

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
<b>Sign Here</b>	***** Signature of officer  MARTIN J HOWARD SVP, CFO, & TREASURER Type or print name and title
	2020-05-15 Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name  Preparer's signature  Date 2020-05-13 Check <input type="checkbox"/> if self-employed PTIN P01231800
	Firm's name ▶ KPMG LLP  Firm's EIN ▶
	Firm's address ▶ 60 South Street Boston, MA 02111  Phone no (617) 988-1000

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	1,456,086,530	including grants of \$	485,832,867 )	(Revenue \$	1,614,029,030 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	300,009,172	including grants of \$	85,541,245 )	(Revenue \$	23,031,039 )
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	293,944,811	including grants of \$		(Revenue \$	323,295,452 )
See Additional Data							

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	111,061,962	including grants of \$		(Revenue \$		)

<b>4e</b>	<b>Total program service expenses ▶</b>	2,161,102,475					
-----------	---	---------------	--	--	--	--	--

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b> Yes	
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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 optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b> Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b> Yes	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b> Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b> Yes	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b> Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**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 . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 41,809	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	27,059	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ► AS , BE , EI , FR , GM , IT , NZ , SP , SZ , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		5
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>	Yes	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 42		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 39		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> 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>16a</b> Yes	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b> Yes	

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: AK, CA, HI, KY, MD, MA, MI, NH, NY, OH, OR, SC

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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.  
 ▶ GILLIAN EMMONS 881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON, MA 022151303 (617) 353-2290

## 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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	9,036,483	3,551,271	1,434,992

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 ▶ 3,118

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SHAWMUT WOODWORKING SUPPLY INC, 560 HARRISON AVENUE Boston, MA 02218	CONSTRUCTION	41,444,431
ARAMARK FOOD AND SUPPORT SERVICES I, 775 COMMONWEALTH AVENUE Boston, MA 02215	FOOD SERVICES	21,677,839
Bond Brothers Inc, 145 Spring Street Everett, MA 02149	Construction	16,830,246
Chapman ConstructionDesign Company, 84 Winchester Street Newton, MA 02461	Construction	13,975,702
Suffolk Construction Company Inc, 65 Allerton Street Boston, MA 02119	Construction	9,522,681

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 336</p>	
--	--



Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,145,431				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	346,198,324				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	175,750,129				
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .		6,999,511				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		523,093,884				
Program Service Revenue			Business Code				
	<b>2a</b> TUITION AND FEES . . . . .		900099	1,614,029,030	1,614,029,030		
	<b>b</b> AUX SALES & SERVICES . . . . .		900099	323,295,452	323,295,452		
	<b>c</b> NON-GOVERNMENT GRANTS . . . . .		900099	23,031,039	23,031,039		
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,960,355,521				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		44,051,607		-7,796,670	51,848,277	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶		7,226,640			7,226,640	
	<b>5</b> Royalties . . . . . ▶		1,492,202			1,492,202	
			(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .		35,074,212				
	<b>b</b> Less rental expenses . . . . .		19,820,143				
	<b>c</b> Rental income or (loss) . . . . .		15,254,069	0			
	<b>d</b> Net rental income or (loss) . . . . . ▶		15,254,069			15,254,069	
			(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		2,167,935,274	3,547,767			
	<b>b</b> Less cost or other basis and sales expenses . . . . .		2,077,067,831	3,758,000			
	<b>c</b> Gain or (loss) . . . . .		90,867,443	-210,233			
	<b>d</b> Net gain or (loss) . . . . . ▶		90,657,210		106,074	90,551,136	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,145,431 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	1,703,612			
	<b>b</b> Less direct expenses . . . . .		b	1,422,597			
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			281,015		281,015	
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .		a	0			
	<b>b</b> Less direct expenses . . . . .		b	0			
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		a	0			
<b>b</b> Less cost of goods sold . . . . .		b	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0				
Miscellaneous Revenue		Business Code					
<b>11a</b> Rentals and Leasing . . . . .		532000	15,014,608	15,014,608			
<b>b</b> Parking . . . . .		812930	1,858,976	1,858,976			
<b>c</b> Fitness and Recreational Sports Center . . . . .		713940	1,377,104	1,377,104			
<b>d</b> All other revenue . . . . .			845,732	845,732			
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			19,096,420				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			2,661,508,568	1,960,355,521	11,405,824	166,653,339	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	76,818,456	76,818,456		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	485,832,867	485,832,867		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	8,722,789	8,722,789		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,739,830	4,386,410	491,933	861,487
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	345,081	345,081		
<b>7</b> Other salaries and wages.	918,330,563	789,359,558	113,486,330	15,484,675
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	78,697,660	67,645,304	9,725,375	1,326,981
<b>9</b> Other employee benefits.	120,924,560	103,941,827	14,943,731	2,039,002
<b>10</b> Payroll taxes.	72,766,827	62,547,402	8,992,448	1,226,977
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	3,155,010		3,155,010	
<b>c</b> Accounting.	587,470		587,470	
<b>d</b> Lobbying.	450,268	450,268		
<b>e</b> Professional fundraising services. See Part IV, line 17.	123,321			123,321
<b>f</b> Investment management fees.	3,154,952		3,154,952	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	131,981,435	119,474,133	10,413,404	2,093,898
<b>12</b> Advertising and promotion.	12,739,282	11,285,209		1,454,073
<b>13</b> Office expenses.	42,586,004	39,080,218	1,706,675	1,799,111
<b>14</b> Information technology.	38,168,296	12,241,689	25,716,049	210,558
<b>15</b> Royalties.	711,158	711,158		
<b>16</b> Occupancy.	193,211,114	179,663,703	13,420,895	126,516
<b>17</b> Travel.	30,574,896	26,498,343	2,900,529	1,176,024
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	11,949,092	7,885,160	2,244,482	1,819,450
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	130,840,044	118,559,677	12,280,367	
<b>23</b> Insurance.	5,290,250	2,960,143	2,330,107	
<b>24</b> 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):				
<b>a</b> RESEARCH & LAB SUPPLIES	31,006,736	31,006,736		
<b>b</b> DUES & MEMBERSHIPS	5,812,519	5,589,209	188,029	35,281
<b>c</b> EDUCATIONAL SERVICES	2,212,354	1,083,850	1,120,606	7,898
<b>d</b> BOOKS & PERIODICALS	2,047,622	2,047,622		
<b>e</b> All other expenses	14,122,206	2,965,663	11,156,543	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,428,902,662	2,161,102,475	238,014,935	29,785,252
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	271,100,324	<b>2</b>	361,541,823
	<b>3</b> Pledges and grants receivable, net . . . . .	234,920,303	<b>3</b>	226,307,320
	<b>4</b> Accounts receivable, net . . . . .	216,109,815	<b>4</b>	230,328,095
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	8,365,503	<b>7</b>	8,782,003
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	39,237,440	<b>9</b>	34,481,184
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,470,300,502		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,746,645,143	2,610,786,348	<b>10c</b> 2,723,655,359
	<b>11</b> Investments—publicly traded securities . . . . .	1,389,690,846	<b>11</b>	1,695,508,862
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,622,331,413	<b>12</b>	1,635,498,179
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	103,816,541
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,392,541,992	<b>16</b>	7,019,919,366	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	508,247,829	<b>17</b>	239,551,185
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	275,714,516	<b>19</b>	292,148,616
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,103,105,000	<b>20</b>	1,099,605,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	326,815,587	<b>23</b>	584,472,702
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	260,016,020	<b>25</b>	671,733,131
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,473,898,952	<b>26</b>	2,887,510,634
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,243,586,040	<b>27</b>	2,412,769,663
	<b>28</b> Temporarily restricted net assets . . . . .	879,307,000	<b>28</b>	880,980,648
	<b>29</b> Permanently restricted net assets	795,750,000	<b>29</b>	838,658,421
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	3,918,643,040	<b>33</b>	4,132,408,732
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	6,392,541,992	<b>34</b>	7,019,919,366

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,661,508,568
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,428,902,662
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	232,605,906
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,918,643,040
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	73,883,292
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-92,723,506
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,132,408,732

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103547

**Name:** Trustees of Boston University

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

RESEARCH - WHAT SETS BOSTON UNIVERSITY APART AS A RESEARCH UNIVERSITY IS THE BREADTH AND DEPTH OF ITS RESEARCH AND THE UNIQUELY ENTREPRENEURIAL SPIRIT OF ITS FACULTY RESEARCHERS AT BU ARE NOT AFRAID TO CROSS DISCIPLINARY BOUNDARIES, AS CAN BE SEEN BY STRATEGIC EFFORTS TO SUPPORT INTERDISCIPLINARY RESEARCH AND EDUCATION IN NEUROSCIENCE, RELIGION AND WORLD AFFAIRS, INTEGRATIVE BIOLOGY, CLEAN ENERGY, SUSTAINABILITY AND THE ENVIRONMENT, HEALTH CARE DELIVERY, AND GLOBAL HEALTH, TO NAME A FEW IN EACH CASE, THE EMPHASIS IS NOT ON INTERDISCIPLINARITY FOR ITS OWN SAKE, BUT ON USING A MULTIFACETED APPROACH TO SOLVE THE IMPORTANT AND COMPLEX PROBLEMS FACING SOCIETY TODAY

---

**Form 990, Part III, Line 4c:**

AUXILIARIES - AUXILIARY ENTERPRISES SUPPORT THE MISSION OF BOSTON UNIVERSITY BY PROVIDING ESSENTIAL SERVICES TO THE CAMPUS COMMUNITY. THEY ARE ENTERPRISES IN THAT THEY ARE GENERALLY SELF-SUPPORTING ACTIVITIES, RECOVERING THEIR COSTS THROUGH THE FEES OR PRICES THEY CHARGE FOR THEIR GOODS AND SERVICES. AT BOSTON UNIVERSITY, AUXILIARY ENTERPRISES ARE DESIGNED TO DELIVER SUPERIOR QUALITY SERVICES THAT ARE EXPECTED BY THE STUDENTS, FACULTY, STAFF AND ALUMNI.

