

Nonprofit Explorer

Research Tax-Exempt Organizations

SYRACUSE UNIVERSITY

↳ OFFICE OF THE COMPTROLLER

SYRACUSE, NY 13244-5300 | TAX-EXEMPT SINCE OCT. 1938

Full text of "Full Filing" for fiscal year ending June 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.*

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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 foundation)

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.

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) SKYTOP OFFICE BLDG SKYTOP ROAD, Room/suite, City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 132445300

D Em 15-, E Tele (31, G Gro

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

H(a) Is this a group of subordinates? H(b) Are all subordinates included? H(c) Group exempt

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: 18

Part I Summary

Table with columns: Activities & Governance, Revenue, and Summary. Rows include mission statement, governance questions, and financial data (lines 8-15).

Expense	16a Professional fundraising fees (Part IX, column (A), line 11e)	1
	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)	411,9
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,368,5
	19 Revenue less expenses. Subtract line 18 from line 12	154,6
Net Assets or Fund Balances	Beginning of Current Year	
	20 Total assets (Part X, line 16)	3,208,4
	21 Total liabilities (Part X, line 26)	847,8
	22 Net assets or fund balances. Subtract line 21 from line 20	2,360,5

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 and documents provided to the preparer. Declaration of preparer (other than officer) is based on all information and documents provided to the preparer.

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2021-05-06	Check <input type="checkbox"/> self-employed
	Firm's name ▶ KPMG LLP			Firm's EIN ▶
	Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111			Phone no. ()

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

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Part III **Statement of Program Service Accomplishments**

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

- Briefly describe the organization's mission:
SEE SCHEDULE O.
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
- Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **788,185,833** including grants of \$ **352,011,464**) (Revenue **INSTRUCTION AND DEPARTMENTAL RESEARCH: EXPENDITURES IN THIS AREA INCLUDE SALARIES AND BENEFITS FOR FACULTY, STUDENTS, AND SUPPORT FOR FACILITIES AND EQUIPMENT, CONDUCTED FOR THE BENEFIT OF APPROXIMATELY 15,300 UNDERGRADUATE AND LAW STUDENTS ENROLLED AT SYRACUSE UNIVERSITY.**)

4b	(Code:) (Expenses \$ 107,648,723 including grants of \$) (Revenue) AUXILIARY SERVICES: EXPENDITURES IN THIS AREA INCLUDE THE INFRASTRUCTURE THAT SUPPORTS SYRACUSE UNIVERSITY DINING, AND BOOKS, INSTRUCTIONAL MATERIALS AND OTHER GOODS AND SERVICES.
4c	(Code:) (Expenses \$ 64,257,554 including grants of \$) (Revenue) SPONSORED RESEARCH AND OTHER RELATED ACTIVITIES: EXPENDITURES IN THIS AREA INCLUDE RESEARCH AND SIMILAR THE PUBLIC, PRIVATE, AND NON-PROFIT SECTORS.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 389,759,464 including grants of \$ 6,697,793) (Revenue \$)
4e	Total program service expenses 1,349,851,574

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Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization report an amount for other liabilities in Part VII, line 23? If "Yes," complete Schedule D, Part

- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that ad the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D,*
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," com Schedule D, Parts XI and XII*
- b** Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is op*
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraisi business, investment, and program service activities outside the United States, or aggregate foreign investme at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o foreign organization? *If "Yes," complete Schedule F, Parts II and IV*
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assi or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on l column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I(see instructions)*
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on P lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If complete Schedule G, Part III*
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or dc government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

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Part IV Checklist of Required Schedules (continued)

- 22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on P column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizati and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," compl Schedule J*
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,0 the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d anc complete Schedule K. If "No," go to line 25a*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," c Schedule L, Part I*
- 26** Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current

- 26** Did the organization report any amount on Part X, line 3 or 22 for receivables from or payables to any current officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or member of any of these persons? *If "Yes," complete Schedule L, Part II*
- 27** Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions):
 - a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c** A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*
- 34** Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or Part V, line 1*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*
- 36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*
- 38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 11c? All Form 990 filers are required to complete Schedule O.

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

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

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

1b	
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- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?

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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	
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- 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)

If the sum of lines 29 and 30 is greater than 250, you may be required to file (see instructions)

- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year?
- b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O
- 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)?
- 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 (114)
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
- 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?
- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts are not tax deductible?

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?
- b** If "Yes," did the organization notify the donor of the value of the goods or services provided?
- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
- d** If "Yes," indicate the number of Forms 8282 filed during the year

7d	
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- e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 if required?
- h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?

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?

9 Sponsoring organizations maintaining donor advised funds.

- a** Did the sponsoring organization make any taxable distributions under section 4966?
- b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

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

10a	
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- b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
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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	
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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	
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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.
- 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	
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- c** Enter the amount of reserves on hand

13c	
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- c Enter the amount of reserves on hand **13c**
- 14a** Did the organization receive any payments for indoor tanning services during the tax year?
- b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
- 15** Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.
- 16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, on 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year

1a	
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If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- b** Enter the number of voting members included in line 1a, above, who are independent

1b	
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- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct s of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was fi
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:
 - a** The governing body?
 - b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at t organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Interna

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, al and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before f form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?

- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AK , AZ , CA , CO , FL , KY , ME
OR , SC , WA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JEAN B GALLIPEAU SKYTOP OFFICE BUILDING SYRACUSE, NY 13244 (315) 443-3765**

Form 990 (2019)

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 this year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless 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 \$10,000 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, 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)	cc f o (
		Indiv or di	Inst	Offic	Key	High emp	Form		

	line)	fiducial trustee director	fiducial Trustee	er	employee	over est compensated	er	
(1) DINO BABERS FOOTBALL HEAD COACH	60.0 0.0					X		3,449,938
(2) JAMES BOEHEIM BASKETBALL HEAD COACH	60.0 0.0					X		2,703,515
(3) KENT SYVERUD CHANCELLOR AND PRESIDENT	60.0 0.0	X		X				957,462
(4) J MICHAEL HAYNIE VICE CHANCELLOR- VETERANS & MA	60.0 0.0			X				787,959
(5) AMIR RAHNAMAY-AZAR Chief Financial Officer	60.0 0.0			X				735,600
(6) QUENTIN HILLSMAN (W) BASKETBALL HEAD COACH	60.0 0.0					X		799,934
(7) JOHN WILDHACK ATHLETIC DIRECTOR	60.0 0.0					X		771,450
(8) M DOLAN EVANOVICH SENIOR VP FOR ENROLLMENT	60.0 0.0				X			568,396
(9) MICHELE WHEATLY VICE CHANCELLOR & PROVOST	60.0 0.0			X				519,553
(10) EUGENE ANDERSON DEAN OF SCHOOL OF MANAGEMENT	60.0 0.0					X		559,588
(11) DANIEL J FRENCH SVP & GENERAL COUNSEL	60.0 0.0			X				550,000
(12) LISA DOLAK SVP & UNIV SECRETARY/PROFESSOR	60.0 0.0			X				333,404
(13) KARIN RUHLANDT DEAN OF ARTS AND SCIENCES	60.0 0.0				X			344,103
(14) RYAN WILLIAMS FORMER ASSOC VP FOR ENROLLMENT	60.0 0.0						X	308,603
(15) ZHANJIANG LIU INTERIM PROVOST	60.0 0.0			X				305,782
(16) GWENN JUDGE FORMER VP CFO (INTERIM)	60.0 0.0						X	278,402
(17) GEORGE M LANGFORD FORMER DEAN- ARTS & SCIENCE	60.0 0.0						X	166,604

Form 990 (2019)

