line 12	154,611,103	110,945,150
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,208,471,300	3,525,794,177
21 Total liabilities (Part X, line 26)	847,896,412	1,152,679,960
22 Net assets or fund balances. Subtract line 21 from line 20	2,360,574,888	2,373,114,217

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2021-05-12
AMIR RAHNAMAY-AZAR SVP AND CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-05-06
Check if self-employed PTIN: P01877392
Firm's name ▶ KPMG LLP Firm's EIN ▶
Firm's address ▶ 60 SOUTH STREET Phone no. (617) 988-1000
BOSTON, MA 02111

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 788,185,833 including grants of \$ 352,011,464) (Revenue \$ 1,029,589,191)
See Additional Data

4b (Code:) (Expenses \$ 107,648,723 including grants of \$) (Revenue \$ 113,752,689)
See Additional Data

4c (Code:) (Expenses \$ 64,257,554 including grants of \$) (Revenue \$ 79,423,148)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 389,759,464 including grants of \$ 6,697,793) (Revenue \$ 102,614,944)

4e Total program service expenses ▶ 1,349,851,574

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17,583			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b If "Yes," enter the name of the foreign country: ▶UK, CI, FR, IT, SP See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		
15 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.			15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (44), 1b (42), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (states), 18 (website), 19 (governing documents), 20 (books and records).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	14,293,227	0	1,361,873

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 969**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VIP Structures Inc, One Websters Landing SYRACUSE, NY 132021044	Architects	4,379,526
Barclay Damon LLP, 125 East Jefferson St SYRACUSE, NY 13202	Attorneys	2,382,247
Ashley McGraw Architects PC, 125 E Jefferson St 15th Fl SYRACUSE, NY 13202	Architects	2,181,154
Geiger Gossen Campbell Engineers PC, 2 Executive Blvd Ste 309 SUFFERN, NY 109011819	Engineers	1,737,702
Mayer Brown LLP, 230 South LaSalle St CHICAGO, IL 606041404	Attorneys	1,496,234

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 170**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	143,062		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	75,971,202		
	g Noncash contributions included in lines 1a - 1f:\$	1g	12,416,770		
	h Total. Add lines 1a-1f		76,114,264		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a INSTRUCTION/DEPARTMENT RESEARCH		611600	1,029,589,191	1,029,589,191		
b SPONSORED RESEARCH		611600	79,423,148	79,423,148		
c AUXILIARY-RELATED ACTIVITIES		611710	108,675,303	108,675,303		
d AUXILIARY-UNRELATED ACTIVITIES		541900	5,077,386		5,077,386	
e SHERATON SU HOTEL/CONF CTR		721110	7,429,643	204,125	7,225,518	
f All other program service revenue			95,185,301	95,185,301		
g Total. Add lines 2a-2f.			1,325,379,972			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
3 Investment income (including dividends, interest, and other similar amounts)			7,989,798		8,043,046	-53,248
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			277,678			277,678
6a Gross rents	6a	(i) Real	755,674			
		(ii) Personal				
	b Less: rental expenses	6b	614,496			
	c Rental income or (loss)	6c	141,178	0		
d Net rental income or (loss)			141,178			141,178
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	681,717,698	168,698		
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b	568,165,854	948,353		
	c Gain or (loss)	7c	113,551,844	-779,655		
d Net gain or (loss)			112,772,189			112,772,189
8a Gross income from fundraising events (not including \$ 143,062 of contributions reported on line 1c). See Part IV, line 18	8a		49,703			
	b Less: direct expenses	8b	202,399			
c Net income or (loss) from fundraising events			-152,696			-152,696
9a Gross income from gaming activities. See Part IV, line 19	9a		0			
	b Less: direct expenses	9b	0			
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	10a		0			
	b Less: cost of goods sold	10b	0			
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a ALUMNI TOURS		541900	3,338		3,338	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			3,338			
12 Total revenue. See instructions			1,522,525,721	1,313,077,068	20,349,288	112,985,101

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,940	61,940		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	344,140,501	344,140,501		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	14,506,816	14,506,816		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,084,855	1,117,639	3,077,101	890,115
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	396,089	396,089		
7 Other salaries and wages	481,447,357	458,811,984	9,829,295	12,806,078
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	36,765,954	34,920,180	839,137	1,006,637
9 Other employee benefits	76,207,086	70,748,840	2,556,407	2,901,839
10 Payroll taxes	30,615,399	28,932,305	823,344	859,750
11 Fees for services (non-employees):				
a Management	89,095		89,095	
b Legal	8,181,358	1,662,065	6,506,898	12,395
c Accounting	703,536		703,536	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	278,873			278,873
f Investment management fees	3,168,075		3,168,075	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,108,837	21,838,095	2,039,243	231,499
12 Advertising and promotion	4,109,015	3,999,316	30,003	79,696
13 Office expenses	85,179,493	83,262,934	694,764	1,221,795
14 Information technology	8,908,145	8,517,988	132,386	257,771
15 Royalties	321,739	321,739		
16 Occupancy	33,956,241	31,813,013	1,863,523	279,705
17 Travel	31,306,158	29,756,771	81,770	1,467,617
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,775,239	2,457,042	231,965	86,232
20 Interest	18,769,652	18,729,321	40,331	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	84,495,901	81,638,945	1,621,795	1,235,161
23 Insurance	827,601	827,601		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS-AUXILIARIES	17,025,398	16,936,086	89,312	
b EQUIPMENT NOT CAPITALIZED	12,428,028	12,428,028		
c ROOM AND BOARD	8,201,577	8,201,577		
d UNRELATED BUS. INCOME TAX	998,625		998,625	
e All other expenses	76,521,988	73,824,759	520,209	2,177,020
25 Total functional expenses. Add lines 1 through 24e	1,411,580,571	1,349,851,574	35,936,814	25,792,183
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,567,200	1	24,505,504
	2 Savings and temporary cash investments	270,021,521	2	430,472,925
	3 Pledges and grants receivable, net	108,245,993	3	101,115,914
	4 Accounts receivable, net	47,592,109	4	24,094,281
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	5,110,672	8	6,462,495
	9 Prepaid expenses and deferred charges	28,567,636	9	29,129,645
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,642,747,814		
	b Less: accumulated depreciation	10b 1,311,801,258	1,231,916,576	10c 1,330,946,556
	11 Investments—publicly traded securities	579,767,643	11	509,105,388
	12 Investments—other securities. See Part IV, line 11	896,424,542	12	1,044,311,984
	13 Investments—program-related. See Part IV, line 11	31,257,408	13	25,649,485
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,208,471,300	16	3,525,794,177	
Liabilities	17 Accounts payable and accrued expenses	267,867,627	17	225,649,687
	18 Grants payable	0	18	0
	19 Deferred revenue	52,890,789	19	56,641,149
	20 Tax-exempt bond liabilities	418,261,555	20	766,162,190
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,313,500	21	2,250,659
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	8,067,864	23	7,209,316
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	98,495,077	25	94,766,959
	26 Total liabilities. Add lines 17 through 25	847,896,412	26	1,152,679,960
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,557,106,887	27	1,547,673,854
	28 Net assets with donor restrictions	803,468,001	28	825,440,363
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,360,574,888	32	2,373,114,217	
33 Total liabilities and net assets/fund balances	3,208,471,300	33	3,525,794,177	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,522,525,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,411,580,571
3	Revenue less expenses. Subtract line 2 from line 1	3	110,945,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,360,574,888
5	Net unrealized gains (losses) on investments	5	-96,436,726
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,969,095
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,373,114,217

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 15-0532081

Name: Syracuse University

Form 990 (2019)

Form 990, Part III, Line 4a:

INSTRUCTION AND DEPARTMENTAL RESEARCH: EXPENDITURES IN THIS AREA INCLUDE SALARIES AND BENEFITS FOR FACULTY, SCHOLARSHIPS AND GRANTS TO STUDENTS, AND SUPPORT FOR FACILITIES AND EQUIPMENT, CONDUCTED FOR THE BENEFIT OF APPROXIMATELY 15,300 UNDERGRADUATE AND 7,600 GRADUATE AND LAW STUDENTS ENROLLED AT SYRACUSE UNIVERSITY.