---

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT A BROWN ..... PRESIDENT	55 0 ..... 1 0	X		X				1,540,912	0	474,074
CATALDO W LEONE ..... TRUSTEE & PROFESSOR	55 0 ..... 0 0	X						282,665	0	60,050
KENNETH J FELD ..... CHAIRMAN	3 0 ..... 0 0	X						0	0	0
J KENNETH MENGES JR ..... TRUSTEE - VICE CHAIRMAN	3 0 ..... 0 0	X						0	0	0
RICHARD D REIDY ..... TRUSTEE - VICE CHAIRMAN	3 0 ..... 0 0	X						0	0	0
CARLA E MEYER ..... TRUSTEE, V CHWM(AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
WILLIAM D BLOOM ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RICHARD D COHEN ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
JONATHAN R COLE ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SHAMIM A DAHOD ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHANIEL DALTON ..... TRUSTEE (AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
SUDARSHANA DEVADHAR ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
AHMASS L FAKAHANY ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
MAURICE R FERRE ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SANDRA A FRAZIER ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
CAROL N FULP ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RYAN K ROTH GALLO ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RICHARD C GODFREY ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SUNGEUN HAN-ANDERSEN ..... TRUSTEE (UNTIL 9-13-18)	3 0 ..... 0 0	X						0	0	0
JOHN P HOWE III ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM A KAMER ..... TRUSTEE (UNTIL 9-13-18)	3 0 ..... 0 0	X						0	0	0
STEPHEN R KARP ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RAJEN A KILACHAND ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RANCH C KIMBALL ..... TRUSTEE (AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
ROBERT A KNOX ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
ANDREW R LACK ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
KEVIN MERIDA ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RUTH A MOORMAN ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
ALICIA C MULLEN ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
PETER T PAUL ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUES P PEROLD ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
CA LANCE PICCOLO ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
ALLEN I QUESTROM ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SHARON G RYAN ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
SD SHIBULAL ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
RICHARD SHIPLEY ..... TRUSTEE (AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
HUGO X SHONG ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
BIPPY M SIEGAL ..... TRUSTEE (UNTIL 9-13-18)	3 0 ..... 0 0	X						0	0	0
KENNETH Z SLATER ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
MALEK SUKKAR ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NINA C TASSLER ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
ANDREA L TAYLOR ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
ELIZABETH C THORS ..... TRUSTEE (AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
PETER WEXLER ..... TRUSTEE (AS OF 9-13-18)	3 0 ..... 0 0	X						0	0	0
STEPHEN M ZIDE ..... TRUSTEE	3 0 ..... 0 0	X						0	0	0
MARTIN J HOWARD ..... SR VP, CFO, & TREASURER	55 0 ..... 1 0			X				532,792	0	88,698
TODD L C KLIPP ..... S VP, S C, SEC (UNTIL 9-13-18)	55 0 ..... 0 0			X				1,400,060	0	51,679
ERIKA GEETTER ..... VP, G C, SEC (AS OF 9-13-18)	55 0 ..... 0 0			X				560,017	0	35,548
JEAN MORRISON ..... UNIVERSITY PROVOST	55 0 ..... 0 0				X			774,886	0	307,556
KAREN H ANTMAN ..... MEDICAL CAMPUS PROVOST	55 0 ..... 4 0				X			905,731	0	32,406

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY W NICKSA ..... SR VP FOR OPERATIONS	55 0 ..... 1 0				X			560,635	0	56,799
TONY TANNOURY ..... PROFESSOR & PHYSICIAN	0 0 ..... 55 0					X		0	1,333,880	132,902
PUSHKAR MEHRA ..... PROFESSOR & ORAL SURGEON	55 0 ..... 0 0					X		1,372,260	0	59,475
WILLIAM CREEVY ..... PROFESSOR & PHYSICIAN	0 0 ..... 55 0					X		0	1,134,574	57,759
CLARISSA HUNNEWELL ..... CHIEF INVESTMENT OFFICER	55 0 ..... 0 0					X		1,106,525	0	32,598
XINNING LI ..... PROFESSOR & PHYSICIAN	0 0 ..... 55 0					X		0	1,082,817	45,448

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Trustees of Boston University

Employer identification number

04-2103547

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	478,784,224	432,431,459	539,254,044	514,583,182	523,093,884	2,488,146,793
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4	<b>Total.</b> Add lines 1 through 3	478,784,224	432,431,459	539,254,044	514,583,182	523,093,884	2,488,146,793
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)						48,617,980
6	<b>Public support.</b> Subtract line 5 from line 4						2,439,528,813

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	478,784,224	432,431,459	539,254,044	514,583,182	523,093,884	2,488,146,793
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,819,237	98,109,891	112,240,685	73,772,534	95,641,331	475,583,678
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,463,243	1,698,313				3,161,556
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0					0
11	<b>Total support.</b> Add lines 7 through 10						2,966,892,027
12	Gross receipts from related activities, etc. (see instructions)					12	8,697,704,909
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

<b>Section C. Computation of Public Support Percentage</b>		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 82.225 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 81.270 %
<b>16a</b>	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV Supporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a		
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	11b		
		11c		

Section B. Type I Supporting Organizations			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
		2		

Section C. Type II Supporting Organizations			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).			
		1		

Section D. All Type III Supporting Organizations			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		

Section E. Type III Functionally-Integrated Supporting Organizations			Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103547  
Name: Trustees of Boston University

Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Trustees of Boston University	<b>Employer identification number</b> 04-2103547
---	---

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		
<b>e</b>	Publications, or published or broadcast statements?	Yes		
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		709,302
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		
<b>j</b>	Total. Add lines 1c through 1i			709,302
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING ACTIVITY EXPLANATION	SCHEDULE C, PART II-B, LINE 1 THE UNIVERSITY HAS A FEDERAL RELATIONS OFFICE WHICH MONITORS LEGISLATION AND OTHER FEDERAL GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY, SOMETIMES WITH THE ASSISTANCE OF CONSULTANTS. THE OFFICE ALSO SERVES AS A LIAISON BETWEEN THE UNIVERSITY AND VARIOUS GOVERNMENT OFFICIALS. THE UNIVERSITY FILES QUARTERLY REPORTS WITH CONGRESS DETAILING THESE ACTIVITIES AND EXPENSES. THE UNIVERSITY ALSO HAS TWO STAFF MEMBERS WHO HAVE RESPONSIBILITY FOR MONITORING LEGISLATION AND GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY ON THE STATE LEVEL. THE UNIVERSITY FILES SEMIANNUAL REPORTS WITH THE COMMONWEALTH OF MASSACHUSETTS DETAILING THESE ACTIVITIES AND EXPENSES. IT IS POSSIBLE THAT OTHER INDIVIDUALS MAY HAVE SPENT AN INSUBSTANTIAL PORTION OF THEIR TIME ON LEGISLATIVE MATTERS OF DIRECT CONCERN TO HIGHER EDUCATION AND MAY HAVE INCURRED INSUBSTANTIAL EXPENSES IN CONNECTION WITH THIS ACTIVITY. BOSTON UNIVERSITY PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS IN AN EFFORT TO STAY CURRENT ON A WIDE VARIETY OF ACADEMIC, RESEARCH, GOVERNANCE, AND OTHER ISSUES. SOME OF THESE MEMBERSHIP ORGANIZATIONS CONDUCT LOBBYING ACTIVITIES, WHICH ARE REFLECTED IN THE UNIVERSITY'S LOBBYING REPORTS. A THIRD PARTY CONSULTANT is retained by Boston University to track federal legislative and agency developments OF INTEREST TO AND/OR AFFECTING THE University. SCHEDULE C, PART II-B, LINES 1D AND 1E THE UNIVERSITY POSTS FACT SHEETS CONTAINING LOBBYING MATERIALS DIRECTED AT ITS CONSTITUENCIES AND POLICYMAKERS TO THE UNIVERSITY'S WEBSITE. THE UNIVERSITY'S FEDERAL RELATIONS OFFICE ALSO DELIVERS THESE FACT SHEETS TO RELEVANT POLICYMAKERS. THE COST OF CREATING, POSTING, AND DELIVERING THE FACT SHEETS IS INCLUDED IN THE TOTAL LOBBYING EXPENSES REPORTED ON PART II-B, LINE 1J.