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

(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)	F co fr or (
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) ELIZABETH LIDDY FORMER PROVOST	60.0 0.0						X	152,934	
(19) PATRICK J AHEARN TRUSTEE	1.0 0.0	X						0	
(20) RICHARD M ALEXANDER TRUSTEE	3.0 0.0	X						0	
(21) STEVEN W BALLENTINE VICE CHAIR	3.0 0.0	X						0	
(22) STEVEN W BARNES CHAIRMAN EMERTIUS	2.0 0.0	X						0	
(23) ANDREW T BERLIN TRUSTEE	3.0 0.0	X						0	
(24) CHRISTINE A CARONA TRUSTEE	1.0 0.0	X						0	
(25) VINCENT H COHEN JR TRUSTEE	1.0 0.0	X						0	
(26) LAUREN B CRAMER TRUSTEE	1.0 0.0	X						0	
(27) DARLENE T DEREMER TRUSTEE	1.0 0.0	X						0	
(28) DAVID G EDELSTEIN VICE CHAIR	3.0 0.0	X						0	
(29) STEVEN L EINHORN TRUSTEE	1.0 0.0	X						0	
(30) CLIFFORD J ENSLEY TRUSTEE	1.0 0.0	X						0	
(31) DAVID B FALK TRUSTEE	1.0 0.0	X						0	
(32) HAROLD A FETNER	3.0								

.....		X							0
TRUSTEE	0.0								
(33) SHELLY L FISHER	1.0	X							0
.....									
TRUSTEE	0.0								
(34) WINSTON C FISHER	1.0	X							0
.....									
TRUSTEE	0.0								
(35) DAVID M FLAUM	1.0	X							0
.....									
TRUSTEE	0.0								
(36) ELISABETH FONTENELLI	3.0	X							0
.....									
TRUSTEE	0.0								
(37) RAJ-ANN REKHI GILL	1.0	X							0
.....									
TRUSTEE	0.0								
(38) NEIL A GOLD	1.0	X							0
.....									
TRUSTEE	0.0								
(39) SHARON HAINES JACQUET	1.0	X							0
.....									
TRUSTEE	0.0								
(40) JAMES P KIDDER	1.0	X							0
.....									
TRUSTEE	0.0								
(41) LAWRENCE S KRAMER	3.0	X							0
.....									
TRUSTEE	0.0								
(42) JAMES D KUHN	3.0	X							0
.....									
TRUSTEE	0.0								
(43) CHRISTINE E LARSEN	3.0	X							0
.....									
TRUSTEE	0.0								
(44) DEBORAH R LEONE	3.0	X							0
.....									
TRUSTEE	0.0								
(45) ROBERT R LIGHT	1.0	X							0
.....									
TRUSTEE	0.0								
(46) DONALD T MACNAUGHTON	1.0	X							0
.....									
TRUSTEE	0.0								
(47) PATRICIA H MAUTINO	3.0	X							0
.....									
VICE CHAIR	0.0								
(48) MARK A NEPORENT	3.0	X							0
.....									
TRUSTEE	0.0								
(49) MICHAEL A NEWHOUSE	1.0	X							0
.....									
TRUSTEE	0.0								
(50) TONIA O'CONNOR	1.0	X							0
.....									
TRUSTEE	0.0								
(51) RONALD P O'HANLEY	1.0	X							0
.....									
TRUSTEE	0.0								
(52) REINALDO PASCUAL	3.0	X							0
.....									
VICE CHAIR	0.0								
(53) EDWARD J PETTINELLA	3.0	X							0
.....									
VICE CHAIR	0.0								
(54) LOUISE PHANSTIEL	1.0	X							0
.....									
TRUSTEE	0.0								
(55) ELLIOTT I PORTNOY	1.0								

Table with columns for name, amount, and other compensation. Rows include TRUSTEE (56) DOUGLAS A PRESENT, TRUSTEE (57) JEFFREY M SCRUGGS, TRUSTEE (58) ROBERT P TAISHOFF, TRUSTEE (59) MICHAEL G THONIS, VICE CHAIR (60) MICHAEL TIRICO, TRUSTEE (61) KATHLEEN A WALTERS, BOARD CHAIR (62) DAVID N WATSON, TRUSTEE (63) MICHAEL D WOHL, TRUSTEE (64) HOWARD E WOOLLEY, TRUSTEE (65) ABDALLAH H YABROUDI.

Summary table with rows: 1b Sub-Total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c). Total value: 14,293,227.

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

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

Table with 2 columns: (A) Name and business address, (B) Description of services. Rows include VIP Structures Inc, Barclay Damon LLP, Ashley McGraw Architects PC, Geiger Gossen Campbell Engineers PC.

mayer brown LLP,
230 South LaSalle St
CHICAGO, IL 606041404

Attorneys

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$5,000 of compensation from the organization **▶ 170**

Form 990 (2019)

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	U b r
Contributions, Gifts, Grants and Other Similar Amounts	erated campaigns	1a		
	embership dues	1b		
	draising events	1c		
	143,062			
	ited organizations	1d		
	overnment grants (contributions)	1e		
	ther 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		

		Business Code	(A) Total revenue	(B) Related or exempt function revenue
Program Service Revenue	2a INSTRUCTION/DEPARTMENT RESEARCH	611600	1,029,589,191	1,029,589,191
	SPONSORED RESEARCH	611600	79,423,148	79,423,148
	AUXILIARY-RELATED ACTIVITIES	611710	108,675,303	108,675,303
	AUXILIARY-UNRELATED ACTIVITIES	541900	5,077,386	
	SHERATON SU HOTEL/CONF CTR	721110	7,429,643	204,125
	f All other program service revenue.			95,185,301
g Total. Add lines 2a-2f.			▶ 1,325,379,972	
3 Investment income (including dividends, interest, and other similar amounts)			▶ 7,989,798	

4 Income from investment of tax-exempt bond proceeds				0	
5 Royalties				277,678	
		(i) Real	(ii) Personal		
6a	Gross rents	755,674			
b	Less: rental expenses	614,496			
c	Rental income or (loss)	141,178	0		
d	Net rental income or (loss)			141,178	
		(i) Securities	(ii) Other		
7a	Gross amount from sales of assets other than inventory	681,717,698	168,698		
b	Less: cost or other basis and sales expenses	568,165,854	948,353		
c	Gain or (loss)	113,551,844	-779,655		
d	Net gain or (loss)			112,772,189	
Other Revenue	8a Gross income from fundraising events (not including \$ 143,062 of contributions reported on line 1c). See Part IV, line 18		49,703		
	b Less: direct expenses		202,399		
	c Net income or (loss) from fundraising events			-152,696	
Other Revenue	9a Gross income from gaming activities. See Part IV, line 19		0		
	b Less: direct expenses		0		
	c Net income or (loss) from gaming activities			0	
Other Revenue	10a Gross sales of inventory, less returns and allowances		0		
	b Less: cost of goods sold		0		
	c Net income or (loss) from sales of inventory			0	
11a Miscellaneous Revenue		Business Code			
	ALUMNI TOURS		541900	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

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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	Manag gene
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	
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	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,765,954	34,920,180	
9 Other employee benefits	76,207,086	70,748,840	
10 Payroll taxes	30,615,399	28,932,305	
11 Fees for services (non-employees):			
a Management	89,095		
b Legal	8,181,358	1,662,065	
c Accounting	703,536		
d Lobbying	0		
e Professional fundraising services. See Part IV, line 17	278,873		
f Investment management fees	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	
12 Advertising and promotion	4,109,015	3,999,316	
13 Office expenses	85,179,493	83,262,934	
14 Information technology	8,908,145	8,517,988	
15 Royalties	321,739	321,739	
16 Occupancy	33,956,241	31,813,013	
17 Travel	31,306,158	29,756,771	
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	
20 Interest	18,769,652	18,729,321	
21 Payments to affiliates	0		
22 Depreciation, depletion, and amortization	84,495,901	81,638,945	
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
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	
e All other expenses	76,521,988	73,824,759
25 Total functional expenses. Add lines 1 through 24e	1,411,580,571	1,349,851,574
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).		