Form 990, Part III, Line 4b:

AUXILIARY SERVICES: EXPENDITURES IN THIS AREA INCLUDE THE INFRASTRUCTURE THAT SUPPORTS SYRACUSE UNIVERSITY'S MISSION INCLUDING HOUSING, DINING, AND BOOKS, INSTRUCTIONAL MATERIALS AND OTHER GOODS AND SERVICES.

Form 990, Part III, Line 4c:

SPONSORED RESEARCH AND OTHER RELATED ACTIVITIES: EXPENDITURES IN THIS AREA INCLUDE RESEARCH AND SIMILAR ACTIVITY FUNDED BY GRANTS FROM THE PUBLIC, PRIVATE, AND NON-PROFIT SECTORS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DINO BABERS FOOTBALL HEAD COACH	60.0 0.0					X		3,449,938	0	55,020
JAMES BOEHEIM BASKETBALL HEAD COACH	60.0 0.0					X		2,703,515	0	90,934
KENT SYVERUD CHANCELLOR AND PRESIDENT	60.0 0.0	X		X				957,462	0	311,773
J MICHAEL HAYNIE VICE CHANCELLOR- VETERANS & MA	60.0 0.0			X				787,959	0	103,235
AMIR RAHNAMAY-AZAR Chief Financial Officer	60.0 0.0			X				735,600	0	136,257
QUENTIN HILLSMAN (W) BASKETBALL HEAD COACH	60.0 0.0					X		799,934	0	60,414
JOHN WILDHACK ATHLETIC DIRECTOR	60.0 0.0					X		771,450	0	51,013
M DOLAN EVANOVICH SENIOR VP FOR ENROLLMENT	60.0 0.0				X			568,396	0	95,977
MICHELE WHEATLY VICE CHANCELLOR & PROVOST	60.0 0.0			X				519,553	0	105,304
EUGENE ANDERSON DEAN OF SCHOOL OF MANAGEMENT	60.0 0.0					X		559,588	0	50,720

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL J FRENCH SVP & GENERAL COUNSEL	60.0 0.0			X				550,000	0	0
LISA DOLAK SVP & UNIV SECRETARY/PROFESSOR	60.0 0.0			X				333,404	0	71,011
KARIN RUHLANDT DEAN OF ARTS AND SCIENCES	60.0 0.0				X			344,103	0	54,560
RYAN WILLIAMS FORMER ASSOC VP FOR ENROLLMENT	60.0 0.0						X	308,603	0	44,104
ZHANJIANG LIU INTERIM PROVOST	60.0 0.0			X				305,782	0	45,159
GWENN JUDGE FORMER VP CFO (INTERIM)	60.0 0.0						X	278,402	0	48,162
GEORGE M LANGFORD FORMER DEAN- ARTS & SCIENCE	60.0 0.0						X	166,604	0	19,045
ELIZABETH LIDDY FORMER PROVOST	60.0 0.0						X	152,934	0	19,185
PATRICK J AHEARN TRUSTEE	1.0 0.0	X						0	0	0
RICHARD M ALEXANDER TRUSTEE	3.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN W BALLENTINE VICE CHAIR	3.0 0.0	X						0	0	0
STEVEN W BARNES CHAIRMAN EMERTIUS	2.0 0.0	X						0	0	0
ANDREW T BERLIN TRUSTEE	3.0 0.0	X						0	0	0
CHRISTINE A CARONA TRUSTEE	1.0 0.0	X						0	0	0
VINCENT H COHEN JR TRUSTEE	1.0 0.0	X						0	0	0
LAUREN B CRAMER TRUSTEE	1.0 0.0	X						0	0	0
DARLENE T DEREMER TRUSTEE	1.0 0.0	X						0	0	0
DAVID G EDELSTEIN VICE CHAIR	3.0 0.0	X						0	0	0
STEVEN L EINHORN TRUSTEE	1.0 0.0	X						0	0	0
CLIFFORD J ENSLEY TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID B FALK TRUSTEE	1.0 0.0	X						0	0	0
HAROLD A FETNER TRUSTEE	3.0 0.0	X						0	0	0
SHELLY L FISHER TRUSTEE	1.0 0.0	X						0	0	0
WINSTON C FISHER TRUSTEE	1.0 0.0	X						0	0	0
DAVID M FLAUM TRUSTEE	1.0 0.0	X						0	0	0
ELISABETH FONTENELLI TRUSTEE	3.0 0.0	X						0	0	0
RAJ-ANN REKHI GILL TRUSTEE	1.0 0.0	X						0	0	0
NEIL A GOLD TRUSTEE	1.0 0.0	X						0	0	0
SHARON HAINES JACQUET TRUSTEE	1.0 0.0	X						0	0	0
JAMES P KIDDER TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE S KRAMER TRUSTEE	3.0 0.0	X						0	0	0
JAMES D KUHN TRUSTEE	3.0 0.0	X						0	0	0
CHRISTINE E LARSEN TRUSTEE	3.0 0.0	X						0	0	0
DEBORAH R LEONE TRUSTEE	3.0 0.0	X						0	0	0
ROBERT R LIGHT TRUSTEE	1.0 0.0	X						0	0	0
DONALD T MACNAUGHTON TRUSTEE	1.0 0.0	X						0	0	0
PATRICIA H MAUTINO VICE CHAIR	3.0 0.0	X						0	0	0
MARK A NEPARENT TRUSTEE	3.0 0.0	X						0	0	0
MICHAEL A NEWHOUSE TRUSTEE	1.0 0.0	X						0	0	0
TONIA O'CONNOR TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD P O'HANLEY TRUSTEE	1.0 0.0	X						0	0	0
REINALDO PASCUAL VICE CHAIR	3.0 0.0	X						0	0	0
EDWARD J PETTINELLA VICE CHAIR	3.0 0.0	X						0	0	0
LOUISE PHANSTIEL TRUSTEE	1.0 0.0	X						0	0	0
ELLIOTT I PORTNOY TRUSTEE	1.0 0.0	X						0	0	0
DOUGLAS A PRESENT TRUSTEE	1.0 0.0	X						0	0	0
JEFFREY M SCRUGGS TRUSTEE	3.0 0.0	X						0	0	0
ROBERT P TAISHOFF TRUSTEE	1.0 0.0	X						0	0	0
MICHAEL G THONIS VICE CHAIR	3.0 0.0	X						0	0	0
MICHAEL TIRICO TRUSTEE	1.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN A WALTERS BOARD CHAIR	10.0 0.0	X						0	0	0
DAVID N WATSON TRUSTEE	1.0 0.0	X						0	0	0
MICHAEL D WOHL TRUSTEE	1.0 0.0	X						0	0	0
HOWARD E WOOLLEY TRUSTEE	1.0 0.0	X						0	0	0
ABDALLAH H YABROUDI TRUSTEE	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Syracuse University

Employer identification number
15-0532081

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	82,971,610	77,718,255	87,651,474	70,977,810	76,114,264	395,433,413
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	82,971,610	77,718,255	87,651,474	70,977,810	76,114,264	395,433,413
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						22,744,222
6 Public support. Subtract line 5 from line 4.						372,689,191

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	82,971,610	77,718,255	87,651,474	70,977,810	76,114,264	395,433,413
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,239,346	17,891,223	21,204,860	29,967,012	980,104	85,282,545
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,763,354	206,013	4,066,175	2,747,005	7,248,024	17,030,571
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	286,817	120,668	72,620	136,175	49,703	665,983
11 Total support. Add lines 7 through 10						498,412,512
12 Gross receipts from related activities, etc. (see instructions)					12	6,217,538,141

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.775 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	72.281 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 15-0532081