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☒ Other EDUCATION

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	2,128,183,005	1,901,152,882	1,593,186,499	1,576,594,417	1,547,493,496
b Contributions . . . . .	101,819,085	127,245,589	160,802,323	107,883,764	51,729,011
c Net investment earnings, gains, and losses	142,075,738	171,346,295	211,456,207	-33,644,386	32,600,137
d Grants or scholarships . . . . .	20,661,758	18,565,345	17,591,210	16,360,403	14,455,011
e Other expenditures for facilities and programs . . . . .	50,550,131	45,447,184	39,762,970	35,000,932	34,080,533
f Administrative expenses . . . . .	8,328,939	7,549,232	6,937,967	6,285,961	6,692,683
g End of year balance . . . . .	2,292,537,000	2,128,183,005	1,901,152,882	1,593,186,499	1,576,594,417

2

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

a

Board designated or quasi-endowment ▶ 43 200 %

b

Permanent endowment ▶ 29 000 %

c

Temporarily restricted endowment ▶ 27 800 %

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? . . . . .

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	47,489,317	194,053,961		241,543,278
b Buildings . . . . .	180,508,999	3,348,916,423	1,281,996,572	2,247,428,850
c Leasehold improvements	54,492,525	35,872,152	51,597,919	38,766,758
d Equipment . . . . .	1,173,334	358,408,977	214,687,124	144,895,187
e Other . . . . .		249,384,814	198,363,528	51,021,286
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				2,723,655,359

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVES-HEDGE	610,813,080	F
(B) ALTERNATIVES-NATURAL RESOURCES	88,015,837	F
(C) ALTERNATIVES-PRIVATE	482,985,683	F
(D) NON-MARKETABLE ALTERNATIVES	12,527,991	F
(E) ALTERNATIVES-REAL ESTATE	378,789,257	F
(F) RESIDUAL ASSET NOTE RECEIVABLE	62,366,331	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	1,635,498,179	

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ANNUITIES PAYABLE	7,339,657
FINANCE LEASE OBLIGATION	132,527,863
OPERATING LEASE OBLIGATION	106,642,075
RESIDUAL ASSET NOTE OBLIGATION	26,665,159
FEDERAL PERKINS LOAN ADVANCES	40,199,718
COND ASSET RETIREMENT OBLIGATION	13,496,312
POST-RETIREMENT OBLIGATION	1,700,671
FV OF INT RATE EXCHANGE AGREEMENTS	343,161,676
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	671,733,131

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

☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103547  
Name: Trustees of Boston University

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ANNUITIES PAYABLE	7,339,657
FINANCE LEASE OBLIGATION	132,527,863
OPERATING LEASE OBLIGATION	106,642,075
RESIDUAL ASSET NOTE OBLIGATION	26,665,159
FEDERAL PERKINS LOAN ADVANCES	40,199,718
COND ASSET RETIREMENT OBLIGATION	13,496,312
POST-RETIREMENT OBLIGATION	1,700,671
FV OF INT RATE EXCHANGE AGREEMENTS	343,161,676

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	THE UNIVERSITY'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS ON THE STATEMENT IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS RELEASES FROM TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS HAD BEEN RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS CONSIST OF WORKS OF ART, ARTIFACTS, RARE BOOKS, HISTORICAL DOCUMENTS, AND OTHER SIMILAR MATERIALS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY THE COLLECTIONS ARE SUBJECT TO A DEACCESSION POLICY REQUIRING THAT PROCEEDS FROM THE DISPOSITION OF AN OBJECT BE USED TO SUPPORT THE PRESERVATION AND DEVELOPMENT OF THE UNIVERSITY'S COLLECTIONS



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, TO SUPPORT INCREASED FINANCIAL AID, TO HIRE ADDITIONAL FACULTY, AND TO BUILD OR UPDATE FACILITIES IT ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY DEPARTMENTS, PROGRAMS, AND SCHOLARSHIPS, AND HELPS STEM RISES IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID FOR WITH STUDENT TUITION AND FEES SCHEDULE D, PART X, LINE 2 THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THE UNIVERSITY HAS UNRELATED BUSINESS INCOME NO PROVISION FOR FEDERAL INCOME TAXES DUE WAS RECORDED AS OF JUNE 30, 2019 OR 2018 THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS

<b>SCHEDULE E</b> (Form 990 or 990-EZ)	<b>Schools</b>  ▶ <b>Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</b>  ▶ <b>Attach to Form 990 or Form 990-EZ.</b>  ▶ <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for the latest instructions.</b>	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>

Department of the Treasury Name of the organization Trustees of Boston University	<b>Employer identification number</b>  04-2103547
---	---

Part I		YES	NO
<b>1</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	Yes	
<b>4</b>	Does the organization maintain the following?		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	Yes	
<b>5</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		No
<b>b</b>	Admissions policies?		No
<b>c</b>	Employment of faculty or administrative staff?		No
<b>d</b>	Scholarships or other financial assistance?		No
<b>e</b>	Educational policies?		No
<b>f</b>	Use of facilities?		No
<b>g</b>	Athletic programs?		No
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		No
<b>6a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II		No
<b>7</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	<p>BOSTON UNIVERSITY PROHIBITS DISCRIMINATION AGAINST ANY INDIVIDUAL ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, MILITARY SERVICE, OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES, INCLUDING ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS, HOUSING, EMPLOYMENT, COMPENSATION, EMPLOYEE BENEFITS, AND THE PROVIDING OF, OR ACCESS TO, UNIVERSITY SERVICES OR FACILITIES. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY. ACCORDINGLY, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ACHIEVE EQUAL OPPORTUNITY THROUGH RECRUITMENT, OUTREACH, AND INTERNAL REVIEWS OF POLICIES AND PRACTICES. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 19 DEERFIELD STREET, BOSTON, MA 02115 (617-353-9286). THE UNIVERSITY'S NONDISCRIMINATION POLICY IS ON THE UNIVERSITY WEBSITE, WWW.BU.EDU.</p>
SCHEDULE E, PART I, LINE 6A	<p>BOSTON UNIVERSITY PARTICIPATES IN SEVERAL FEDERAL FINANCIAL AID PROGRAMS INCLUDING THE FEDERAL PELL GRANT PROGRAM AND THE FEDERAL WORK STUDY PROGRAM. IN ADDITION, THE UNIVERSITY RECEIVES FEDERAL GRANTS AND CONTRACTS IN SUPPORT OF ITS RESEARCH MISSION. FEDERAL AGENCIES PROVIDING SUPPORT FOR UNIVERSITY RESEARCH AND TRAINING INCLUDED THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF ENERGY, AND THE US AGENCY FOR INTERNATIONAL DEVELOPMENT.</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Boston University

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

04-2103547

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total		7			10,409,828
<b>b</b> Total from continuation sheets to Part I					647,613,780
<b>c Totals</b> (add lines 3a and 3b)	20	294			658,023,608

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

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 12

3	Enter total number of other organizations or entities . . . . .	17
---	---	----

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 2	THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF RESEARCH FUNDS OUTSIDE OF THE UNITED STATES TO THE OFFICE OF POST AWARD FINANCIAL OPERATIONS THIS OFFICE MONITORS ALL DOMESTIC AND FOREIGN SUBRECIPIENT GRANT MAKING ACTIVITY, INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS WHEN APPROVING INVOICE PAYMENTS CHARGED TO RESEARCH GRANTS, THE VALIDITY OF EXPENSES AND THE ACHIEVEMENT OF SCIENTIFIC AND TECHNICAL PROGRESS IS VERIFIED BY THE PRINCIPAL INVESTIGATOR OR HIS/HER DESIGNEE BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS KEY INDICATORS SUCH AS HIGH SCHOOL GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM AND EXTRACURRICULAR ACTIVITIES SCHEDULE F, PART I, LINE 3 THE INFORMATION REPORTED UNDER SCHEDULE F, PART I IS BASED ON REVIEW OF DISBURSEMENTS TO FOREIGN VENDORS AS WELL AS GRANT, PAYROLL, TRAVEL, AND INVESTMENT DATA GRANT MAKING ACTIVITIES CONSIST OF RESEARCH GRANTS TO SUBRECIPIENTS



Additional Data

Software ID:  
Software Version:  
EIN: 04-2103547  
Name: Trustees of Boston University

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Fundraising		8,032
East Asia and the Pacific			Fundraising		236,593