Form 990 (2019)

Part X **Balance Sheet**

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

		(A) Beginning of year
Assets	1 Cash—non-interest-bearing	9,567,200
	2 Savings and temporary cash investments	270,021,521
	3 Pledges and grants receivable, net	108,245,993
	4 Accounts receivable, net	47,592,109
	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	C
	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)	C
	7 Notes and loans receivable, net	C
	8 Inventories for sale or use	5,110,672
	9 Prepaid expenses and deferred charges	28,567,636
	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
	11 Investments—publicly traded securities	579,767,643
	12 Investments—other securities. See Part IV, line 11	896,424,542
	13 Investments—program-related. See Part IV, line 11	31,257,408
	14 Intangible assets	C
	15 Other assets. See Part IV, line 11	C
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,208,471,300	
17 Accounts payable and accrued expenses	267,867,627	
18 Grants payable	C	
19 Deferred revenue	52,800,780	

Liabilities	17 Deferred revenue	52,550,700
	20 Tax-exempt bond liabilities	418,261,555
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,313,500
	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
	23 Secured mortgages and notes payable to unrelated third parties	8,067,864
	24 Unsecured notes and loans payable to unrelated third parties	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
	26 Total liabilities. Add lines 17 through 25	847,896,412
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
	28 Net assets with donor restrictions	803,468,001
	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	
	30 Paid-in or capital surplus, or land, building or equipment fund	
	31 Retained earnings, endowment, accumulated income, or other funds	
	32 Total net assets or fund balances	2,360,574,888
33 Total liabilities and net assets/fund balances	3,208,471,300	

Form 990 (2019)

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)
- 2** Total expenses (must equal Part IX, column (A), line 25)
- 3** Revenue less expenses. Subtract line 2 from line 1
- 4** Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
- 5** Net unrealized gains (losses) on investments
- 6** Donated services and use of facilities
- 7** Investment expenses
- 8** Prior period adjustments
- 9** Other changes in net assets or fund balances (explain in Schedule O)
- 10** Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

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 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 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 Social Security 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.

Form 990 (2019)

Additional Data

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Syracuse University

Employment

15-05321

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)(iv)**. (Attach Schedule E (Form 990 or 990-EZ).) Name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental **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 **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 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, or activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired after August 17, 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 control the management of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See instructions. Enter the number of supported organizations in line 12a and describe the type of supported organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), or by a person or persons who are organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supported 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 or the management of the supporting organization vested in the same persons that control or manage the supported organization. **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, one or more 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) but not functionally integrated. The organization generally must satisfy a distribution requirement and an asset protection 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, 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 support (see instructions)
			Yes	No	
Total					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule**

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or 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
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	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					

3	The value of services or facilities furnished by a governmental unit to the organization without charge..				
4	Total. Add lines 1 through 3	82,971,610	77,718,255	87,651,474	70,977,810
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).				
6	Public support. Subtract line 5 from line 4.				

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)
7 Amounts from line 4.	82,971,610	77,718,255	87,651,474	70,977,810	
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	
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	
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	
11 Total support. Add lines 7 through 10					

12 Gross receipts from related activities, etc. (see instructions)

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))

15 Public support percentage for 2018 Schedule A, Part II, line 14

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** 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 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** 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 **stop here** in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule

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 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	(
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	(
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 sect 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))
16 Public support percentage from 2018 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))
18 Investment income percentage from 2018 Schedule A, Part III, line 17
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 3 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organizatio
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 n not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported orqar

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

Page 4

Schedule A (Form 990 or 990-EZ) 2019

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 Section 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

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer below.
 - b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
 - c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," checked 12a or 12b in Part I, answer (b) and (c) below.
 - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion described, controlled or supervised by or in connection with its supported organizations.
 - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 in the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor in section 4958(c)(3)(C), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in **Part VI**.

- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine if the organization had excess business holdings).*

Schedule

Page 5

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

- 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, 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? *If "Yes" to a, b, or c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly elect at least a majority of the organization's directors or trustees at all times during the tax year? *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 those powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing support carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- 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 year, 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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant influence on the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

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 (
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governme

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 supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more the organization’s supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.*

3 Parent of Supported Organizations. **Answer (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 the supported organizations? *Provide details in **Part VI**.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*

Schedule

Schedule A (Form 990 or 990-EZ) 2019

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 (expl **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sec

Section A - Adjusted Net Income		(A) Prior Year
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
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):		
f Acquisition indebtedness applicable to non-exempt use assets	2	

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			
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 support instructions)		

Schedule

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions

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
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.		

Schedule A

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; 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 instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule

Additional Data

Software ID:

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Syracuse University	Ei 1!
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions (money or other property) from any one contributor. Complete Parts I and II. See instructions for details on contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part I and received from any one contributor, during the year, total contributions of the greater of (i) \$5,000 or 1% of the organization's gross receipts, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contrib
 If this box is checked, enter here the total contributions that were received during the year for an exc
 purpose. Don't complete any of the parts unless the **General Rule** applies to this organization beca
 religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Cat. No. 30613X

Schedule B

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Syracuse University	Employer ID 15-0532
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>
-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
-		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
-		
-		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution
-		
-		

Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimated value) (See instructions)
-		
-		
-		
-		
-		
-		
-		
-		
-		

No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
-		

Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Syracuse University	Employer ID number 15-05320
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the fol organizations completing Part III, enter the total of exclusively religious, charitable, etc., contrit year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferee	
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferee	
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferee	
(a)			

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferee	

Schedule B (Form 990) 2021

Additional Data

Software ID:
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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.

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 VII, line 4 (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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for "political campaign activities")
- Political campaign activity expenditures (see instructions)
- Volunteer hours for political campaign activities (see instructions)

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

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

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

(a) Name	(b) Address	(c) EIN	(d) Amount p filing organiz funds. If none -0-
1			
2			
3			
4			
5			
6			

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

Cat. No. 50084S

Sched

Schedule C (Form 990 or 990-EZ) 2019

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group me 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.)

- 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?.....

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete 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
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			

Schedule

Schedule C (Form 990 or 990-EZ) 2019

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.

- 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?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?

- j** Total. Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- 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) 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

- 1** Dues, assessments and similar amounts from members
- 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
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .
- 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?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

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); 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 U POINT OF CONTACT FOR GOVERNMENT OFFICIALS AND THEIR STAFF. GCR E PUBLIC OFFICIALS IS COMPLIANT WITH LOBBYING RULES AND REGULATION STATE AND LOCAL GOVERNMENT. THEY ARE THE DESIGNATED POINT OF CO OFFICIALS, AND ARE RESPONSIBLE FOR COORDINATING AN EFFECTIVE GOV PROGRAM. COMMUNICATION CAN BE IN THE FORM OF PHONE CALLS, IN PEI LETTERS. STAFFING WITHIN THE OFFICE OF GCR INCLUDES MANAGEMENT, NEEDED. SYRACUSE UNIVERSITY, RETAINED AKIN GUMP AS CONSULTANTS , TO ASSISTING THE UNIVERSITY WITH THE DEVELOPMENT OF A POLICY AGE FACING OUR NATION'S VETERANS. AKIN GUMP MONITORED AND EVALUATEI ON THE COMPONENTS OF FEDERAL AGENCY PROGRAMS, BUDGET AND ACTI VETERANS-FOCUSED POLICY AND ASSISTED IN THE DEVELOPMENT OF A ST COULD IMPLEMENT TO ACHIEVE GOALS OF SUPPORTING OUR STUDENT-VET AND BROADER MILITARY-CONNECTED COMMUNITY. MERCURY GROUP ASSIS LOBBYING ACTIVITES AT THE STATE LEVEL REGARDING COLLEGIATE ATHLE' LEGISLATION, COLLEGIATE SPORTS BETTING, AND COVID-19.

Schedule

Additional Data

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization Syracuse University	Employer identification number 15-0532081
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Full value of assets
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at 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, subject to the organization's exclusive legal control?		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important structure or building
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during tax year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during tax year ▶ \$ _____
- 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)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe 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 FASB ASC 958, not to report in its revenue statement and balance sheet historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public purpose, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public purpose, the following amounts relating to these items:
 - (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _
 - (ii)** Assets included in Form 990, Part X ▶ \$ _
- 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 FASB ASC 958 relating to these items:
 - a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _
 - b** Assets included in Form 990, Part X ▶ \$ _

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Schedule D (Form 990) 2019

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant 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? . . .