Name: Syracuse University

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization Syracuse University	Employer identification number 15-0532081
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		71,265
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		126,000
j Total. Add lines 1c through 1i			197,265
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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	Explanation
LOBBYING ACTIVITIES	THE OFFICE OF GOVERNMENT AND COMMUNITY RELATIONS (GCR) IS THE UNIVERSITY'S DESIGNATED POINT OF CONTACT FOR GOVERNMENT OFFICIALS AND THEIR STAFF. GCR ENSURES ALL CONTACT WITH PUBLIC OFFICIALS IS COMPLIANT WITH LOBBYING RULES AND REGULATIONS AT ALL LEVELS OF FEDERAL, STATE AND LOCAL GOVERNMENT. THEY ARE THE DESIGNATED POINT OF CONTACT FOR GOVERNMENT OFFICIALS, AND ARE RESPONSIBLE FOR COORDINATING AN EFFECTIVE GOVERNMENT RELATIONS PROGRAM. COMMUNICATION CAN BE IN THE FORM OF PHONE CALLS, IN PERSON MEETINGS OR FORMAL LETTERS. STAFFING WITHIN THE OFFICE OF GCR INCLUDES MANAGEMENT, STAFF AND VOLUNTEERS AS NEEDED. SYRACUSE UNIVERSITY, RETAINED AKIN GUMP AS CONSULTANTS AND ADVISORS WITH REGARD TO ASSISTING THE UNIVERSITY WITH THE DEVELOPMENT OF A POLICY AGENDA RELATED TO ISSUES FACING OUR NATION'S VETERANS. AKIN GUMP MONITORED AND EVALUATED VETERANS' ISSUES, ADVISED ON THE COMPONENTS OF FEDERAL AGENCY PROGRAMS, BUDGET AND ACTIVITIES, LEGISLATIVE BRANCH VETERANS-FOCUSED POLICY AND ASSISTED IN THE DEVELOPMENT OF A STRATEGY SYRACUSE UNIVERSITY COULD IMPLEMENT TO ACHIEVE GOALS OF SUPPORTING OUR STUDENT-VETERANS, MILITARY FAMILIES AND BROADER MILITARY-CONNECTED COMMUNITY. MERCURY GROUP ASSISTED THE UNIVERSITY WITH LOBBYING ACTIVITIES AT THE STATE LEVEL REGARDING COLLEGIATE ATHLETICS, NAME/IMAGE/LIKENESS LEGISLATION, COLLEGIATE SPORTS BETTING, AND COVID-19.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Syracuse University

Employer identification number 15-0532081

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d for total number, acreage, and structure counts.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1.
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other CLASSROOM TEACHING
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,384,151,784	1,328,147,566	1,232,349,765	1,130,615,590	1,140,240,279
b Contributions	21,114,277	18,945,653	25,881,930	19,897,013	28,288,110
c Net investment earnings, gains, and losses	40,506,535	86,554,148	119,021,067	133,588,949	14,580,635
d Grants or scholarships	13,175,471	12,305,521	11,503,919	11,059,706	10,571,110
e Other expenditures for facilities and programs	35,457,752	33,965,877	34,348,777	37,641,158	39,219,377
f Administrative expenses	3,081,831	3,224,185	3,252,500	3,050,923	2,702,947
g End of year balance	1,394,057,542	1,384,151,784	1,328,147,566	1,232,349,765	1,130,615,590

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

- a** Board designated or quasi-endowment ▶ 50.810 %
 - b** Permanent endowment ▶ 49.190 %
 - c** Temporarily restricted endowment ▶ _____
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,324,393		28,324,393
b Buildings		2,227,756,279	998,832,341	1,228,923,938
c Leasehold improvements				
d Equipment		135,359,021	107,487,569	27,871,452
e Other		251,308,121	205,481,348	45,826,773
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,330,946,556

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	592,720,551	F
(B) PRIVATE EQUITY FUNDS	384,027,528	F
(C) COMMINGLED FUNDS	7,474,999	F
(D) INVESTMENT ACCT-FINANCIAL INST	60,088,906	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,044,311,984	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ASSET RETIREMENT OBLIGATIONS	21,550,398
(3) ACCRUED POSTRETIREMENT BENEFIT	50,544,098
(4) REFUNDABLE GOVERNMENT LOANS	22,672,463
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	94,766,959

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,064,276,172
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-96,436,726
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-359,396,713
e	Add lines 2a through 2d	2e	-455,833,439
3	Subtract line 2e from line 1	3	1,520,109,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,232,555
b	Other (Describe in Part XIII.)	4b	-816,445
c	Add lines 4a and 4b	4c	2,416,110
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,522,525,721

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,052,261,995
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,295,696
e	Add lines 2a through 2d	2e	2,295,696
3	Subtract line 2e from line 1	3	1,049,966,299
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,232,555
b	Other (Describe in Part XIII.)	4b	358,381,717
c	Add lines 4a and 4b	4c	361,614,272
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,411,580,571

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
ORGANIZATION'S COLLECTIONS, PART III, LINE 4	<p>SYRACUSE UNIVERSITY HAS A DIVERSE COLLECTION OF ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS, INCLUDING FINE ART AND ETHNOGRAPHIC OBJECTS, LEGAL BOOKS, ARCHIVAL RECORDS, LIBRARY COLLECTIONS AND SPECIAL COLLECTIONS. THE PRIMARY PURPOSE OF SYRACUSE UNIVERSITY'S COLLECTIONS IS TO COLLECT AND PRESERVE THE CULTURAL AND HISTORICAL RECORD FOR GENERATIONS OF STUDENTS AND SCHOLARS. SYRACUSE UNIVERSITY ART GALLERIES - THE ART COLLECTION IS COMPRISED OF A DIVERSE, ENCYCLOPEDIA GROUP OF FINE ART AND ETHNOGRAPHIC OBJECTS BY INTERNATIONAL MAKERS AND REPRESENTS STYLES AND TIME PERIODS FROM PRE-HISTORY TO THE PRESENT. THE ART COLLECTION PROVIDES A MEANINGFUL EDUCATIONAL EXPERIENCE AND ENCOUNTER WITH THE VISUAL ARTS FOR STUDENTS, FACULTY, STAFF AND THE PUBLIC. LAW LIBRARY - THE LAW BOOK COLLECTION IS COMPRISED OF A DIVERSE AND HISTORIC GROUP OF LAW BOOKS. THE LAW LIBRARY PROVIDES ACCESS TO INFORMATION IN ORDER TO ASSIST IN DISCOVERING, OBTAINING AND UNDERSTANDING THE COMPLEX RESEARCH TOOLS OF THE LEGAL PROFESSION. ARCHIVES - THE SYRACUSE UNIVERSITY ARCHIVES IS AN INFORMATION AND RESEARCH CENTER FOR FACULTY, STAFF, STUDENTS AND OTHERS INTERESTED IN THE HISTORY OF SYRACUSE UNIVERSITY. IT IS DEDICATED TO PRESERVING RECORDS THAT DOCUMENT THE HISTORY, ORGANIZATIONAL POLICIES, ACTIVITIES, AND PEOPLE OF SYRACUSE UNIVERSITY, AND MAKING THOSE RECORDS AVAILABLE TO RESEARCHERS AND OTHER INTERESTED PARTIES. THE ARCHIVES ACCEPTS MATERIALS FROM SCHOOLS, COLLEGES AND DEPARTMENTS, ALUMNI, THE GENERAL PUBLIC AND SYRACUSE UNIVERSITY'S CLUBS AND ORGANIZATIONS. THE ARCHIVES DOES, ON OCCASION, SOLICIT MATERIAL FROM FACULTY AND OTHERS THAT WILL ENHANCE THE OVERALL RESEARCH VALUE OF THE COLLECTION. TO BE ELIGIBLE FOR INCLUSION, THE RECORDS MUST HAVE SOME CONNECTION TO SYRACUSE UNIVERSITY. ARCHIVAL RECORDS INCLUDE, BUT ARE NOT LIMITED TO, THE RECORDS OF THE CHANCELLOR AND THE BOARD OF TRUSTEES; MINUTES, CORRESPONDENCE AND REPORTS OF SCHOOLS, COLLEGES AND DEPARTMENTS; PAPERS OF FACULTY, STAFF AND ALUMNI; CURRICULUM INFORMATION INCLUDING ON-LINE CLASSES; PUBLICATIONS; PHOTOGRAPHS, SLIDES, VIDEOTAPES AND MOTION PICTURE FILMS; THESES AND DISSERTATIONS; NEWSPAPER CLIPPINGS; AND MEMORABILIA. LIBRARY - THE IDEA OF THE LIBRARY - A REFUGE FOR HUMAN KNOWLEDGE - IS TIMELESS. SYRACUSE UNIVERSITY LIBRARY'S COLLECTIONS SPAN 4,000 YEARS AND RANGE FROM SUMERIAN CUNEIFORM TABLETS TO 21ST CENTURY DIGITAL DATA SETS. EVEN WHILE THE TYPES AND FORMS OF KNOWLEDGE CHANGE, THE LIBRARY STRIVES TO KEEP PACE, NEVER LOSING SIGHT OF ITS PURPOSE: TO COLLECT AND PRESERVE THE CULTURAL RECORD FOR GENERATIONS OF STUDENTS AND SCHOLARS. SPECIAL COLLECTIONS - THE SPECIAL COLLECTIONS RESEARCH CENTER MAINTAINS AND PROVIDES ACCESS TO DISTINGUISHED COLLECTIONS OF RARE BOOKS, MANUSCRIPTS, AND OTHER ARCHIVAL MATERIALS. SYRACUSE UNIVERSITY STUDENTS, FACULTY, STAFF, AND OTHER SCHOLARS HAVE AVAILABLE TO THEM MORE THAN 100,000 PRINTED WORKS AND 2,000 ARCHIVAL COLLECTIONS, INCLUDING IMPORTANT EDITIONS, MANUSCRIPTS, DOCUMENTS, LETTERS</p>