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Fundraising		59,879
Middle East and North Africa			Fundraising		59,181

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Fundraising		9,211
South America			Fundraising		389

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Fundraising		8,138
Central America and the Caribbean			Grantmaking		130,831

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		243,052
Europe (Including Iceland and Greenland)			Grantmaking		6,245,389

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking		31,651
North America			Grantmaking		178,240

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		40,243
South Asia			Grantmaking		505,691

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		1,162,239
Central America and the Caribbean		5	Program Services	RESEARCH	346,966



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		2	Program Services	RESEARCH	1,144,103
Europe (Including Iceland and Greenland)		11	Program Services	RESEARCH	3,355,951

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	RESEARCH	87,520
North America		3	Program Services	RESEARCH	497,396

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	RESEARCH	28,337
South America		2	Program Services	RESEARCH	186,229

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	1	5	Program Services	RESEARCH	429,994
Sub-Saharan Africa		9	Program Services	RESEARCH	2,486,875

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	SEMINARS	149,870
East Asia and the Pacific			Program Services	SEMINARS	1,062,500

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	SEMINARS	1,781,652
Middle East and North Africa			Program Services	SEMINARS	205,355

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	SEMINARS	462,480
South America			Program Services	SEMINARS	119,003

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	SEMINARS	147,356
Sub-Saharan Africa			Program Services	SEMINARS	142,817



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	SEMINARS	29,686
East Asia and the Pacific	4	48	Program Services	STUDY ABROAD	8,229,237

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	15	205	Program Services	STUDY ABROAD	27,926,516
Middle East and North Africa			Program Services	STUDY ABROAD	276,715

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	STUDY ABROAD	84,399
South America		4	Program Services	STUDY ABROAD	502,062

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	STUDY ABROAD	172,737
Sub-Saharan Africa			Program Services	STUDY ABROAD	61,571

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	STUDY ABROAD	1,606
East Asia and the Pacific			Investments		3,652,289

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		47,033,597
South Asia			Investments		11,646,317

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments		23,525,561
South America			Investments		9,275,702

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		503,074,995
Sub-Saharan Africa			Investments		801,363



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	STUDENT FINANCIAL AID	3,000
Europe (Including Iceland and Greenland)			Program Services	STUDENT FINANCIAL AID	169,092

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	STUDENT FINANCIAL AID	4,000

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	1,734,698	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	1,306,055	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH	904,538	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	834,148	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	524,461	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	472,955	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	RESEARCH	441,034	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	399,887	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	273,173	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	248,878	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH	220,052	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	204,671	WIRE			



Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH	194,646	WIRE			
		North America	RESEARCH	143,742	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	139,699	WIRE			
		Central America and the Caribbean	RESEARCH	130,831	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	49,990	WIRE			
		Sub-Saharan Africa	RESEARCH	38,055	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	34,497	WIRE			
		South America	RESEARCH	32,393	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	RESEARCH	31,651	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	30,006	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	RESEARCH	28,438	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	26,768	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH	23,000	WIRE			
		South Asia	RESEARCH	19,887	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	RESEARCH	16,332	WIRE			
		South America	RESEARCH	7,850	WIRE			



Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH	25,000	WIRE			



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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>WBUR Valentine</b> (event type)	<b>WBUR Mother's</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,070,897	1,040,895	737,251	2,849,043
	<b>2</b> Less Contributions . . . . .	112,242	375,380	657,809	1,145,431
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	958,655	665,515	79,442	1,703,612
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .			52,756	52,756
	<b>7</b> Food and beverages . . . . .	2,491	3,639	65,076	71,206
	<b>8</b> Entertainment . . . . .			6,000	6,000
	<b>9</b> Other direct expenses . . . . .	618,899	597,768	75,968	1,292,635
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,422,597
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				281,015

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

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

Name ► .....

Address ► .....

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference

Explanation

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

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? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 193

3 Enter total number of other organizations listed in the line 1 table . . . . . 48

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION AND STIPEND FOR STUDENT & POST-DOC	18764	36,227,847	449,605,020	COST	TUITION OFFSET
(2)					
(3)					
(4)					
(5)					
(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
SCHEDULE I, PART I, LINE 2	THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF RESEARCH FUNDS TO THE OFFICE OF POST AWARD FINANCIAL OPERATIONS THIS OFFICE MONITORS ALL DOMESTIC SUBRECIPIENT GRANT MAKING ACTIVITY, INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS WHEN APPROVING INVOICE PAYMENTS CHARGED TO RESEARCH GRANTS, THE VALIDITY OF EXPENSES AND THE ACHIEVEMENT OF SCIENTIFIC AND TECHNICAL PROGRESS ARE VERIFIED BY THE PRINCIPAL INVESTIGATOR OR HIS/HER DESIGNEE Schedule I, Part III BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS KEY INDICATORS SUCH AS HIGH SCHOOL GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM AND EXTRACURRICULAR ACTIVITIES ALL GRANTS AND OTHER STUDENT FINANCIAL AID IS DESIGNATED FOR EDUCATIONAL PURPOSES ONLY

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103547  
**Name:** Trustees of Boston University

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

[illegible]