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 IV, 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?
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance

1c	
1d	
1e	
1f	
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .
- 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
1a Beginning of year balance	1,384,151,784	1,328,147,566	1,232,349,765	1,130,000,000
b Contributions	21,114,277	18,945,653	25,881,930	19,000,000
c Net investment earnings, gains, and losses	40,506,535	86,554,148	119,021,067	130,000,000
d Grants or scholarships	13,175,471	12,305,521	11,503,919	10,000,000
e Other expenditures for facilities and programs	35,457,752	33,965,877	34,348,777	30,000,000

f Administrative expenses	3,081,831	3,224,185	3,252,500	
g End of year balance	1,394,057,542	1,384,151,784	1,328,147,566	1,237,811,111

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** Term 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

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, Pa

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

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Schedule D (Form 990) 2019

Part VII Investments Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	592,720,551	
(B) PRIVATE EQUITY FUNDS	384,027,528	
(C) COMMINGLED FUNDS	7,474,999	
(D) INVESTMENT ACCT-FINANCIAL INST	60,088,906	
(E)		
(F)		
(G)		
(H)		
(I)		
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, Pa

(a) Description of investment	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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

(a) Description
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
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

1. (a) Description of liability
(1) Federal income taxes
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

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

Sc

Schedule D (Form 990) 2019

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		
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		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		

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		
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		
3	Subtract line 2e from line 1		
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		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		

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

Return Reference	Explanation
ORGANIZATION'S COLLECTIONS, PART III, LINE 4	SYRACUSE UNIVERSITY HAS A DIVERSE COLLECTION OF ART, SIMILAR ASSETS, INCLUDING FINE ART AND ETHNOGRAPHIC RECORDS, LIBRARY COLLECTIONS AND SPECIAL COLLECTION SYRACUSE UNIVERSITY'S COLLECTIONS IS TO COLLECT AND HISTORICAL RECORD FOR GENERATIONS OF STUDENTS AND ART GALLERIES - THE ART COLLECTION IS COMPRISED OF A FINE ART AND ETHNOGRAPHIC OBJECTS BY INTERNATIONAL AND TIME PERIODS FROM PRE-HISTORY TO THE PRESENT. TH

	<p>MEANINGFUL EDUCATIONAL EXPERIENCE AND ENCOUNTER WITH STUDENTS, FACULTY, STAFF AND THE PUBLIC. LAW LIBRARY - COMPRISED OF A DIVERSE AND HISTORIC GROUP OF LAW BOOKS ACCESS TO INFORMATION IN ORDER TO ASSIST IN DISCOVERING UNDERSTANDING THE COMPLEX RESEARCH TOOLS OF THE LE SYRACUSE UNIVERSITY ARCHIVES IS AN INFORMATION AND STAFF, STUDENTS AND OTHERS INTERESTED IN THE HISTORY DEDICATED TO PRESERVING RECORDS THAT DOCUMENT THE POLICIES, ACTIVITIES, AND PEOPLE OF SYRACUSE UNIVERSITY AVAILABLE TO RESEARCHERS AND OTHER INTERESTED PARTIES MATERIALS FROM SCHOOLS, COLLEGES AND DEPARTMENTS, SYRACUSE UNIVERSITY'S CLUBS AND ORGANIZATIONS. THE UNIVERSITY SOLICIT MATERIAL FROM FACULTY AND OTHERS THAT WILL ENHANCE THE VALUE OF THE COLLECTION. TO BE ELIGIBLE FOR INCLUSION IN THE COLLECTION CONNECTION TO SYRACUSE UNIVERSITY. ARCHIVAL RECORDS TO, THE RECORDS OF THE CHANCELLOR AND THE BOARD OF CORRESPONDENCE AND REPORTS OF SCHOOLS, COLLEGES AND DEPARTMENTS, FACULTY, STAFF AND ALUMNI; CURRICULUM INFORMATION IN PUBLICATIONS; PHOTOGRAPHS, SLIDES, VIDEOTAPES AND MICROFILM; DISSERTATIONS; NEWSPAPER CLIPPINGS; AND MEMORABILIA LIBRARY - A REFUGE FOR HUMAN KNOWLEDGE - IS TIMELESS COLLECTIONS SPAN 4,000 YEARS AND RANGE FROM SUMERIAN TO 21ST CENTURY DIGITAL DATA SETS. EVEN WHILE THE TYPES AND FORMATS OF THE LIBRARY STRIVES TO KEEP PACE, NEVER LOSING SIGHT OF ITS MISSION TO PRESERVE THE CULTURAL RECORD FOR GENERATIONS OF STUDENTS AND FACULTY COLLECTIONS - THE SPECIAL COLLECTIONS RESEARCH CENTER PROVIDES ACCESS TO DISTINGUISHED COLLECTIONS OF RARE BOOKS, MANUSCRIPTS, ARCHIVAL MATERIALS. SYRACUSE UNIVERSITY STUDENTS, FACULTY AND STAFF HAVE AVAILABLE TO THEM MORE THAN 100,000 PRINTED WORKS AND COLLECTIONS, INCLUDING IMPORTANT EDITIONS, MANUSCRIPTS, DIARIES, DRAWINGS, PHOTOGRAPHS AND MEMORABILIA.</p>
<p>ESCROW ACCOUNT LIABILITY, PART IV, LINE 2B</p>	<p>SYRACUSE UNIVERSITY MAINTAINS A LIMITED NUMBER OF ACCOUNTS AS A CUSTODIAN OR FISCAL AGENT FOR STUDENT ORGANIZATION AS AN ACCOMMODATION TO THE ORGANIZATION. THE ORGANIZATION UTILIZE SYRACUSE UNIVERSITY'S FINANCIAL SYSTEMS AND TRANSACTIONS AGAINST THESE FUNDS.</p>
<p>ENDOWMENT FUNDS CONTRIBUTIONS, PART V, LINE 4</p>	<p>THE UNIVERSITY ENDOWMENT CONSISTS OF APPROXIMATELY \$1.2 BILLION ESTABLISHED FOR A VARIETY OF PURPOSES; INCLUDING BOTH RESTRICTED AND UNRESTRICTED FUNDS AND FUNDS DESIGNATED BY THE UNIVERSITY TO FUND RESEARCH FROM THE UNIVERSITY'S ENDOWMENTS IS DONOR RESTRICTED. THE MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FINANCIAL SUPPORT FOR UNDERGRADUATE, GRADUATE AND LAW SCHOOL STUDENTS. OTHER FUNDS INCLUDE, BUT ARE NOT LIMITED TO, SUPPORT FOR THE FUNDING OF DEPARTMENT CHAIRS AND PROFESSORSHIPS, STUDY CENTERS, AND SUPPORT FOR THE UNIVERSITY'S TEACHING AND RESEARCH. THE UNIVERSITY'S SPENDING POLICY, WHICH UTILIZES AN ANNUAL BUDGET MULTIPLIED BY THE PERCENTAGE APPROVED BY THE TRUSTEES OF THE ENDOWMENT COMMITTEE, IS DESIGNED TO PROVIDE THE UNIVERSITY WITH FINANCIAL SUPPORT AND TO PRESERVE THE ENDOWMENTS' INVESTMENT VALUE.</p>
<p>FIN 48 (ASC 740) FOOTNOTE, PART X, LINE 2</p>	<p>The University is a tax-exempt organization as described in Section 1361 of the Internal Revenue Code and is generally exempt from income taxes pursuant to Section 1361 of the Internal Revenue Code. Orange Insurance Company, LLC and Syracuse University Center LLC, are wholly owned by the University and are required to file tax returns. Syracuse University Alumni Association, Inc. is a tax-exempt organization. The University is the sole member that files its own tax returns. Dr. James M. G. Thompson, Jr. is the President of the University and files its own tax returns. The Syracuse University Foundation for the advancement of education, is a registered charity under Section 501(c)(3) of the Internal Revenue Code. The consequences, if any, from these entities are reflected in the consolidated financial statements of the University. The University believes it has taken no significant actions to avoid the consequences of these entities.</p>
<p>OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN</p>	<p>PART XI, LINE 2D REVENUES OF SUBSIDIARIES \$954,099 FINANCIAL AID RETIREMENT BENEFIT \$(1,969,095) ----- TOTAL \$(1,014,996)</p>
<p>OTHER REVENUE INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS</p>	<p>PART XI, LINE 4B LOSS ON DISPOSAL \$450 RENTAL/FUNDRAISING EVENTS ----- TOTAL \$(816,445)</p>
<p>OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN</p>	<p>PART XII, LINE 2D EXPENSES OF SUBSIDIARIES \$1,479,251 FINANCIAL AID \$816,895 LOSS ON DISPOSAL \$(450) ----- TOTAL \$2,295,696</p>
<p>OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS</p>	<p>PART XII LINE 4B FINANCIAL AID \$ 358,381,717</p>