Supplemental Information

Return Reference	Explanation
ORGANIZATION'S COLLECTIONS, PART III, LINE 4	LETTERS, DIARIES, DRAWINGS, PHOTOGRAPHS AND MEMORABILIA.

Supplemental Information

Return Reference	Explanation
ESCROW ACCOUNT LIABILITY, PART IV, LINE 2B	SYRACUSE UNIVERSITY MAINTAINS A LIMITED NUMBER OF AGENCY FUNDS, WHICH IT HOLDS AS CUSTODIAN OR FISCAL AGENT FOR STUDENT ORGANIZATIONS AND/OR OUTSIDE ORGANIZATIONS AS AN ACCOMMODATION TO THE ORGANIZATION. THE ORGANIZATIONS ARE THEN ALLOWED TO UTILIZE SYRACUSE UNIVERSITY'S FINANCIAL SYSTEMS AND RESOURCES TO PROCESS TRANSACTIONS AGAINST THESE FUNDS.

Supplemental Information

Return Reference	Explanation
ENDOWMENT FUNDS CONTRIBUTIONS, PART V, LINE 4	THE UNIVERSITY ENDOWMENT CONSISTS OF APPROXIMATELY 2,400 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES; INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE UNIVERSITY TO FUNCTION AS ENDOWMENTS. SPENDING FROM THE UNIVERSITY'S ENDOWMENTS IS DONOR RESTRICTED TO VARIOUS PURPOSES. A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO UNDERGRADUATE, GRADUATE AND LAW SCHOOL STUDENTS. SOME OF THE OTHER USES OF THE FUNDS INCLUDE, BUT ARE NOT LIMITED TO, SUPPORT FOR FELLOWSHIPS, THE CREATION AND FUNDING OF DEPARTMENT CHAIRS AND PROFESSORSHIPS, SUPPORT FOR VARIOUS UNIVERSITY CENTERS, AND SUPPORT FOR THE UNIVERSITY'S TEACHING AND RESEARCH ACTIVITIES. THE UNIVERSITY'S SPENDING POLICY, WHICH UTILIZES AN ANNUAL DISTRIBUTION PER UNIT MULTIPLIED BY THE PERCENTAGE APPROVED BY THE TRUSTEE AND INVESTMENT AND ENDOWMENT COMMITTEE, IS DESIGNED TO PROVIDE THE UNIVERSITY A STABLE LEVEL OF FINANCIAL SUPPORT AND TO PRESERVE THE ENDOWMENTS' REAL VALUE.

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE, PART X, LINE 2	<p>The University is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income taxes pursuant to Section 501(a) of the Internal Revenue Code. Orange Insurance Company, LLC and Syracuse University Hotel and Conference Center LLC, are wholly owned by the University and are reported in the University's income tax filings. Syracuse University Alumni Association, Inc. is a tax-exempt organization, of which the University is the sole member that files its own tax returns. Drumlins, Inc. is a taxable subsidiary of the University and files its Own tax returns. The Syracuse University (USA) London Program, created for the advancement of education, is a registered charity under the laws of England. The income tax consequences, if any, from these entities are reflected in the consolidated financial statements, and do not have a material effect, individually or in the aggregate, on the University's consolidated financial statements. The University believes it has taken no significant uncertain tax positions.</p>

Supplemental Information

Return Reference	Explanation
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XI, LINE 2D REVENUES OF SUBSIDIARIES \$954,099 FINANCIAL AID \$(358,381,717) POST-RETIREMENT BENEFIT \$(1,969,095) ----- TOTAL \$(359,396,713)

Supplemental Information

Return Reference	Explanation
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XI, LINE 4B LOSS ON DISPOSAL \$450 RENTAL/FUNDRAISING EXPENSES \$(816,895) ----- TOTAL \$(816,445)

Supplemental Information

Return Reference	Explanation
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D EXPENSES OF SUBSIDIARIES \$1,479,251 RENTAL/FUNDRAISING EXPENSES \$816,895 LOSS ON DISPOSAL \$(450) ----- TOTAL \$2,295,696

Supplemental Information

Return Reference	Explanation
OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS	PART XII LINE 4B FINANCIAL AID \$ 358,381,717

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury
Name of the organization
Syracuse University

Employer identification number
15-0532081

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.		No
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
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.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
NONDISCRIMINATORY POLICY	LINE 3 Syracuse University's racial nondiscrimination policy as to students is disclosed in all of its brochures and catalogues dealing with student admissions, programs, and scholarships and in other written advertising used to inform prospective students of the University's programs. In addition, the University has demonstrated that it follows this policy by continuously enrolling students of racial minority groups in meaningful numbers. Accordingly, Syracuse University meets the requirements of Rev. Proc. 75-50 (see section 4.03(2)(b)). Syracuse University's policies can also be found at: supolicies.syr.edu .
FINANCIAL AID OR ASSISTANCE	LINE 6A THE UNIVERSITY RECEIVES FINANCIAL AID AND/OR ASSISTANCE FROM FEDERAL AGENCIES, SUCH AS THOSE PROVIDING FEDERAL DIRECT LOANS (\$149,400,417), PELL GRANTS (\$12,643,128), FEDERAL WORK STUDY PROGRAM (\$4,447,980), AND FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (\$2,950,300).

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Syracuse University

Employer identification number
15-0532081

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	7	175			546,025,863
b Total from continuation sheets to Part I	1	9			1,901,839
c Totals (add lines 3a and 3b)	8	184			547,927,702

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.	PART I, LINE 2 SU PROVIDED MORE THAN \$14.5 MILLION IN INSTITUTIONAL FINANCIAL AID TO STUDENTS IN THE FISCAL YEAR ENDED JUNE 30, 2020. THE AID PROVIDED CONSISTS OF A COMBINATION OF NEED-BASED AND MERIT-BASED GRANTS. MOST SCHOLARSHIPS ARE NEED-BASED. STUDENTS MUST APPLY FOR NEED-BASED FINANCIAL AID AWARDS BY COMPLETING THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA). THIS IS A STANDARD FORM USED IN HIGHER EDUCATION FOR THIS PURPOSE. BOTH NEED-BASED AND MERIT-BASED AID PROVIDED TO STUDENTS IS APPLIED BY THE UNIVERSITY DIRECTLY TO THE STUDENT'S ACCOUNT TO ENSURE THAT THE GRANTS ARE USED FOR THEIR INTENDED PURPOSE. FINANCIAL AID IS GENERALLY LIMITED TO THE AMOUNT OF TUITION, BUT CAN ALSO INCLUDE PARTIAL FUNDING FOR THE PROGRAM FEE (HOUSING AND FIELD TRIPS).