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albany Medical College 47 New Scotland Ave Albany, NY 12208	14-1338310	501C3	75,555				RESEARCH
American Academy of Pediatrics PO Box 776442 PO Box 1388 Chicago, IL 60677	36-2275597	501C3	182,023				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American College of Radiology 1818 Market Street PO Box 1388 Philadelphia, PA 19103	36-2261602	501C3	596,113				RESEARCH
Amicrobe Inc 3142 Tiger Run Ct Carlsbad, CA 92010	27-4438018		649,612				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ann & Robert H Lurie Childrens Hospital 225 E Chicago Ave Box 271 6th Floor Chicago, IL 60611	36-2170833	501C3	48,120				RESEARCH
Association of Maternal & Child Health 1825 K Street NW 6th Floor Washington, DC 20006	52-1529448	501C3	43,340				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Augusta University Research Institute PO Box 945552 Suite 501 Atlanta, GA 30394	58-1418202	501C3	113,837				RESEARCH
Bay Area Bioscience Center 701 Gateway Blvd Ste 440 Suite 501 South San Francisco, CA 94080	94-3118621	501C3	183,670				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor College of Medicine PO Box 301207 Suite 501 Dallas, TX 75303	74-1613878	501C3	221,968				RESEARCH
Bedford VA Research Corporation Inc 200 Springs Rd Bedford, MA 01730	04-3512440	501C3	48,765				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215	04-2103881	501C3	814,416				RESEARCH
Board of Trustees of the Leland Stanford PO Box 44253 MS 0124 San Francisco, CA 94144	94-1156365	501C3	437,893				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Trustees of University of Chicago 28392 Network Place Chicago, IL 60673	37-6000511	STATE GOVT	22,777				RESEARCH
Boston Health Care for the Homeless 780 Albany Street Boston, MA 02118	04-3160480	501C3	56,479				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Medical Center 660 Harrison Ave Boston, MA 02118	04-3314093	501C3	1,223,108				RESEARCH
Boston VA Research Institute Inc 150S Huntington Ave Boston, MA 02130	04-3081524	501C3	186,776				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bowdoin College 5400 College Stations 2nd FL Grants Adm Brunswick, ME 04011	01-0215213	501C3	33,230				RESEARCH
Brandeis University PO Box 549110 Waltham, MA 02454	04-2103552	501C3	138,990				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brooklyn Bureau Community Service 285 Schermerhorn Street Brooklyn, NY 11217	11-1630780	501C3	40,086				RESEARCH
Brown University 69 Brown St 2nd Fl Providence, RI 02912	05-0258809	501C3	509,077				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bugworks Research Inc 13962 Pierce Rd Saratoga, CA 95070	46-4722591		1,806,326				RESEARCH
Butler Hospital 350 Duncan Dr At Providence, RI 02906	05-0258812	501C3	107,457				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cardiovascular Engineering Inc 1 Edgewater Drive Norwood, MA 02062	04-3428135		456,647				RESEARCH
HERRERA CONSULTING GROUP LLC 6123 Utah Ave NW Washington, DC 20015	81-2848801		15,450				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carnegie Mellon University PO Box 371032 Pittsburgh, MA 15250	25-0969449	501C3	122,677				RESEARCH
Casa Esperanza Inc 302 Eustis Street Roxbury, MA 02119	22-2525437	501C3	85,269				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL COLORADO 13123 E 16th Ave Aurora, CO 80045	84-0166760	501C3	38,621				RESEARCH
Childrens Hospital Corporation PO Box 414413 Boston, MA 02241	04-2774441	501C3	1,338,026				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Hospital of Wisconsin Inc 9000 W Wisconsin Ave MLC 4900 Milwaukee, WI 53226	39-0812532	501C3	154,437				RESEARCH
Childrens Research Institute 801 Roeder Road Silver Spring, MD 20910	52-1654453	501C3	193,180				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cidara Therapeutics Inc 6310 Nancy Ridge Dr San Diego, CA 92121	46-1537286		40,633				RESEARCH
City of New Bedford 181 Hillman St New Bedford, MA 02740	04-6001402	LOCAL GOVT	30,382				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Claremont Graduate University 150 E Tenth Street Ste 300 Claremont, CA 91711	95-1664100	501C3	17,727				RESEARCH
Cleveland Clinic Foundation PO Box 931562 Cleveland, OH 44193	34-0714585	501C3	80,281				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Department of Public Health 4300 Cherry Creek Dr South Denver, CO 80246	84-0644739	STATE GOVT	66,378				RESEARCH
Colorado Seminary 2199 S University Blvd Denver, CO 80210	84-0404231	501C3	36,171				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado State University 2002 Campus Delivery Mail Stop BP451 Fort Collins, CO 80523	84-6000545	501C3	24,947				RESEARCH
Commonweal PO Box 316 451 Mesa Road Bollinas, CA 94924	94-2366094	501C3	10,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Commonwealth of Kentucky Cabinet for Health and 310 Whittington Pkwy Louisville, KY 40222	61-6001481	STATE GOVT	77,554				RESEARCH
Connectsix LLC 4707 140th Ave Clearwater, FL 33762	47-4743058		30,470				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Contrafect Corp 28 Wells Ave 3rd Fl VAMC 518 Yonkers, NY 10701	39-2072586		856,203				RESEARCH
Cornell University PO Box 22 Suite 300 Ithaca, NY 14851	15-0532082	501C3	86,134				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Curza Global LLC 6510 Millrock Dr VAMC 518 Salt Lake City, UT 84121	80-0908094		631,056				RESEARCH
Dana-Farber Cancer Institute Inc 450 Brookline Ave Suite 300 Boston, MA 02215	04-2263040	501C3	152,114				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Drexel University PO Box 95000-1010 Philadelphia, PA 19195	23-1352630	501C3	110,075				RESEARCH
Duke University PO Box 602651 Suite 300 Charlotte, NC 28260	56-0532129	501C3	533,689				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Carolina University 2200 Scharles Blvd Greenville, NC 27858	56-6000403	STATE GOVT	100,210				RESEARCH
Educational Testing Service PO Box 371986 Pittsburgh, PA 15251	21-0634479	501C3	175,022				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORION'S DESIGN 1273 East St Ste 603 Mansfield, MA 02048	26-3524398		180,119				RESEARCH
EMORY UNIVERSITY PO Box 935084 MS 2E1 Atlanta, GA 31193	58-0566256	501C3	220,522				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Endicott College 376 Hale St Beverly, MA 01915	04-2103567	501C3	41,041				RESEARCH
Entasis Therapeutics Inc 35 Gatehouse Drive Waltham, MA 02451	47-3440942		4,532,918				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Voices PO Box 37188 MS 2E1 Albuquerque, NM 87176	85-0430800	501C3	79,942				RESEARCH
Fikst LLC 45 Industrial Pkwy Woburn, MA 01801	20-3934602		72,844				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida International Univ BOT 11200 SW 8th St Miami, FL 33199	65-0177616	501C3	776,483				RESEARCH
Fordham University 441 East Fordham Rd NY, NY 10458	13-1740451	501C3	47,466				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Forge Therapeutics Inc 10578 Science Ctr San Diego, CA 92121	80-0940055		2,840,600				RESEARCH
Franklin & Marshall College PO Box 3003 Lancaster, PA 17604	23-1352635	501C3	213,219				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Franklin Primary Health Center Inc 1303 Dr MLK Jr Ave Mobile, AL 36603	63-0695975	501C3	86,974				RESEARCH
Fred Hutchinson Cancer Research Center 1100 Fairview Ave North Seattle, WA 98109	23-7156071	501C3	11,204				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
George Mason University 4400 University Drive Fairfax, VA 22030	54-0836354	501C3	9,120				RESEARCH
Georgetown University Box 571164 Washington, DC 20057	53-0196603	501C3	30,369				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgia Tech Research Corporation PO Box 100117 Suite 700 Atlanta, GA 30384	58-0603146	501C3	8,883				RESEARCH
Gillette Childrens Specialty Health 200 University Ave Saint Paul, MN 55101	36-3379150	501C3	164,258				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GreenRoots Inc 227 Marginal St Suite 1 Chelsea, MA 02150	81-2718273	501C3	6,000				RESEARCH
Health Management Associates Inc 120 N Washington Sq Lansing, MI 48933	38-2599727	501C3	100,625				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Research Inc 150 Broadway Suite 560 Suite 210 Menands, NY 12204	14-1402155	501C3	164,635				RESEARCH
HelixBind Inc 181 Cedar Hill St Marlborough, MA 01752	46-1399706		914,793				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry Ford Health System One Ford Pl Detroit, MI 48202	38-1357020	501C3	40,840				RESEARCH
HJF Medical Research International 6720-A Rockledge Dr Bethesda, MD 20817	52-2322791	501C3	128,291				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Holyoke Health Center Inc PO Box 6260 230 Maple St Holyoke, MA 01041	04-2492730	501C3	161,516				RESEARCH
Icahn School of Medicine at Mount Sinai 1 Gustave Levy Pl New York, NY 10029	13-6171197	501C3	240,095				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Impact Marketing and Communications 10219 Green Holly Silver Spring, MD 20902	16-1694206		125,857				RESEARCH
Indiana University PO Box 78000 Dept 78867 South West Detroit, MI 48278	35-6001673	STATE GOVT	130,717				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Inhibrx Inc 11025 N Torrey Pines Rd La Jolla, CA 92037	82-4257312		523,957				RESEARCH
Inhibrx LP 11099 N Torrey Pines Rd La Jolla, CA 92037	27-2290837		60,967				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Innovations for Poverty Action 101 Whitney Avenue South West New Haven, CT 06510	06-1660068	501C3	271,775				RESEARCH
Institute for Life Science Entrepreneurship 1000 Morris Ave Union, NJ 07083	46-5632420	501C3	29,253				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Institute for Health and Recovery 349 Broadway Cambridge, MA 02139	04-3086647	501C3	30,985				RESEARCH