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SCHEDULE E (Form 990 or 990-EZ)

Schools

- ▶ 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
Internal Revenue Service

Name of the organization Syracuse University	Empl 15-05
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Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, by other governing instrument, or in a resolution of its governing body?
- 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?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "N please explain. If you need more space use Part II.

- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - 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.

- 5 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges?

- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- 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.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . .

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Schedule E (Form 990 or 990EZ) (2019)

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

Return Reference	Explanation
NONDISCRIMINATORY POLICY	LINE 3 Syracuse University's racial nondiscrimin disclosed in all of its brochures and catalogues d programs, and scholarships and in other written prospective students of the University's program: demonstrated that it follows this policy by contin minority groups in meaningful numbers. Accordir the requirements of Rev. Proc. 75-50 (see sectio University's policies can also be found at: supolic
FINANCIAL AID OR ASSISTANCE	LINE 6A THE UNIVERSITY RECEIVES FINANC FROM FEDERAL AGENCIES, SUCH AS THOS LOANS (\$149,400,417), PELL GRANTS (\$12,64 PROGRAM (\$4,447,980), AND FEDERAL SUPP OPPORTUNITY GRANTS (\$2,950,300).

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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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
Central America and the Caribbean			Investments		459,073,543
Central America and the Caribbean			Program Services	HIGHER ED	113,952
Central America and the Caribbean			Grantmaking		30,929
East Asia and the Pacific			Investments		13,501,981
East Asia and the Pacific	2	3	Program Services	HIGHER ED	2,990,239
East Asia and the Pacific			Grantmaking		1,149,614
East Asia and the Pacific			Fundraising		-2,781
Europe (Including Iceland and Greenland)			Investments		19,429,620
Europe (Including Iceland and Greenland)	5	172	Program Services	HIGHER ED	30,232,170
Europe (Including Iceland and Greenland)			Grantmaking		12,203,548
Europe (Including Iceland and Greenland)			Fundraising		14,852
Middle East and North Africa			Investments		494
Middle East and North Africa			Program Services	HIGHER ED	311,538
Middle East and North Africa			Grantmaking		314,993
North America			Investments		5,937,769
North America			Program Services	HIGHER ED	683,563
Russia and the Newly Independent States			Program Services	HIGHER ED	39,839
Russia and the Newly Independent States			Grantmaking		8,032
South America	1	9	Program Services	HIGHER ED	582,260
South America			Grantmaking		612,615
South Asia			Program Services	HIGHER ED	359,562
Sub-Saharan Africa			Program Services	HIGHER ED	152,284
Sub-Saharan Africa			Grantmaking		187,086
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

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

Cat. No. 50082W

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization

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**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Syracuse University

Emp
15-C

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part 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, trust or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the 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 (or retained) fundraiser list col. (i)
		Yes	No		
RKD GROUP LLC 2400 WATERVIEW PKY RICHARDSON, TX 75080	CONSULTING FEES		No	23,568	

Total					23,568

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

 All States

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

Cat. No. 50083H

S

Schedule G (Form 990 or 990-EZ) 2019

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 10, or on Form 990-EZ, line 10, and the organization received more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, line 10, or on Form 990-EZ, line 10, and the organization received more than \$5,000 of gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other e
		<u>Mirror Awards</u> (event type)	<u>Hardwood Banq.</u> (event type)	<u>2</u> (total num
Revenue	1 Gross receipts	84,873	49,978	
	2 Less: Contributions	76,873	10,978	
	3 Gross income (line 1 minus line 2)	8,000	39,000	
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs		30,178	
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	70,379	12,119	
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or on Form 990-EZ, line 6a.

ie			(b) Pull tabs/Instant	
-----------	--	--	-----------------------	--

Revenue		(a) Bingo	(b) Full table, electronic bingo/progressive bingo	(c) Other g
		1	Gross revenue	
Direct Expenses	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
	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?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

ScI

Schedule G (Form 990 or 990-EZ) 2019

11 Does the organization conduct gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

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

Name ► -----

Address ► -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and 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?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spei in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colour III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in

Return Reference	Explanation
	Sci

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efile Public Visual Render	ObjectID: 202101379349301780 - Submission: 2021-05-17
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	
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.	
Department of the Treasury Internal Revenue Service Name of the organization Syracuse University	

Part I General Information on Grants and Assistance						
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award 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 that received more than \$5,000. Part II can be duplicated if additional space is needed.						
(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) nor

(1) AMERICAN HEART ASSOCIATION 2 CLINTON SQ SYRACUSE, NY 13202	13-5613797	501(C)(3)	8,660		
(2) JUVENILE DIABETES RESEARCH FOUNDATION INT 200 VESEY ST NEW YORK, NY 10281	23-1907729	501(C)(3)	8,630		
(3) INDEGENOUS VALUES INITIATIVE PO BOX 336 DEWITT, NY 13214	46-5396149	501(C)(3)	10,000		
(4) BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13202	16-0966978	501(C)(3)	10,000		
(5) SUNDANCE INSTITUTE 5900 WILSHIRE BLVD LOS ANGELES, CA 90036	87-0361394	501(C)(3)	24,650		

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

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

Cat. No. 50055P

Schedule I (Form 990) 2019

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)
(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
(6) HIGHER EDUCATION EMERGENCY RELIEF FUND	2340	4,061,489		BOOKS
(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 STUDENTS YEAR ENDED JUNE 30, 2020. THE AID PROVIDED CONSISTS OF A COMBINATION OF NEED-BASED AND MERIT-BASED GRANT FINANCIAL AID AWARDS BY COMPLETING TWO FORMS THAT ESTABLISH ELIGIBILITY FOR NEED-BASED AID: THE COLLEGE PROFILE; AND THE FREE APPLICATION FOR FEDERAL STUDENT AID. THESE ARE STANDARD FORMS USED IN HIGHER EDUCATION AND MERIT-BASED AID PROVIDED TO STUDENTS IS APPLIED BY THE UNIVERSITY DIRECTLY TO THE STUDENT'S ACCOUNT TO MEET THEIR INTENDED PURPOSE. MERIT SCHOLARSHIPS ARE GENERALLY LIMITED TO THE AMOUNT OF TUITION. STUDENTS RECEIVE ADDITIONAL SCHOLARSHIPS FROM THE UNIVERSITY. NEED-BASED AID CAN BE USED FOR ALL EDUCATIONAL RELATED EXPENSES.
GRANTS TO ORGANIZATIONS IN THE U.S.	PART II THE UNIVERSITY PROVIDED FINANCIAL SUPPORT TO THE AMERICAN HEART ASSOCIATION, JUVENILE DIABETES RESEARCH FOUNDATION, INDIGENOUS VALUES INITIATIVE, LONGHOUSE COUNCIL OF BOY SCOUTS OF AMERICA AND SUNDANCE INSTITUTE AND 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 INTERNAL RECEIVABLE SYSTEM FOR ACADEMIC TERMS WITHIN THE FISCAL YEAR ENDED JUNE 30, 2020. THE QUERY LOOKED FOR ASSISTANCE USING THE DEFINITION OF SUCH ITEMS AS REPORTED IN THE UNIVERSITY'S AUDITED FINANCIAL STATEMENT FOR STUDENTS WHO RECEIVED AID. RECOGNIZING THAT A STUDENT COULD BE RECEIVING AID IN MORE THAN ONE ACADEMIC YEAR 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 part of the Rescue Package. Approximately \$14B of the funding was reserved for higher education institutions and the students they serve through the relief fund (HEERF). Syracuse University was allocated approximately \$9.92M from the Fund, of which \$4,061,489 was awarded during the year ending June 30, 2020.