990 Schedule F, Supplemental Information

Return Reference	Explanation
BASIS OF ACCOUNTING	PART I, LINE 3, COLUMN F THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

990 Schedule F, Supplemental Information

Return Reference	Explanation
NUMBER OF RECIPIENTS	PART III, COLUMN (C) THE NUMBER OF RECIPIENTS WHO RECEIVED SCHOLARSHIPS WAS DERIVED BY QUERYING THE INDIVIDUAL STUDENT DATABASE IN THE STUDENT RECEIVABLE SYSTEM FOR ACADEMIC TERMS WITHIN THE FISCAL YEAR ENDED JUNE 30, 2020. THE QUERY LOOKED FOR TUITION DISCOUNT (FINANCIAL AID) AND OTHER ASSISTANCE USING THE DEFINITION OF SUCH ITEMS AS REPORTED IN THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. THIS PRODUCED A REPORT OF ALL STUDENTS WHO RECEIVED AID. RECOGNIZING THAT A STUDENT COULD BE RECEIVING AID IN MORE THAN ONE ACADEMIC TERM, THE INFORMATION WAS THEN SORTED BY INDIVIDUAL AND THE STUDENT WAS COUNTED ONLY ONCE.

Additional Data

Software ID:

Software Version:

EIN: 15-0532081

Name: Syracuse University

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			Investments		459,073,543
Central America and the Caribbean			Program Services	HIGHER ED	113,952

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			Grantmaking		30,929
East Asia and the Pacific			Investments		13,501,981

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
East Asia and the Pacific	2	3	Program Services	HIGHER ED	2,990,239
East Asia and the Pacific			Grantmaking		1,149,614

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
East Asia and the Pacific			Fundraising		-2,781
Europe (Including Iceland and Greenland)			Investments		19,429,620

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
Europe (Including Iceland and Greenland)	5	172	Program Services	HIGHER ED	30,232,170
Europe (Including Iceland and Greenland)			Grantmaking		12,203,548

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
Europe (Including Iceland and Greenland)			Fundraising		14,852
Middle East and North Africa			Investments		494

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
Middle East and North Africa			Program Services	HIGHER ED	311,538
Middle East and North Africa			Grantmaking		314,993

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
North America			Investments		5,937,769
North America			Program Services	HIGHER ED	683,563

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
Russia and the Newly Independent States			Program Services	HIGHER ED	39,839
Russia and the Newly Independent States			Grantmaking		8,032

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
South America	1	9	Program Services	HIGHER ED	582,260
South America			Grantmaking		612,615

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
South Asia			Program Services	HIGHER ED	359,562
Sub-Saharan Africa			Program Services	HIGHER ED	152,284

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
Sub-Saharan Africa			Grantmaking		187,086

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	Central America and the Caribbean	1	30,929	TUITION DISC			
SCHOLARSHIPS	East Asia and the Pacific	104	1,149,614	TUITION DISC			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	Europe (Including Iceland and Greenland)	1,234	12,203,547	TUITION DISC			
SCHOLARSHIPS	Middle East and North Africa	30	314,993	TUITION DISC			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	South America	31	612,615	TUITION DISC			
SCHOLARSHIPS	Sub-Saharan Africa	23	187,086	TUITION DISC			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	Russia and the Newly Independent States	1	8,032	TUITION DISC			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Syracuse University

Employer identification number
15-0532081

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD GROUP LLC 2400 WATERVIEW PKY RICHARDSON, TX 75080	CONSULTING FEES		No	23,568	278,873	23,568
Total				23,568	278,873	23,568

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

.....
 All States

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Mirror Awards (event type)	Hardwood Banq. (event type)	2 (total number)	(add col. (a) through col. (c))
1 Gross receipts	84,873	49,978	57,914	192,765
2 Less: Contributions	76,873	10,978	55,211	143,062
3 Gross income (line 1 minus line 2)	8,000	39,000	2,703	49,703
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs		30,178		30,178
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	70,379	12,119	89,723	172,221
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				202,399
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-152,696

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Syracuse University

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 15-0532081

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 5
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SU STUDENT SCHOLARSHIPS AND FINANCIAL AID	15807	328,878,812			
(2) SEOG	1685	2,950,300			
(3) HEOP	278	1,286,507			
(4) ROOM AND BOARD	697	6,697,793			
(5) PROVISION OF BOOKS AND SUPPLIES	353		265,600	FMV	BOOKS AND SUPPLIES
(6) HIGHER EDUCATION EMERGENCY RELIEF FUND	2340	4,061,489			
(6)					
(7)					

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

Return Reference	Explanation
MONITORING THE USE OF GRANT FUNDS IN THE U.S.	PART I, LINE 2 SYRACUSE UNIVERSITY PROVIDED APPROXIMATELY \$344 MILLION IN INSTITUTIONAL AID TO UNDERGRADUATE AND GRADUATE STUDENTS IN THE FISCAL YEAR ENDED JUNE 30, 2020. THE AID PROVIDED CONSISTS OF A COMBINATION OF NEED-BASED AND MERIT-BASED GRANTS. STUDENTS MUST APPLY FOR THESE FINANCIAL AID AWARDS BY COMPLETING TWO FORMS THAT ESTABLISH ELIGIBILITY FOR NEED-BASED AID: THE COLLEGE SCHOLARSHIP SERVICE FINANCIAL AID PROFILE; AND THE FREE APPLICATION FOR FEDERAL STUDENT AID. THESE ARE STANDARD FORMS USED IN HIGHER EDUCATION FOR THIS PURPOSE. BOTH NEED-BASED AND MERIT-BASED AID PROVIDED TO STUDENTS IS APPLIED BY THE UNIVERSITY DIRECTLY TO THE STUDENT'S ACCOUNT TO ENSURE THAT THE GRANTS ARE USED FOR THEIR INTENDED PURPOSE. MERIT SCHOLARSHIPS ARE GENERALLY LIMITED TO THE AMOUNT OF TUITION. STUDENTS REACHING THE "TUITIONARE INELIGIBLE FOR ADDITIONAL SCHOLARSHIPS FROM THE UNIVERSITY. NEED-BASED AID CAN BE USED FOR ALL EDUCATIONAL RELATED EXPENSES IN ADDITION TO TUITION.
GRANTS TO ORGANIZATIONS IN THE U.S.	PART II THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO THE AMERICAN HEART ASSOCIATION, JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL, INDIGENOUS VALUES INITIATIVE, LONGHOUSE COUNCIL OF BOY SCOUTS OF AMERICA AND SUNDANCE INSTITUTE AND RECEIVED ACKNOWLEDGMENT THAT MONIES REPRESENT CHARITABLE CONTRIBUTIONS FOR EACH ORGANIZATION'S EXEMPT PURPOSE.
NUMBER OF RECIPIENTS	PART III, COLUMN B THE NUMBER OF RECIPIENTS WHO RECEIVED SCHOLARSHIPS WAS DERIVED BY QUERYING THE INDIVIDUAL STUDENT DATABASE IN THE STUDENT RECEIVABLE SYSTEM FOR ACADEMIC TERMS WITHIN THE FISCAL YEAR ENDED JUNE 30, 2020. THE QUERY LOOKED FOR TUITION DISCOUNT (FINANCIAL AID) AND OTHER ASSISTANCE USING THE DEFINITION OF SUCH ITEMS AS REPORTED IN THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. THIS PRODUCED A REPORT OF ALL STUDENTS WHO RECEIVED AID. RECOGNIZING THAT A STUDENT COULD BE RECEIVING AID IN MORE THAN ONE ACADEMIC TERM, THE INFORMATION WAS THEN SORTED BY INDIVIDUAL AND THE STUDENT WAS COUNTED ONLY ONCE PER FINANCIAL AID TYPE.
HIGHER EDUCATION EMERGENCY RELIEF FUND	Schedule I, Part III, Line 6 The Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted into law on March 27, 2020 as a \$2 Trillion National Economic Rescue Package. Approximately \$14B of the funding was reserved for higher education institutions and the students they serve through the higher education emergency relief fund (HEERF). Syracuse University was allocated approximately \$9.92M from the Fund, of which \$4,061,489 was awarded as emergency financial aid to students during the year ending June 30, 2020.