Integrated BioTherapeutics 4 Research Ct Rockville, MD 20850	20-3052840		1,471,910				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jaeb Center for Health Research Foundation 15310 Amberly Drive Ste 350 Tampa, FL 33647	59-3187624	501C3	309,624				RESEARCH
Jane Diagnostics Inc 201 Freeman St Brookline, MA 02446	81-3218529		42,083				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Johns Hopkins University 12529 Collections Ctr Dr Chicago, IL 60693	52-0595110	501C3	461,070				RESEARCH
Kaiser Foundation Research Institute 1800 HARRISON ST OAKLAND, CA 94612	94-1105628	501C3	78,571				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kansas State University 2323 Anderson Ave Manhattan, KS 66502	48-0771751	STATE GOVT	23,110				RESEARCH
Legacy Community Health Services PO Box 66308 Houston, TX 77266	76-0009637	501C3	93,384				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lowell Observatory 1400 W Mars Hill Road Flagstaff, AZ 86001	86-0098918	501C3	8,197				RESEARCH
Macrolide Pharmaceuticals Inc 480 Arsenal Way 130 Watertown, MA 02472	90-1138559		705,122				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANAGEMENT SCIENCES FOR HEALTH 200 Rivers Edge Dr Medford, MA 02155	04-2482188	501C3	23,703				RESEARCH
Mapp Biopharmaceutical Inc 6160 Lusk Blvd San Diego, CA 92121	20-0037593		470,957				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts Green High Performance 100 Bigelow St Holyoke, MA 01040	27-3014805	501C3	17,366				RESEARCH
Massachusetts Institute of Technology 77 Mass Ave CAMBRIDGE, MA 02139	04-2103594	501C3	875,100				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic Jacksonville PO Box 860334 Minneapolis, MN 55486	59-3337028	501C3	476,709				RESEARCH
Melinta Therapeutics Inc 300 George St Ste 301 New Haven, CT 06511	06-1599437		279,995				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mental Health Center of Denver 4141 E Dickenson Pl Rm G-547 Denver, CO 80222	74-2499946	501C3	57,876				RESEARCH
Mentor Washington 15500 SE30th Place Bellevue, WA 98007	20-8335617	501C3	37,199				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Merrimack College 315 Turnpike Street North Andover, MA 01845	04-2103731	501C3	18,161				RESEARCH
Michigan State University 426 Auditorium Road East Lansing, MI 48824	38-6005984	STATE GOVT	112,210				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Microbiotix Inc One Innovation Dr Worcester, MA 01605	06-1538344		1,870,091				RESEARCH
MicuRx Pharmaceuticals 555 Bryant St Ste 433 Palo Alto, CA 94301	26-0358968		909,599				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miriam Hospital 1 Hoppin St Providence, RI 02903	05-0258905	501C3	110,763				RESEARCH
Molecular NeuroImaging LLC 60 Temple St New Haven, CT 06510	06-1594851	501C3	99,795				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mucommune LLC 1040 Dolores St San Francisco, CA 94110	47-3360279		81,947				RESEARCH
Multnomah County 421 SW Oak St Ste 210 Portland, OR 97204	93-6002309	LOCAL GOVT	6,107				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Museum of Science 1 Science Park Boston, MA 02114	04-2103916	501C3	19,661				RESEARCH
Mycosynthetix Inc 505 Meadowlands Dr Hillsborough, NC 27278	36-4468884		44,800				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Bureau of Economic Research 1050 Massachusetts Ave Cambridge, MA 02138	13-1641075	501C3	38,272				RESEARCH
National Opinion Research Center 55 East Monroe St Chicago, IL 60603	36-2167808	501C3	122,229				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Tech & Eng Sol of Sandia LLC PO Box 5800 Albuquerque, NM 87185	85-0097942		70,000				RESEARCH
New Hampshire Public Health Association 4 Park St Suite 403 Concord, NH 03301	02-0453814	501c3	45,732				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York University PO BOX 5166 NEW YORK, NY 10087	13-5562308	501c3	482,220				RESEARCH
Newark Beth Israel Medical Center 201 Lyons Ave 7th Fl Newark, NJ 07112	22-3452311	501C3	87,198				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NO AIDS Task Force 1631 Elysian Fields New Orleans, LA 70117	72-1059635	501C3	118,195				RESEARCH
North Carolina State University A/R Campus Box 7203 Raleigh, NC 27695	56-6000756	501C3	8,792				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Shore-LIJ Contract Research O 972 Brush Hollow Road Unit 210 Westbury, NC 11590	46-4469806		15,553				RESEARCH
Northeastern University 360 Huntington Ave Boston, MA 02115	04-1679980	501C3	272,632				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northern California Institute for Research 4150 Clement St San Francisco, CA 94121	94-3084159	501C3	7,577				RESEARCH
NorthStar Learning Centers Inc 53 Linden Street New Bedford, MA 02740	51-0200575	501C3	5,270				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University 633 Clark Street Ste 1100 c/o Shell Evanston, IL 60208	36-2167817	501C3	22,142				RESEARCH
Ohio University PO Box 960 Athens, OH 45701	31-6402113	501C3	133,231				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW Bancroft St Portland, OR 97239	93-1176109	501C3	97,926				RESEARCH
Pine Biotech Inc 1441 Canal St New Orleans, LA 70112	46-5559448		49,964				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pop Up Labs LLC 9 Anderson St Unit 5F Boston, MA 02114	46-4374482		11,585				RESEARCH
President & Fellows of Harvard College PO Box 415649 Boston, MA 02241	04-2103580	501C3	1,048,754				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Propel Careers 1 Broadway 14th Floor Cambridge, MA 02142	27-1093470		25,200				RESEARCH
Quantitative Imaging Solutions LLC 179 Sheridan Street 2nd Floor Suite 209 North Easton, MA 02356	47-5176227		437,491				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rand Corporation FILE 53174 Suite 100 LOS ANGELES, CA 90074	95-1958142	501C3	164,556				RESEARCH
Recida Therapeutics Inc 70 Willow Ave Menlo Park, CA 94025	81-2178106		606,512				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rector and Visitors of the Univ of VA PO Box 400195 Charlottesville, VA 22904	54-6001796	501C3	725,996				RESEARCH
Regents of the Univ of CA 2195 Hearst Ave Office of Sponsored Acct Berkeley, CA 94720	94-6002123	501C3	178,422				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the Univ of CA San Diego 9500 Gillman Dr MC 0009 Floor 2 La Jolla, CA 92093	95-6006144	501C3	193,865				RESEARCH
Regents of the Univ of CA Santa Barbara SAASB Build Santa Barbara, CA 93106	95-6006145	501C3	100,768				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the Univ of CA Davis PO Box 989062 West Sacramento, CA 95798	94-6036494	501C3	487,952				RESEARCH
Regents of the Univ of CA Riverside 900 University Ave 2nd Floor Suite 209 Riverside, CA 92521	95-6006142	501C3	21,508				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of The Univ of CA Santa Cruz 1156 High Street Suite 100 Santa Cruz, CA 95064	94-1539563	501C3	66,754				RESEARCH
Regents of the University of California PO Box 748872 Los Angeles, CA 90074	94-6036493	501C3	470,897				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of California 120 Theory Ste 200 Irvine, CA 92697	95-2226406	501C3	35,991				RESEARCH
Regents of the University of Colorado POB 910238 F428 Office of Sponsored Acct Denver, CO 80291	84-6000555	501C3	54,076				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of Minnesota NW 5957 PO Box 1450 Minneapolis, MN 55485	41-6007513	501C3	11,302				RESEARCH
Regents Univ of CA Los Angeles 405 Hilgard Ave Los Angeles, CA 90095	95-6006143	501C3	333,564				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rehabilitation Institute of Chicago 355 E Erie 6210 Chicago, IL 60611	36-2256036	501C3	5,057				RESEARCH
Research Foundation for SUNY P O Box 9 Albany, NY 12201	14-1368361	501c3	188,398				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Research Foundation of The City University 230 West 41st St New York, NY 10036	13-1988190	501C3	27,782				RESEARCH
Research Triangle Institute PO Box 900002 Raleigh, NC 27675	56-0686338	501C3	1,968,197				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riverside Community Care Inc 270 Bridge St Dedham, MA 02026	04-3097170	501C3	14,331				RESEARCH
Rush University Medical Center 1700 W Van Buren St Chicago, IL 60612	36-2174823	501C3	83,689				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rutgers The State University of NJ 33 Knightsbridge Rd Piscataway, NJ 08854	22-6001086	501C3	85,127				RESEARCH
Salus University 8360 Old York Road 5th Floor Elkins Park, PA 19027	23-1413680	501C3	91,735				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Francisco State University 1600 Holloway Ave Room B-46 San Francisco, CA 94132	93-1137247	501C3	51,104				RESEARCH
SciBac Inc 1828 El Camino Real Burlingame, CA 94010	47-4141235		254,511				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seattle Childrens Hospital PO Box 24728 Seattle, WA 98124	91-0564748	501C3	127,767				RESEARCH
Seattle Institute for Biomedical an 1325 4th Ave Ste 1310 Box 817 Seattle, WA 98101	91-1452438	501C3	215,726				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sensimetrics Corporation 183 Main St Gloucester, MA 01930	04-2973546		5,805				RESEARCH
Seres Therapeutics Inc 200 Sidney St Cambridge, MA 02139	27-4326290		1,300,048				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SosteNica Inc 1019 Ashley Rd CB7155 Kidney West Chester, PA 19382	23-3061896		73,980				RESEARCH
South Boston Community Health Center 409 West Broadway South Boston, MA 02127	04-2682152	501C3	12,819				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Methodist University PO Box 750259 Dallas, TX 75275	75-0800689	501C3	13,891				RESEARCH
Southern Nevada Health District PO Box 3902 ADM147 Las Vegas, NV 89127	88-0151573	STATE GOVT	68,345				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwest Louisiana AIDS Council 425 Kingsley St Lake Charles, LA 70601	72-1115522	STATE GOVT	130,672				RESEARCH