Additional Data

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efile Public Visual Render	ObjectID: 202101379349301780 - Submission: 2021-05-17	TIN: 15-0532081
Schedule J (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	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.	<small>OMB No. 1545-0047</small> <div style="font-size: 2em; font-weight: bold; color: green;">2019</div> Open to Public Inspection
	Name of the organization Syracuse University	Employer identification number 15-0532081

Part I Questions Regarding Compensation	Yes	No									
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. <table style="width:100%; margin-top: 5px;"> <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)										
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	1b	Yes									
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?	2	Yes									
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. <table style="width:100%; margin-top: 5px;"> <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										
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: <table style="width:100%; margin-top: 5px;"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td style="text-align: center;">4a</td> <td style="text-align: center;">No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td style="text-align: center;">4b</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td> <td style="text-align: center;">4c</td> <td style="text-align: center;">No</td> </tr> </table>	a Receive a severance payment or change-of-control payment?	4a	No	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No		
a Receive a severance payment or change-of-control payment?	4a	No									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes									
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No									
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
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: <table style="width:100%; margin-top: 5px;"> <tr> <td>a The organization?</td> <td style="text-align: center;">5a</td> <td style="text-align: center;">No</td> </tr> <tr> <td>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</td> <td style="text-align: center;">5b</td> <td style="text-align: center;">No</td> </tr> </table>	a The organization?	5a	No	b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No					
a The organization?	5a	No									
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No									
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: <table style="width:100%; margin-top: 5px;"> <tr> <td>a The organization?</td> <td style="text-align: center;">6a</td> <td style="text-align: center;">No</td> </tr> <tr> <td>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</td> <td style="text-align: center;">6b</td> <td style="text-align: center;">No</td> </tr> </table>	a The organization?	6a	No	b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No					
a The organization?	6a	No									
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No									
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.	7	Yes									
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.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2019**

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization 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)

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable
---------------------------	---	---------------------------	-----------------------

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC Compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(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
	(ii)	-	-	-	-	-
2JAMES BOEHEIM BASKETBALL HEAD COACH	(i)	2,478,582	80,000	144,933	68,000	22,934
	(ii)	-	-	-	-	-
3KENT SYVERUD CHANCELLOR AND PRESIDENT	(i)	931,887	0	25,575	278,000	33,773
	(ii)	-	-	-	-	-
4J MICHAEL HAYNIE VICE CHANCELLOR- VETERANS & MA	(i)	453,370	67,632	266,957	93,549	9,686
	(ii)	-	-	-	-	-
5AMIR RAHNAMAY-AZAR Chief Financial Officer	(i)	590,570	117,300	27,730	128,000	8,257
	(ii)	-	-	-	-	-
6QUENTIN HILLSMAN (W) BASKETBALL HEAD COACH	(i)	733,807	55,000	11,127	28,000	32,414
	(ii)	-	-	-	-	-
7JOHN WILDHACK ATHLETIC DIRECTOR	(i)	654,822	97,500	19,128	28,000	23,013
	(ii)	-	-	-	-	-
8M DOLAN EVANOVICH SENIOR VP FOR ENROLLMENT	(i)	516,838	51,479	79	79,479	16,498
	(ii)	-	-	-	-	-
9MICHELE WHEATLY VICE CHANCELLOR & PROVOST	(i)	519,157	0	396	80,275	25,029
	(ii)	-	-	-	-	-
10EUGENE ANDERSON DEAN OF SCHOOL OF MANAGEMENT	(i)	559,192	0	396	28,000	22,720
	(ii)	-	-	-	-	-
11DANIEL J FRENCH SVP & GENERAL COUNSEL	(i)	550,000	0	0	0	0
	(ii)	-	-	-	-	-
12LISA DOLAK SVP & UNIV SECRETARY/PROFESSOR	(i)	333,146	0	258	61,251	9,760
	(ii)	-	-	-	-	-
13KARIN RUHLANDT DEAN OF ARTS AND SCIENCES	(i)	343,473	0	630	28,000	26,560
	(ii)	-	-	-	-	-
14RYAN WILLIAMS FORMER ASSOC VP FOR ENROLLMENT	(i)	308,603	0	0	28,000	16,104
	(ii)	-	-	-	-	-
15ZHANJIANG LIU INTERIM PROVOST	(i)	305,386	0	396	28,000	17,159
	(ii)	-	-	-	-	-
16GWENN JUDGE FORMER VP CFO (INTERIM)	(i)	273,402	5,000	0	28,000	20,162
	(ii)	-	-	-	-	-
17GEORGE M LANGFORD FORMER DEAN- ARTS & SCIENCE	(i)	166,604	0	0	16,706	2,339
	(ii)	-	-	-	-	-
18ELIZABETH LIDDY FORMER PROVOST	(i)	152,934	0	0	15,465	3,720
	(ii)	-	-	-	-	-

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 t

Return Reference

Explanation

SUPPLEMENTAL INFORMATION	FIRST-CLASS TRAVEL UNIVERSITY POLICY ALLOWS, IN CERTAIN SITUATIONS, EMPLOYEES TO TRAVEL VIA FIRST-CLASS BUSINESS. AS A RESULT OF THIS POLICY, CERTAIN KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES INCL FIRST-CLASS AIRFARE FOR UNIVERSITY BUSINESS TRAVEL DURING CALENDAR YEAR 2019. CHARTER TRAVEL CER EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES UTILIZED CHARTER AIRLINE TRAVEL FOR BUSINESS PURPOSES. CONSTRAINTS OF COMMERCIAL AIR TRAVEL, IS COST EFFECTIVE AND PERMITS GREATER SUPERVISION OF STUDENT OFFICERS AND HIGHLY COMPENSATED EMPLOYEES HAD COMPANION TRAVEL. THIS TRAVEL WAS DETERMINED TO BE BASED UPON THE FACTS AND CIRCUMSTANCES OF EACH SPECIFIC INCIDENT, AND WAS TREATED ACCORDINGLY. PAYMENTS AN OFFICER RECEIVED A GROSS-UP PAYMENT RELATING TO A TAXABLE TUITION OR TAXABLE TRAVEL (E) INDIVIDUAL'S COMPENSATION REPORTED ON FORM W-2. HOUSING ALLOWANCE THE CHANCELLOR IS PROVIDED (F) EMPLOYMENT AND FOR THE CONVENIENCE OF THE EMPLOYER. INCLUDED IN SCHEDULE J, PART II, COLUMN (D) (I) OF THE CHANCELLOR'S OCCUPANCY OF SUCH PREMISES. HEALTH OR SOCIAL CLUB DUES CERTAIN HIGHLY COMPEN IN HEALTH OR SOCIAL CLUBS. CLUB DUES ARE DETERMINED TO BE TAXABLE OR NON-TAXABLE BASED UPON THE AS REPORTED ON CLUB USE CERTIFICATION STATEMENTS SUBMITTED BY THE INDIVIDUALS WITH THE MEMBERS (I) 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 RE SYVERUD 250,000 LISA DOLAK 33,251 J. MICHAEL HAYNIE 65,549 AMIR RAHNAMAY-AZAR 100,000 MICHELE WHE/ 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 service/variable pay award payment is for recognition of services above normal job responsibilities. These payments 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 J. FRENCH'S TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$550,000 WAS PAID BY BARCLAY DAMON, AI BOEHEIM JR.'S TOTAL COMPENSATION REPORTED IN PART II, (B) (I) OF \$2,478,582, INCLUDES \$2,380,077 PAID (I) REPORTED ON FORM W-2, AND NET INCOME OF \$98,505 REALIZED BY BIG ORANGE BASKETBALL CAMP FROM COP WHICH IS NOT REQUIRED TO BE AND WAS NOT REPORTED BY THE UNIVERSITY ON FORM W-2 OR FORM 1099. DII IN PART II, (B) (I) OF \$3,089,202, WAS PAID BY SYRACUSE UNIVERSITY WHICH WAS REPORTED ON FORM W-2. D NET LOSS OF \$22,668 FROM CONDUCTING SUMMER FOOTBALL CAMPS WHICH HAS NOT BEEN INCLUDED IN PART THE UNIVERSITY ON FORM W-2 OR FORM 1099. QUENTIN HILLSMAN'S TOTAL COMPENSATION REPORTED IN PART SYRACUSE UNIVERSITY WHICH WAS REPORTED ON FORM W-2. QUENTIN HILLSMAN ENTERPRISE INC. REALIZED (I) SUMMER BASKETBALL CAMPS WHICH HAS NOT BEEN INCLUDED IN PART II, COLUMN (B)(I) AND WAS NOT REPORT FORM 1099.