Additional Data

Software ID:
Software Version:
EIN: 15-0532081
Name: Syracuse University

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 2 CLINTON SQ SYRACUSE, NY 13202	13-5613797	501(C)(3)	8,660				SUPPORT SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION INT 200 VESEY ST NEW YORK, NY 10281	23-1907729	501(C)(3)	8,630				SUPPORT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEGENOUS VALUES INITIATIVE PO BOX 336 DEWITT, NY 13214	46-5396149	501(C)(3)	10,000				SUPPORT SUPPORT
BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13202	16-0966978	501(C)(3)	10,000				SUPPORT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNDANCE INSTITUTE 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	87-0361394	501(C)(3)	24,650				SUPPORT SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Syracuse University

Employer identification number
15-0532081

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

For each individual whose compensation must be reported 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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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
SUPPLEMENTAL INFORMATION	FIRST-CLASS TRAVEL UNIVERSITY POLICY ALLOWS, IN CERTAIN SITUATIONS, EMPLOYEES TO TRAVEL VIA FIRST-CLASS AIRFARE WHILE ON UNIVERSITY BUSINESS. AS A RESULT OF THIS POLICY, CERTAIN KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES INCLUDED IN THIS FILING AT TIMES UTILIZED FIRST-CLASS AIRFARE FOR UNIVERSITY BUSINESS TRAVEL DURING CALENDAR YEAR 2019. CHARTER TRAVEL CERTAIN SYRACUSE UNIVERSITY OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES UTILIZED CHARTER AIRLINE TRAVEL FOR BUSINESS PURPOSES. CHARTER TRAVEL ELIMINATES THE TIME CONSTRAINTS OF COMMERCIAL AIR TRAVEL, IS COST EFFECTIVE AND PERMITS GREATER SUPERVISION OF STUDENTS. TRAVEL FOR COMPANIONS CERTAIN OFFICERS AND HIGHLY COMPENSATED EMPLOYEES HAD COMPANION TRAVEL. THIS TRAVEL WAS DETERMINED TO BE BUSINESS OR PERSONAL AND TAXABLE, BASED UPON THE FACTS AND CIRCUMSTANCES OF EACH SPECIFIC INCIDENCE, AND WAS TREATED ACCORDINGLY, FOR REPORTING PURPOSES. GROSS-UP PAYMENTS AN OFFICER RECEIVED A GROSS-UP PAYMENT RELATING TO A TAXABLE TUITION OR TAXABLE TRAVEL BENEFIT WHICH WAS INCLUDED IN THE INDIVIDUAL'S COMPENSATION REPORTED ON FORM W-2. HOUSING ALLOWANCE THE CHANCELLOR IS PROVIDED WITH LODGING BENEFITS AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE EMPLOYER. INCLUDED IN SCHEDULE J, PART II, COLUMN (D) IS THE COMPUTED NON-TAXABLE MARKET VALUE OF THE CHANCELLOR'S OCCUPANCY OF SUCH PREMISES. HEALTH OR SOCIAL CLUB DUES CERTAIN HIGHLY COMPENSATED EMPLOYEES RECEIVED MEMBERSHIPS IN HEALTH OR SOCIAL CLUBS. CLUB DUES ARE DETERMINED TO BE TAXABLE OR NON-TAXABLE BASED UPON THE PERCENTAGE OF BUSINESS AND PERSONAL USE AS REPORTED ON CLUB USE CERTIFICATION STATEMENTS SUBMITTED BY THE INDIVIDUALS WITH THE MEMBERSHIPS. THE TAXABLE PORTION WAS INCLUDED IN THE INDIVIDUAL'S COMPENSATION REPORTED ON FORM W-2.
SCH J PART I LINE 4B	CERTAIN OFFICERS AND HIGHLY COMPENSATED EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: CONTRIBUTIONS MADE: KENT SYVERUD 250,000 LISA DOLAK 33,251 J. MICHAEL HAYNIE 65,549 AMIR RAHNAMAY-AZAR 100,000 MICHELE WHEATLY 52,275 M. DOLAN EVANOVICH 51,479 JAMES A. BOEHEIM JR. 40,000 DISTRIBUTIONS FROM: J. Michael Haynie 265,549 JAMES A. BOEHEIM JR. 80,000
NON-FIXED PAYMENTS	PART I, LINE 7 Certain officers, key employee and highly compensated employee received an overload/extra service/variable pay award payment. An overload/extra service/variable pay award payment is for recognition of services above normal job responsibilities. These payments were included in the individual's compensation reported on Form W-2.
COMPENSATION FOR SERVICES RENDERED TO SU	SCHEDULE J, PART II, SUPPLEMENTAL INFORMATION THE FOLLOWING IS INCLUDED IN THE BASE COMPENSATION REPORTED IN PART II, COLUMN (B) (I): DANIEL J. FRENCH'S TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$550,000 WAS PAID BY BARCLAY DAMON, AN UNRELATED ORGANIZATION. JAMES A. BOEHEIM JR.'S TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$2,478,582, INCLUDES \$2,380,077 PAID BY SYRACUSE UNIVERSITY WHICH WAS REPORTED ON FORM W-2, AND NET INCOME OF \$98,505 REALIZED BY BIG ORANGE BASKETBALL CAMP FROM CONDUCTING A SUMMER BASKETBALL CAMP WHICH IS NOT REQUIRED TO BE AND WAS NOT REPORTED BY THE UNIVERSITY ON FORM W-2 OR FORM 1099. DINO BABERS' TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$3,089,202, WAS PAID BY SYRACUSE UNIVERSITY WHICH WAS REPORTED ON FORM W-2. DINO BABERS FOOTBALL CAMPS, LLC REALIZED A NET LOSS OF \$22,668 FROM CONDUCTING SUMMER FOOTBALL CAMPS WHICH HAS NOT BEEN INCLUDED IN PART II, COLUMN (B)(I) AND WAS NOT REPORTED BY THE UNIVERSITY ON FORM W-2 OR FORM 1099. QUENTIN HILLSMAN'S TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$733,807, WAS PAID BY SYRACUSE UNIVERSITY WHICH WAS REPORTED ON FORM W-2. QUENTIN HILLSMAN ENTERPRISE INC. REALIZED A NET LOSS OF \$10,421 FROM CONDUCTING SUMMER BASKETBALL CAMPS WHICH HAS NOT BEEN INCLUDED IN PART II, COLUMN (B)(I) AND WAS NOT REPORTED BY THE UNIVERSITY ON FORM W-2 OR FORM 1099.