Specific Diagnostics LLC 500 Austral Ave West Palm Beach, FL 33401	45-2623441		3,037,033				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Spero Therapeutics Inc 675 Massachusetts Ave Cambridge, MA 02139	46-4590683		310,282				RESEARCH
State of Alabama 602 South Lawrence St Montgomery, AL 36104	63-6000619	STATE GOVT	116,106				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
State of Indiana 2 North Meridian St Indianapolis, IN 46204	35-6000158	STATE GOVT	77,454				RESEARCH
State of Maryland PO Box 41428 Baltimore, MD 21203	52-6002033	STATE GOVT	148,050				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Syracuse University 640 Skytop Rd CB7155 Kidney Syracuse, NY 13244	15-0532081	501C3	60,936				RESEARCH
T2 Biosystems Inc 101 Hartwell Ave Lexington, MA 02421	20-4827488		1,495,607				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Talis Biomedical Corp 230 Constitution Dr RD MS 151 Menlo Park, CA 94025	46-3122255		1,899,539				RESEARCH
Technical Education Research Center 2067 Massachusetts Ave ADM147 Cambridge, MA 02140	04-6134355	501C3	91,692				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University of the Commonwealth PO Box 824242 Philadelphia, PA 19182	23-1365971	501C3	81,428				RESEARCH
Tetraphase Pharmaceuticals Inc 480 Arsenal Street Watertown, MA 02472	20-5276217		2,325,219				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Arc of the United States Inc 1825 K Street NW Washington, DC 20006	13-5642032	501C3	17,574				RESEARCH
The Brigham & Womens Hospital Inc PO Box 3887 Boston, MA 02241	04-2312909	501C3	1,174,807				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Broad Institute Inc 415 Main Street Cambridge, MA 02142	26-3428781	501C3	990,357				RESEARCH
The Childrens Hospital of Philadelphia PO Box 8500 Philadelphia, PA 19178	23-1352166	501C3	382,639				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The General Hospital Corporation PO Box 3829 Boston, MA 02241	04-2697983	501C3	1,374,381				RESEARCH
The Geneva Foundation PO Box 84212 Seattle, WA 98124	91-1593913	501C3	149,994				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The George Washington University PO Box 829896 RD MS 151 Philadelphia, PA 19182	53-0196584	501C3	23,499				RESEARCH
The Henry M Jackson Foundation for 6720-A Rockledge Dr Bethesda, MD 20817	52-1317896	501C3	10,605				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The John B Pierce Laboratory Inc 290 Congress Ave New Haven, CT 06519	06-0646780	501C3	157,652				RESEARCH
The Learning Center for the Deaf Inc 848 Central Street Framingham, MA 01701	23-7064431	501C3	34,328				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The McGregor Clinic Inc 3487 Broadway Fort Myers, FL 33901	65-0922489	501C3	44,965				RESEARCH
The McLean Hospital Corporation PO Box 3951 Boston, MA 02241	04-2697981	501C3	174,203				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Mental Health Ctr of Greater Ma 401 Cypress Street Manchester, NH 03103	02-0258994	501C3	7,313				RESEARCH
The Nemours Foundation 10140 Centurion Pkwy Jacksonville, FL 32256	59-0634433	501C3	54,409				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Pennsylvania State University 227 W Beaver Ave State College, PA 16801	24-6000376	501C3	104,831				RESEARCH
The Regents of the University of MI Box 223131 Pittsburgh, PA 15251	38-6006309	501C3	791,798				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rockville Institute A Research PO Box 1004 Rockville, MD 20850	20-3332738	501C3	268,610				RESEARCH
The Scripps Research Institute 10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501C3	77,167				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Thresholds P O Box 87618 Chicago, IL 60680	36-2518901	501C3	85,257				RESEARCH
The Trustees of Columbia University PO Box 29789 New York, NY 10087	13-5598093	501C3	388,292				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of Princeton University 701 Carnegie Center Princeton, NJ 08540	21-0634501	501C3	430,575				RESEARCH
The Trustees of Purdue University 23510 Network Place Chicago, IL 60673	35-6002041	STATE GOVT	207,101				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Chicago 6054 So Drexel Ave Ste300 Chicago, IL 60637	36-2177139	501C3	68,741				RESEARCH
The University of Rhode Island 70 Lower College Rd Kingston, RI 02881	05-6014351	501C3	53,186				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of South Carolina 1600 Hampton St Rm612 Columbia, SC 29208	57-6001153	501C3	22,875				RESEARCH
The University of Texas at Austin P O Box 7159 Austin, TX 78713	74-6000203	State Govt	902,928				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIRD SECTOR NEW ENGLAND INC 89 South Street 700 Boston, MA 02111	04-2261109	501C3	209,546				RESEARCH
Thomas Jefferson University 170S Independ Mall Philadelphia, PA 19106	23-1352651	501C3	199,595				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Treasurer State of Connecticut PO Box 1240 Middletown, CT 06457	06-6000798	STATE GOVT	16,431				RESEARCH
Trustees of Boston College 140 Cmnwealth Ave Chestnut Hill, MA 02467	04-2103545	501C3	73,718				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Rd 6210 Hanover, NH 03755	02-0222111	501C3	60,989				RESEARCH
Trustees of Tufts College 136 Harrison Ave Boston, MA 02111	04-2103634	501C3	226,468				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Alabama at Birmingham 1720 2nd Ave S Birmingham, AL 35294	63-6005396	501C3	113,194				RESEARCH
University of Alaska WRRB 008 P O Box 757880 Fairbanks, AK 99775	92-6000147	501C3	23,846				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Connecticut 438 Whitney Rd Storrs, CT 06269	06-0772160	STATE GOVT	170,688				RESEARCH
University of Detroit Mercy 4001 W McNichols Rd Detroit, MI 48221	38-1360586	501C3	12,818				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida PO Box 113001 Gainesville, FL 32611	59-6002052	STATE GOVT	71,627				RESEARCH
University of Hawaii 2440 Campus Rd Box 368 Honolulu, HI 96822	99-6000354	501C3	17,573				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Louisiana at Lafayette PO Box 42570 Lafayette, LA 70504	72-6000820	State Govt	15,755				RESEARCH
University of Massachusetts 55 Lake Avenue North Worcester, MA 01655	04-3167352	STATE GOVT	726,493				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of New England 11 Hills Beach Rd Biddeford, ME 04005	01-0211810	501C3	58,806				RESEARCH
University of North Carolina - Chapel Hill PO Box 402420 Atlanta, GA 30384	56-6001393	501C3	290,855				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of North Carolina Greensboro PO Box 26170 Greensboro, NC 27402	56-6001468	501C3	62,877				RESEARCH
University of North Texas Health Science Ctr 3500 Camp Bowie Blvd Fort Worth, TX 76107	75-6064033	501c3	27,741				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Notre Dame du Lac 836a Grace Hall Notre Dame, IN 46556	35-0868188	501C3	33,398				RESEARCH
UNIVERSITY OF PENNSYLVANIA PO Box 785541 Philadelphia, PA 19178	23-1352685	501C3	281,733				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pittsburgh 500 Ross St 154-0455 Pittsburgh, PA 15262	25-0965591	STATE GOVT	302,670				RESEARCH
University of Texas Health Science PO Box 1898 San Antonio, TX 78297	74-1586031	STATE GOVT	192,820				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE PO Box 301418 Dallas, TX 75303	74-1761309	state govt	37,105				RESEARCH
University of Texas Southwestern Me PO Box 841765 Dallas, TX 75284	75-6002868	501C3	23,187				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Vermont & State Agricultural PO Box 1389 Williston, VT 05495	03-0179440	501C3	246,819				RESEARCH
University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	501C3	269,980				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Wisconsin Drawer 538 GAR Acct Milwaukee, WI 53278	39-1805963	State Govt	33,167				RESEARCH
UT MD Anderson Cancer Center PO Box 4266 Houston, TX 77210	74-6001118	STATE GOVT	144,735				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vanderbilt University Medical Center POB 121236 Dallas, TX 75312	35-2528741	501C3	286,746				RESEARCH
Vedanta Biosciences Inc 19 Blackstone Street Cambridge, MA 02139	27-5440202		3,525,682				RESEARCH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VenatoRx Pharmaceuticals Inc 30 Spring Mill Drive Malvern, PA 19355	27-2782193		1,688,713				RESEARCH
Vermont Public Health Association Inc PO Box 732 Burlington, VT 05401	02-0608866	501C3	7,247				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University Box 843039 Richmond, VA 23284	54-6001758	501C3	58,809				RESEARCH
Virginia Polytechnic Institute & St N End CtrSte 4200300 Turner St NW Blacksburg, VA 24061	54-6001805	STATE GOVT	105,020				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visterra Inc 275 Second Ave 4th fl Waltham, MA 02451	32-0225657		542,813				RESEARCH
Washington University 700 Rosedale Ave St Louis, MO 63112	43-0653611	501C3	310,503				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wellesley College 106 Central Street Wellesley, MA 02481	04-2103637	501C3	24,394				RESEARCH
Westat Inc PO Box 1004 Rockville, MD 20850	84-0529566		5,876				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woods Hole Oceanographic Institution 569 Woods Hole Road Woods Hole, MA 02543	04-2105850	501C3	343,388				RESEARCH
Worcester Polytechnic Institute 100 Institute Rd Worcester, MA 01609	04-2121659	501C3	81,750				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University PO Box 1873 New Haven, CT 06508	06-0646973	501C3	679,843				RESEARCH
Yeshiva University 500 West 185th Street New York, NY 10033	13-1624225	501C3	60,173				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZabBio Inc 6160 Lusk Blvd Suite C-105 San Diego, CA 92121	82-2969965		676,519				RESEARCH