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Schedule K (Form 990)	Supplemental Information on Tax-Exempt Bonds
	<p>▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</p> <p>▶ Attach to Form 990.</p> <p>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</p>
Department of the Treasury Internal Revenue Service	
Name of the organization Syracuse University	Emp 15-C

Part I Bond Issues						
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	
A TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FBJ8	07-07-2011	50,693,415	Multi-Purpose Issue Non-Refunding	
B TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FCK4	09-12-2013	67,827,371	MULTI-PURPOSE ISSUE NON-REFUNDING	
C TRUST FOR CULTURAL RESOURCES CO OF ONONDAGA	80-0516646	68276FDS6	12-19-2019	384,214,494	MULTI-PURP. ISSUE REFUNDING BONDS	
D ONONDAGA CIVIC DEVELOPMENT CORPORATION	80-0458240	682832GB0	06-23-2020	151,545,396	REFUNDING ISSUE	

Part II Proceeds			
		A	B
1 Amount of bonds retired		8,355,000	7,435,000
2 Amount of bonds legally defeased		34 970 000	47 600 000

3	Total proceeds of issue	50,702,471	67,869,069			
4	Gross proceeds in reserve funds	0	0			
5	Capitalized interest from proceeds	0	0			
6	Proceeds in refunding escrows	0	0			
7	Issuance costs from proceeds	569,737	572,007			
8	Credit enhancement from proceeds	0	0			
9	Working capital expenditures from proceeds	0	0			
10	Capital expenditures from proceeds	50,132,734	67,297,062			
11	Other spent proceeds	0	0			
12	Other unspent proceeds	0	0			
13	Year of substantial completion	2015	2017			
		Yes	No	Yes	No	Yes
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
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
16	Has the final allocation of proceeds been made?	X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X
Part III Private Business Use						
		A		B		
		Yes	No	Yes	No	Yes
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	
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X

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Schedule K (Form 990) 2019

Part III Private Business Use (Continued)

		A		B		
		Yes	No	Yes	No	Yes
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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
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	
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 %	
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 ▶					
6	Total of lines 4 and 5		0.154 %		0.095 %	
7	Does the bond issue meet the private security or payment test?		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	
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	
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

Part IV Arbitrage

		A		B		C	
		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		
2	If "No" to line 1, did the following apply?						
a	Rebate not due yet?		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		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		
b	Name of provider	0		0		0	
c	Term of hedge						

d	Was the hedge superintegrated?					
e	Was the hedge terminated?					

Schedule K (Form 990) 2019

Part IV Arbitrage (Continued)

	A		B		C	
	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		
b Name of provider	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		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C	
	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	

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE K, PART I, LINE A THIS FINANCING WAS PARTIALLY DEFEASED IN CONJUNCTION WITH A TAXABLE ISSUANCE ON BALANCE NOT DEFEASED REMAINS AN OBLIGATION OF THE UNIVERSITY THAT HAS A MATURITY PRIOR TO THE ORIGINAL C THE UNIVERSITY. SCHEDULE K, PART I, LINE B THIS FINANCING WAS PARTIALLY DEFEASED IN CONJUNCTION WITH A TAXA REMAINING BALANCE NOT DEFEASED REMAINS AN OBLIGATION OF THE UNIVERSITY THAT HAS A MATURITY PRIOR TO THE SATISFIED BY THE UNIVERSITY. SCHEDULE K, PART I, LINE C THIS FINANCING REFUNDED THE FOLLOWING DEBT ISSUANCE (AMOUNT): CITY OF SYRACUSE IND DEV AGENCY 16-1231050 8717120BU 12/13/05 \$80.0M CITY OF SYRACUSE IND DEV AG 01/30/08 \$14.9M ONONDAGA COUNTY IND DEV AGENCY 16-0193714 682747HG8 01/30/08 \$26.2M TRUST FOR CULTURAL F 01/14/10 \$30.2M OTHER PRE-2003 DEBT ISSUANCES \$44.5M SCHEDULE K, PART I, LINE D THIS FINANCING REFUNDED THE (NAME, EIN, CUSIP, DATE ISSUED, AMOUNT): CITY OF SYRACUSE IND DEV AGENCY 16-1231050 871720BZO 01/30/08 \$50.1 80-0516646 68276FAL4 01/14/10 \$75.5M PROCEEDS OF BOND ISSUE SCHEDULE K, PART I, COLUMN E AND PART II, LINE 3 PRICE IN PART I AND THE TOTAL PROCEEDS OF ISSUE IN PART II CONSIST SOLELY OF EARNINGS OF CASH WITH TRUSTEE EARNINGS INCLUDED IN PART II NOT INCLUDED IN PART I ARE AS FOLLOWS: COLUMN A 07/07/2011 ISSUE: 9,056 COLUMI COLUMN C 12/19/2019 ISSUE: 284,803 OTHER SPENT PROCEEDS SCHEDULE K, PART II, LINE 11, COLUMN C OTHER SPENT PRIOR PERIOD DEBT AND ASSOCIATED SWAPS IN THE AMOUNT OF \$244,148,000 AND ISSUER ADMINISTRATIVE FEE OF \$7 COLUMN D OTHER SPENT PROCEEDS INCLUDES REFUNDING OF PRIOR PERIOD DEBT AND ASSOCIATED SWAPS IN THE AMO ADMINISTRATIVE FEE OF \$205,016.82 REFUNDING ISSUE OF TAXABLE BOND SCHEDULE K, PART II, LINE 15, COLUMN C PAI BOND ISSUANCE WERE USED TO PAY OFF TAXABLE COMMERCIAL PAPER IN THE AMOUNT OF \$30,375,000.
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 c for the initial five-year period ended 9/12/2018.

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<p>efile Public Visual Render ObjectID: 202101379349301780 - Submission: 2021-05-17</p>	
<p>Schedule L (Form 990 or 990-EZ)</p> <p>Department of the Treasury Internal Revenue Service</p>	<p align="center">Transactions with Interested Persons</p> <p align="center">▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.</p> <p align="center">▶ Attach to Form 990 or Form 990-EZ.</p> <p align="center">▶ Go to www.irs.gov/Form990 for instructions and the latest information.</p>
<p>Name of the organization Syracuse University</p>	<p>Employee 15-05321</p>
<p>Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organi: Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part</p>	

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under s 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 27, reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?	
			To	From			Yes	No
Total						\$		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance

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Schedule L (Form 990 or 990-EZ) 2019

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) Descriptor
(1) RUTH CHEN	SPOUSE - KENT SYVERUD	112,625	UNIV. EMPLOYEE -
(2) STEPHEN DORUS	SON IN LAW- MACNAUGHTON	123,994	ASSOC PROFESSC
(3) ULRICH B ENGLICH	SPOUSE-KARIN RUHLANDT	83,517	UNIV. EMP-RESEA
(4) JOHN LIDDY	SON- ELIZABETH LIDDY	75,953	UNIV. EMPLOYEE -

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Part V Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization Syracuse University	Employ 15-0532
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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	nc
1 Art—Works of art	X	9	238,800	APPR
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		4,609	APPR
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	MARKE
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				
	SPONSORED				
25	Other ▶ (<u>EQUIP</u>)	X	24	1,144,805	MARKE
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 held 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

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Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution. 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 COLUMN B.