Additional Data

Software ID:
Software Version:
EIN: 15-0532081
Name: Syracuse 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DINO BABERS FOOTBALL HEAD COACH	(i)	3,089,202	280,000	80,736	28,000	27,020	3,504,958	0
	(ii)	0	0	0	0	0	0	0
1JAMES BOEHEIM BASKETBALL HEAD COACH	(i)	2,478,582	80,000	144,933	68,000	22,934	2,794,449	40,000
	(ii)	0	0	0	0	0	0	0
2KENT SYVERUD CHANCELLOR AND PRESIDENT	(i)	931,887	0	25,575	278,000	33,773	1,269,235	0
	(ii)	0	0	0	0	0	0	0
3J MICHAEL HAYNIE VICE CHANCELLOR- VETERANS & MA	(i)	453,370	67,632	266,957	93,549	9,686	891,194	200,000
	(ii)	0	0	0	0	0	0	0
4AMIR RAHNAMAY-AZAR Chief Financial Officer	(i)	590,570	117,300	27,730	128,000	8,257	871,857	0
	(ii)	0	0	0	0	0	0	0
5QUENTIN HILLSMAN (W) BASKETBALL HEAD COACH	(i)	733,807	55,000	11,127	28,000	32,414	860,348	0
	(ii)	0	0	0	0	0	0	0
6JOHN WILDHACK ATHLETIC DIRECTOR	(i)	654,822	97,500	19,128	28,000	23,013	822,463	0
	(ii)	0	0	0	0	0	0	0
7M DOLAN EVANOVICH SENIOR VP FOR ENROLLMENT	(i)	516,838	51,479	79	79,479	16,498	664,373	0
	(ii)	0	0	0	0	0	0	0
8MICHELE WHEATLY VICE CHANCELLOR & PROVOST	(i)	519,157	0	396	80,275	25,029	624,857	0
	(ii)	0	0	0	0	0	0	0
9EUGENE ANDERSON DEAN OF SCHOOL OF MANAGEMENT	(i)	559,192	0	396	28,000	22,720	610,308	0
	(ii)	0	0	0	0	0	0	0
10DANIEL J FRENCH SVP & GENERAL COUNSEL	(i)	550,000	0	0	0	0	550,000	0
	(ii)	0	0	0	0	0	0	0
11LISA DOLAK SVP & UNIV SECRETARY/PROFESSOR	(i)	333,146	0	258	61,251	9,760	404,415	0
	(ii)	0	0	0	0	0	0	0
12KARIN RUHLANDT DEAN OF ARTS AND SCIENCES	(i)	343,473	0	630	28,000	26,560	398,663	0
	(ii)	0	0	0	0	0	0	0
13RYAN WILLIAMS FORMER ASSOC VP FOR ENROLLMENT	(i)	308,603	0	0	28,000	16,104	352,707	0
	(ii)	0	0	0	0	0	0	0
14ZHANJIANG LIU INTERIM PROVOST	(i)	305,386	0	396	28,000	17,159	350,941	0
	(ii)	0	0	0	0	0	0	0
15GWENN JUDGE FORMER VP CFO (INTERIM)	(i)	273,402	5,000	0	28,000	20,162	326,564	0
	(ii)	0	0	0	0	0	0	0
16GEORGE M LANGFORD FORMER DEAN- ARTS & SCIENCE	(i)	166,604	0	0	16,706	2,339	185,649	0
	(ii)	0	0	0	0	0	0	0
17ELIZABETH LIDDY FORMER PROVOST	(i)	152,934	0	0	15,465	3,720	172,119	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Syracuse University

Employer identification number

15-0532081

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FBJ8	07-07-2011	50,693,415	Multi-Purpose Issue Non-Refunding	X			X		X
B TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FCK4	09-12-2013	67,827,371	MULTI-PURPOSE ISSUE NON-REFUNDING	X			X		X
C TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FDS6	12-19-2019	384,214,494	MULTI-PURP. ISSUE REFUNDING BONDS		X		X		X
D ONONDAGA CIVIC DEVELOPMENT CORPORATION	80-0458240	68283ZGB0	06-23-2020	151,545,396	REFUNDING ISSUE		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	8,355,000		7,435,000		0		0	
2	Amount of bonds legally defeased	34,920,000		47,600,000		0		0	
3	Total proceeds of issue	50,702,471		67,869,069		384,499,297		151,545,396	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	569,737		572,007		1,316,494		506,879	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	50,132,734		67,297,062		86,286,494		0	
11	Other spent proceeds	0		0		244,898,000		151,038,517	
12	Other unspent proceeds	0		0		51,998,309		0	
13	Year of substantial completion	2015		2017				2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.154 %		0.095 %		0.029 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶							0 %	
6 Total of lines 4 and 5	0.154 %		0.095 %		0.029 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	<p>SCHEDULE K, PART I, LINE A THIS FINANCING WAS PARTIALLY DEFEASED IN CONJUNCTION WITH A TAXABLE ISSUANCE ON JUNE 23, 2020. THE REMAINING BALANCE NOT DEFEASED REMAINS AN OBLIGATION OF THE UNIVERSITY THAT HAS A MATURITY PRIOR TO THE ORIGINAL CALL DATE AND WILL BE SATISFIED BY THE UNIVERSITY. SCHEDULE K, PART I, LINE B THIS FINANCING WAS PARTIALLY DEFEASED IN CONJUNCTION WITH A TAXABLE ISSUANCE ON JUNE 23, 2020. THE REMAINING BALANCE NOT DEFEASED REMAINS AN OBLIGATION OF THE UNIVERSITY THAT HAS A MATURITY PRIOR TO THE ORIGINAL CALL DATE AND WILL BE SATISFIED BY THE UNIVERSITY. SCHEDULE K, PART I, LINE C THIS FINANCING REFUNDED THE FOLLOWING DEBT ISSUANCES (NAME, EIN, CUSIP, DATE ISSUED, AMOUNT): CITY OF SYRACUSE IND DEV AGENCY 16-1231050 8717120BU 12/13/05 \$80.0M CITY OF SYRACUSE IND DEV AGENCY 16-1231050 871720BZO 01/30/08 \$14.9M ONONDAGA COUNTY IND DEV AGENCY 16-0193714 682747HG8 01/30/08 \$26.2M TRUST FOR CULTURAL RESOURCES 80-0516646 68276FAL4 01/14/10 \$30.2M OTHER PRE-2003 DEBT ISSUANCES \$44.5M SCHEDULE K, PART I, LINE D THIS FINANCING REFUNDED THE FOLLOWING DEBT ISSUANCES (NAME, EIN, CUSIP, DATE ISSUED, AMOUNT): CITY OF SYRACUSE IND DEV AGENCY 16-1231050 871720BZO 01/30/08 \$50.0M TRUST FOR CULTURAL RESOURCES 80-0516646 68276FAL4 01/14/10 \$75.5M PROCEEDS OF BOND ISSUE SCHEDULE K, PART I, COLUMN E AND PART II, LINE 3 DIFFERENCES BETWEEN THE ISSUE PRICE IN PART I AND THE TOTAL PROCEEDS OF ISSUE IN PART II CONSIST SOLELY OF EARNINGS OF CASH WITH TRUSTEE BALANCES. SPECIFIC AMOUNTS OF EARNINGS INCLUDED IN PART II NOT INCLUDED IN PART I ARE AS FOLLOWS: COLUMN A 07/07/2011 ISSUE: 9,056 COLUMN B 09/12/2013 ISSUE: 41,698 COLUMN C 12/19/2019 ISSUE: 284,803 OTHER SPENT PROCEEDS SCHEDULE K, PART II, LINE 11, COLUMN C OTHER SPENT PROCEEDS INCLUDES REFUNDING OF PRIOR PERIOD DEBT AND ASSOCIATED SWAPS IN THE AMOUNT OF \$244,148,000 AND ISSUER ADMINISTRATIVE FEE OF \$750,000 SCHEDULE K, PART II, LINE 11, COLUMN D OTHER SPENT PROCEEDS INCLUDES REFUNDING OF PRIOR PERIOD DEBT AND ASSOCIATED SWAPS IN THE AMOUNT OF \$150,833,500 AND ISSUER ADMINISTRATIVE FEE OF \$205,016.82 REFUNDING ISSUE OF TAXABLE BOND SCHEDULE K, PART II, LINE 15, COLUMN C PART OF THE PROCEEDS FROM THIS BOND ISSUANCE WERE USED TO PAY OFF TAXABLE COMMERCIAL PAPER IN THE AMOUNT OF \$30,375,000.</p>

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMN A AND B, LINE 2C:	Column A Rebate computation was performed 6/30/2016 for the initial five-year period ended 7/7/2016. Column B - Rebate computation was performed 9/12/2018 for the initial five-year period ended 9/12/2018.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Syracuse University

Employer identification number

15-0532081

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RUTH CHEN	SPOUSE - KENT SYVERUD	112,625	UNIV. EMPLOYEE - PROFESSO		No
(2) STEPHEN DORUS	SON IN LAW- MACNAUGHTON	123,994	ASSOC PROFESSOR BIOLOGY		No
(3) ULRICH B ENGLISH	SPOUSE-KARIN RUHLANDT	83,517	UNIV. EMP-RESEARCH SCIENT		No
(4) JOHN LIDDY	SON- ELIZABETH LIDDY	75,953	UNIV. EMPLOYEE - PROG. MG		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Syracuse University

Employer identification number
15-0532081

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	9	238,800	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,609	APPRAISED VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	253	11,028,556	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SPONSORED EQUIP</u>)	X	24	1,144,805	MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 108

	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 isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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
NUMBER OF CONTRIBUTIONS	PART I, COLUMN B SYRACUSE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN B.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
Syracuse University

Employer identification number

15-0532081

990 Schedule O, Supplemental Information

Return Reference	Explanation
VOLUNTEERS	Form 990 Part I Line 6 VOLUNTEERS ARE INDISPENSABLE TO THE UNIVERSITY IN THE ACCOMPLISHMENT OF THE UNIVERSITY'S EDUCATIONAL MISSION. THE BOARD OF TRUSTEES IS A COMPLETELY VOLUNTEER BOARD COMPRISED OF INDIVIDUALS WHO GIVE THEIR TIME, ENERGY AND TALENTS TO PROVIDE GUIDANCE FOR THE EFFICIENT AND EFFECTIVE GOVERNANCE OF THE UNIVERSITY. STUDENTS AND STAFF VOLUNTEER THEIR TIME AND EFFORT IN ACTIVITIES SUCH AS HELPING FRESHMEN STUDENTS MOVE INTO DORMITORIES AND ACQUAINTING THEM WITH THE CAMPUS. STUDENTS ALSO ASSIST IN DEVELOPMENT ACTIVITIES, SUCH AS THE ANNUAL "TELEFUND", TO RAISE FUNDS NEEDED TO SUPPORT THE UNIVERSITY'S EDUCATIONAL MISSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	PART III, LINE 1 AS A UNIVERSITY WITH THE CAPACITY TO ATTRACT AND ENGAGE THE BEST SCHOLARS FROM AROUND THE WORLD, YET SMALL ENOUGH TO SUPPORT A PERSONALIZED AND ACADEMICALLY RIGOROUS STUDENT EXPERIENCE, SYRACUSE UNIVERSITY FACULTY AND STAFF SUPPORT STUDENT SUCCESS BY: - ENCOURAGING GLOBAL STUDY, EXPERIENTIAL LEARNING, INTERDISCIPLINARY SCHOLARSHIP, CREATIVITY, AND ENTREPRENEURIAL ENDEAVORS - BALANCING PROFESSIONAL STUDIES WITH AN INTENSIVE LIBERAL ARTS EDUCATION - FOSTERING A RICHLY DIVERSE AND INCLUSIVE COMMUNITY OF LEARNING AND OPPORTUNITY - PROMOTING A CULTURE OF INNOVATION AND DISCOVERY - SUPPORTING FACULTY, STAFF, AND STUDENT COLLABORATION IN CREATIVE ACTIVITY AND RESEARCH THAT ADDRESS EMERGING OPPORTUNITIES AND SOCIETAL NEEDS - MAINTAINING PRIDE IN OUR LOCATION AND HISTORY AS A PLACE OF ACCESS, ENGAGEMENT, INNOVATION, AND IMPACT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	Form 990 Part III Line 4d OTHER PROGRAM SERVICE EXPENDITURES SUPPORT SYRACUSE UNIVERSITY'S ACADEMIC AND RESEARCH INITIATIVES THROUGH PROVISION OF ACADEMIC SUPPORT, STUDENT SERVICES AND GENERAL INSTITUTIONAL SUPPORT, THE CRITICAL COMPONENTS TO SEAMLESS DELIVERY AND TO MEETING THE NEEDS AND EXPECTATIONS OF SYRACUSE UNIVERSITY'S STUDENTS AND FACULTY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
BYLAW CHANGES	<p>Form 990 Part VI Line 4 The University has amended its bylaws to redefine board procedures and responsibilities. A copy of the University's bylaws can be located at policies.syr.edu</p> <p>. REVIEW PROCESS Form 990 Part VI Line 11b THE UNIVERSITY'S PROCESS OF REVIEWING THE FORM 990: The University provided its substantially complete Form 990 to members of the Trustees Audit and Executive Committee. A conference call with these committee members was held with Syracuse University's Chancellor and President and Senior Vice President and Chief Financial Officer to review the form and summary report. This review included a walkthrough of the Form and schedules with dialogue on significant items and points and a further expansion of information provided in the summary report. Questions were addressed as raised by Committee members. Once finalized, the complete copy of the University's final Form 990 (including all required schedules, as ultimately filed with the IRS) is provided to each voting member of the Board through a secured Syracuse University Board of Trustees web portal before its filing with the IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990 Part VI Line 12c THE UNIVERSITY'S REGULAR AND CONSISTENT MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY: Article XI of Syracuse University's bylaws requires an annual conflict of interest questionnaire be completed by each trustee and officer. Additionally, the University requires key employees, highest compensated employees and other identified employees and groups of employees to complete the conflict of interest questionnaire. All completed questionnaires are reviewed by the Conflicts of Interest Administrator; the Comptroller also reviews those of trustees, officers, key employees and highest compensated employees. Conflicts are aggregated into a report which is provided to the Senior Vice President and Chief Financial Officer and the Audit Committee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION POLICY	<p>Form 990 Part VI Line 15a Compensation for the Chancellor and President, officers, key employees and certain other covered individuals is established according to University policies that meet the three requirements of the rebuttable presumptions provisions under Treas. Reg. 53.4958-6. On an annual basis, typically in June, the Universitys Executive Committee of the Board of Trustees, who are independent and free of any conflicts of interest that would interfere with their exercise of independent judgment, meets to review the compensation of University leadership. The Executive Committee review is to determine the reasonableness of compensation following recommendations by the University leadership, review of national, higher education compensation surveys and internal compensation data. A record of the review is recorded in the minutes of the Board of Trustees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE	Form 990 Part VI Line 19 SYRACUSE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE UNIVERSITY'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990 PART XI LINE 9 POSTRETIREMENT BENEFIT OBLIGATION CHANGE (1,969,095)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Syracuse University

Employer identification number

15-0532081

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SU SHERATON HOTEL & CONFERENCE CENTER 801 UNIVERSITY AVE SYRACUSE, NY 13210 16-1586346	ACCOMMODATION	NY	8,510,560	11,040,050	SU
(2) ORANGE INSURANCE COMPANY LLC 100 BANK ST STE 610 BURLINGTON, VT 05401 47-3844706	INSURANCE	VT	851,168	89,095	SU

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SU ALUMNI ASSOCIATION INC 401 UNIVERSITY PLACE SYRACUSE, NY 13244 16-1431749	ALUMNI ACTVTY	NY	501(C)(3)	12A	SU	Yes	
(2) SYRACUSE UNIVERSITY (USA LONDON) 48 OLD GLOUCESTER ST WC1N 38E LONDON UK	EDUCATION	UK	N/A	N/A	SU	Yes	

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Orange Value Fund 20-4577033 721 University Ave SYRACUSE, NY 13244 20-4577033	INVESTMENTS	NY	SYRACUSE UNIV	Excluded tax 512-514	169,522	3,414,456		No	0		No	75.017 %
(2) Everett Opportunities Fund LP PO Box 448 Elgin County Elgin Ave Grand Cayman KY1-1106 CJ 36-4824732	INVESTMENTS	DE	Syracuse Univ	Excluded Tax 512-514	-1,203,325	830,778		No	-11,258		No	51.462 %

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DRUMLINS INC 800 NOTTINGHAM RD SYRACUSE, NY 13224 15-0516881	DINING/REC	NY	SYRACUSE UNIV	C Corp	2,212,654	3,194,430	100.000 %	Yes	
(2) SYRACUSE IDEAS INC 254 HINDS HALL SYRACUSE UNIVERSITY SYRACUSE, NY 13244 46-2339155	EDUCATIONAL	NY	SYRACUSE UNIV	C Corp		2,000	100.000 %	Yes	
(3) CHARITABLE REMAINDER ANNUITY TRUST - 1	CRAT	NY	SYRACUSE UNIV	Trust				Yes	
(4) CHARITABLE REMAINDER TRUST - 1	CRT	NY	SYRACUSE UNIV	Trust				Yes	
(5) CHARITABLE REMAINDER UNITRUST - 3	CRUT	NY	SYRACUSE UNIV	Trust				Yes	

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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0532081
Name: Syracuse University

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DRUMLINS INC	p	100,000	COST
DRUMLINS INC	r	357,382	COST
DRUMLINS INC	k	123,722	COST
DRUMLINS INC	m	155,326	COST
DRUMLINS INC	q	50,000	COST
DRUMLINS INC	a(i)	216	COST
SU LONDON USA	r	15,497,605	COST