S

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization Syracuse University	Empl 15-05
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Return Reference	Explanation
VOLUNTEERS	Form 990 Part I Line 6 VOLUNTEERS ARE INDISPENSABLE TO THE UNIVERSITY IN THE AC UNIVERSITY'S EDUCATIONAL MISSION. THE BOARD OF TRUSTEES IS A COMPLETELY VC OF INDIVIDUALS WHO GIVE THEIR TIME, ENERGY AND TALENTS TO PROVIDE GUIDANCE EFFECTIVE GOVERNANCE OF THE UNIVERSITY. STUDENTS AND STAFF VOLUNTEER TH ACTIVITIES SUCH AS HELPING FRESHMEN STUDENTS MOVE INTO DORMITORIES AND A CAMPUS. STUDENTS ALSO ASSIST IN DEVELOPMENT ACTIVITIES, SUCH AS THE ANNUA FUNDS NEEDED TO SUPPORT THE UNIVERSITY'S EDUCATIONAL MISSION.
ORGANIZATION'S MISSION	PART III, LINE 1 AS A UNIVERSITY WITH THE CAPACITY TO ATTRACT AND ENGAGE THE E AROUND THE WORLD, YET SMALL ENOUGH TO SUPPORT A PERSONALIZED AND ACADI EXPERIENCE, SYRACUSE UNIVERSITY FACULTY AND STAFF SUPPORT STUDENT SUCCS GLOBAL STUDY, EXPERIENTIAL LEARNING, INTERDISCIPLINARY SCHOLARSHIP, CREATI ENDEAVORS - BALANCING PROFESSIONAL STUDIES WITH AN INTENSIVE LIBERAL ARTS RICHLY DIVERSE AND INCLUSIVE COMMUNITY OF LEARNING AND OPPORTUNITY - PRO INNOVATION AND DISCOVERY - SUPPORTING FACULTY, STAFF, AND STUDENT COLLABC AND RESEARCH THAT ADDRESS EMERGING OPPORTUNITIES AND SOCIETAL NEEDS - M LOCATION AND HISTORY AS A PLACE OF ACCESS, ENGAGEMENT, INNOVATION, AND IMI
OTHER PROGRAM SERVICES	Form 990 Part III Line 4d OTHER PROGRAM SERVICE EXPENDITURES SUPPORT SYRACU: AND RESEARCH INITIATIVES THROUGH PROVISION OF ACADEMIC SUPPORT, STUDENT INSTITUTIONAL SUPPORT, THE CRITICAL COMPONENTS TO SEAMLESS DELIVERY AND EXPECTATIONS OF SYRACUSE UNIVERSITY'S STUDENTS AND FACULTY.
BYLAW CHANGES	Form 990 Part VI Line 4 The University has amended its bylaws to redefine board procedures an Universitys bylaws can be located at policies.syr.edu. REVIEW PROCESS Form 990 Part VI Line PROCESS OF REVIEWING THE FORM 990: The University provided its substantially complete Trustees Audit and Executive Committee. A conference call with these committee members was Chancellor and President and Senior Vice President and Chief Financial Officer to review the form included a walkthrough of the Form and schedules with dialogue on significant items and points a information provided in the summary report. Questions were addressed as raised by Committee i complete copy of the University's final Form 990 (including all required schedules, as ultimately fi each voting member of the Board through a secured Syracuse University Board of Trustees web
CONFLICT OF INTEREST POLICY	Form 990 Part VI Line 12c THE UNIVERSITY'S REGULAR AND CONSISTENT MONITORING / CONFLICT OF INTEREST POLICY: Article XI of Syracuse University's bylaws requires an annua be completed by each trustee and officer. Additionally, the University requires key employees, hig other identified employees and groups of employees to complete the conflict of interest questionr are reviewed by the Conflicts of Interest Administrator; the Comptroller also reviews those of trus highest compensated employees. Conflicts are aggregated into a report which is provided to the Financial Officer and the Audit Committee.
COMPENSATION POLICY	Form 990 Part VI Line 15a Compensation for the Chancellor and President, officers, key employ individuals is established according to University policies that meet the three requirements of the provisions under Treas. Reg. 53.4958-6. On an annual basis, typically in June, the Universitys E) Trustees, who are independent and free of any conflicts of interest that would interfere with their i meets to review the compensation of University leadership. The Executive Committee review is to compensation following recommendations by the University leadership, review of national, higher and internal compensation data. A record of the review is recorded in the minutes of the Board of
PUBLIC DISCLOSURE	Form 990 Part VI Line 19 SYRACUSE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE UNIVERSITY'S V
OTHER	FORM 990 PART VI LINE 9 POSTRETIREMENT BENEFIT OBLIGATION CHANGE (1,000,000)

OTHER
CHANGES
IN NET
ASSETS

FORM 990 PART XI LINE 9 POSTRETIREMENT BENEFIT OBLIGATION CHANGE (1,969,095)

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ 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

Emplo
15-05:

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
(1) SU SHERATON HOTEL & CONFERENCE CENTER 801 UNIVERSITY AVE SYRACUSE, NY 13210 16-1586346	ACCOMMODATION	NY	8,510,560	
(2) ORANGE INSURANCE COMPANY LLC 100 BANK ST STE 610 BURLINGTON, VT 05401 47-3844706	INSURANCE	VT	851,168	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36, and the organization has 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 (if sect)
(1) SU ALUMNI ASSOCIATION INC 401 UNIVERSITY PLACE SYRACUSE, NY 13244 16-1431749	ALUMNI ACTVTY	NY	501(C)(3)	12A
(2) SYRACUSE UNIVERSITY (USA LONDON) 48 OLD GLOUCESTER ST WC1N 38E LONDON UK	EDUCATION	UK	N/A	N/A

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Cat. No. 50135Y

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part III, line 1. List all 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
(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
(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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part III, line 1. List all 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
(1) DRUMLINS INC 800 NOTTINGHAM RD SYRACUSE, NY 13224 15-0516881	DINING/REC	NY	SYRACUSE UNIV	C Corp	2,212,654
(2) SYRACUSE IDEAS INC 254 HINDS HALL SYRACUSE UNIVERSITY SYRACUSE, NY 13244 46-2339155	EDUCATIONAL	NY	SYRACUSE UNIV	C Corp	
(3) CHARITABLE REMAINDER ANNUITY TRUST - 1	CRAT	NY	SYRACUSE UNIV	Trust	
(4) CHARITABLE REMAINDER TRUST - 1	CRT	NY	SYRACUSE UNIV	Trust	
(5) CHARITABLE REMAINDER UNITRUST - 3	CRUT	NY	SYRACUSE UNIV	Trust	

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35I

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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 tra

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	
(1) DRUMLINS INC	p	100,000	COST
(2) DRUMLINS INC	r	357,382	COST
(3) DRUMLINS INC	k	123,722	COST
(4) DRUMLINS INC	m	155,326	COST
(5) DRUMLINS INC	q	50,000	COST
(6) DRUMLINS INC	a(i)	216	COST
(7) SU LONDON USA	r	15,497,605	COST

Schedule R (Form 990) 2019

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (m was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropri allocatic
				Yes	No			Yes

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

Return Reference	Explanation
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