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization Trustees of Boston University		Employer identification number 04-2103547	

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



For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I	TONY TANNOURY, WILLIAM CREEVY, AND XINNING LI ARE COMPENSATED UNDER A COMMON PAYMASTER AGREEMENT FOR THEIR CLINICAL WORK AT BOSTON MEDICAL CENTER. PUSHKAR MEHRA IS COMPENSATED THROUGH BOSTON UNIVERSITY'S HENRY M. GOLDMAN SCHOOL OF DENTAL MEDICINE (GDSM) DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY GROUP FOR HIS CLINICAL WORK AT A GDSM PATIENT TREATMENT CENTER, THE BETH ISRAEL DEACONESS MEDICAL CENTER, INC., AND BOSTON MEDICAL CENTER.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	<p>(1) HOUSING ALLOWANCE AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN AND PROVOST JEAN MORRISON WERE BOTH REQUIRED TO LIVE IN UNIVERSITY RESIDENCES AMOUNTS REPORTED IN COLUMN D INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN (\$256,052) AND PROVOST MORRISON (\$144,195)</p> <p>(2) FIRST-CLASS TRAVEL IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY AIRFARE EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TIME ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR FIRST-CLASS TRAVEL TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES PRESIDENT BROWN AND THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, CLARISSA HUNNEWELL, ARE THE ONLY INDIVIDUALS REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2018</p> <p>(3) TRAVEL FOR COMPANIONS IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, BOSTON UNIVERSITY ALLOWS COMPANION TRAVEL FOR BONA FIDE BUSINESS PURPOSES ALL SUCH CASES REQUIRE THE PRIOR WRITTEN APPROVAL OF AN AUTHORIZED SENIOR EXECUTIVE THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR SPOUSAL TRAVEL COMPANION TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2018</p> <p>(4) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FROM TIME TO TIME, BOSTON UNIVERSITY MAY PROVIDE CERTAIN PAYMENTS THAT HAVE BEEN GROSSED-UP FOR TAX PURPOSES ALL SUCH CASES INVOLVING THE UNIVERSITY'S SENIOR EXECUTIVES REQUIRE THE APPROVAL OF THE BOARD OF TRUSTEES FOR CALENDAR YEAR 2018, PRESIDENT BROWN IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO RECEIVED THIS BENEFIT</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>(1) UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2018, PRESIDENT BROWN RECEIVED AN AMOUNT EQUAL TO 35% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$384,052 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2018 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN C OF PRIOR FORMS 990 IS \$159,323 THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN F UNDER THE SAME SUPPLEMENTAL RETIREMENT PLAN, ON JULY 31, 2019, PRESIDENT BROWN WAS TO BECOME ENTITLED TO RECEIVE AN AMOUNT EQUAL TO 35% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD PRESIDENT BROWN'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$167,708 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2018 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION (2) UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2019, PROVOST MORRISON RECEIVED A CREDIT OF \$108,414 THAT ACCRUED DURING THE PRECEDING 12-MONTH PERIOD SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PROVOST MORRISON'S RIGHTS IN THE PLAN WILL BECOME VESTED ON JULY 1, 2020 AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE ACCORDINGLY, DEFERRED COMPENSATION OF \$105,832 WAS ACCRUED FOR PROVOST MORRISON IN CALENDAR YEAR 2018 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION (3) AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2018 TO AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO PRESIDENT BROWN AND TODD KLIPP (4) THE UNIVERSITY SPONSORS AN EMPLOYEE DEATH BENEFIT PLAN FUNDED WITH SPLIT-DOLLAR LIFE INSURANCE POLICIES FOR CERTAIN OFFICERS AND KEY EMPLOYEES THE SPLIT-DOLLAR ARRANGEMENT IS PART OF THE UNIVERSITY'S EMPLOYEE BENEFIT PROGRAM, AND ECONOMICALLY NOT A DIRECT EXTENSION OF CREDIT DURING CALENDAR YEAR 2018, THE COLLATERAL ASSIGNMENT FOR TWO SPLIT DOLLAR POLICIES HELD BY TODD KLIPP, SENIOR VP, SENIOR COUNSEL AND SECRETARY TO THE BOARD OF TRUSTEES UNTIL SEPTEMBER 13, 2018, WAS RELEASED, RESULTING IN TAXABLE INCOME TO HIM OF \$805,638 THE COST OF THE ANNUAL DEATH BENEFIT PROTECTION FOR TODD KLIPP AND THE VALUE OF THE RELEASE OF ASSIGNMENT ARE BOTH REPORTED IN SCHEDULE J, PART (B) (III) AS OTHER REPORTABLE COMPENSATION</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 6A	A PORTION OF PUSHKAR MEHRA'S COMPENSATION (AS REPORTED IN SCHEDULE J, PART II, COLUMN B(II)) IS BASED ON A PERCENTAGE OF BOSTON UNIVERSITY'S HENRY M GOLDMAN SCHOOL OF DENTAL MEDICINE ORAL MAXILLOFACIAL SURGERY GROUP REVENUES LESS OPERATING EXPENSES SCHEDULE J, PART I, LINE 6B DR WILLIAM CREEVY RECEIVES AN ANNUAL BONUS PAYMENT BASED ON PRE-DETERMINED ANNUAL PERFORMANCE METRICS, WITH OPERATING INCOME AS ONE OF THE COMPONENTS

Return Reference	Explanation
SCHEDULE J, PART I LINE 7	AS THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, CLARISSA HUNNEWELL IS ELIGIBLE FOR INCENTIVE COMPENSATION, IN THE DISCRETION OF THE BOARD OF TRUSTEES, BASED IN PART UPON HER SUCCESS IN ACHIEVING CERTAIN PERFORMANCE BENCHMARKS THIS IS A COMMON COMPONENT OF THE COMPENSATION PACKAGE FOR SUCH POSITIONS

Return Reference	Explanation
SCHEDULE J, PART II	THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER OFFICERS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2018 REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS GREATER THAN \$150,000





Additional Data

Software ID:  
Software Version:  
EIN: 04-2103547  
Name: Trustees of Boston University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT A BROWN PRESIDENT	(i)	1,117,317	0	423,595	199,508	274,566	2,014,986	159,323
	(ii)	0	0	0	0	0	0	0
CATALDO W LEONE TRUSTEE & PROFESSOR	(i)	223,080	0	59,585	31,800	28,250	342,715	0
	(ii)	0	0	0	0	0	0	0
MARTIN J HOWARD SR VP, CFO, & TREASURER	(i)	528,903	0	3,889	31,800	56,898	621,490	0
	(ii)	0	0	0	0	0	0	0
TODD L C KLIPP S VP, S C, SEC (UNTIL 9-13-18)	(i)	506,876	0	893,184	31,800	19,879	1,451,739	0
	(ii)	0	0	0	0	0	0	0
ERIKA GEETTER VP, G C, SEC (AS OF 9-13-18)	(i)	557,383	0	2,634	31,800	3,748	595,565	0
	(ii)	0	0	0	0	0	0	0
JEAN MORRISON UNIVERSITY PROVOST	(i)	769,136	0	5,750	137,632	169,924	1,082,442	0
	(ii)	0	0	0	0	0	0	0
KAREN H ANTMAN MEDICAL CAMPUS PROVOST	(i)	894,825	0	10,906	31,800	606	938,137	0
	(ii)	0	0	0	0	0	0	0
GARY W NICKSA SR VP FOR OPERATIONS	(i)	556,536	0	4,099	31,800	24,999	617,434	0
	(ii)	0	0	0	0	0	0	0
TONY TANNOURY PROFESSOR & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	1,331,258	0	2,622	31,800	101,102	1,466,782	0
PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i)	458,985	779,408	133,867	29,050	30,425	1,431,735	0
	(ii)	0	0	0	0	0	0	0
WILLIAM CREEVY PROFESSOR & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	981,291	148,610	4,673	31,800	25,959	1,192,333	0
CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	(i)	668,500	434,831	3,194	31,800	798	1,139,123	0
	(ii)	0	0	0	0	0	0	0
XINNING LI PROFESSOR & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	1,070,482	0	12,335	23,550	21,898	1,128,265	0

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DEV FIN AGENCY - SERIES AA-1 AND AA-2	04-3431814	000000000	09-30-2015	162,740,000	REFUNDING 2005 BOND ISSUE		X		X		X
B MASS DEV FIN AGENCY- SERIES U1 U2 U3 U4 U5 U6	04-3431814	57583RWD3	05-15-2008	536,365,000	PARTIAL REF/CAP PROJ/PROP ACQ	X			X		X
C MASS DEV FIN AGENCY-SER BB-1 BB-2 BB-3(2016)	04-3431814	57584XWV9	11-08-2016	231,838,996	CAP PROJ/ADV REF 2008 & 2009 BONDS		X		X		X
D MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04-30-2013	120,736,790	CAPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0		96,175,000		0		0	
2	Amount of bonds legally defeased . . . . .	0		50,000,000		0		0	
3	Total proceeds of issue . . . . .	162,740,000		539,836,174		232,989,609		120,780,965	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		734,856	
7	Issuance costs from proceeds . . . . .	0		863,269		1,035,243		0	
8	Credit enhancement from proceeds . . . . .	0		727,358		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	0		202,745,547		115,269,602		120,046,109	
11	Other spent proceeds . . . . .	162,740,000		335,500,000		105,744,237		0	
12	Other unspent proceeds . . . . .	0		0		10,940,527		0	
13	Year of substantial completion . . . . .			2012				2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X	X			X
16	Has the final allocation of proceeds been made? . . . . .	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X				X	

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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?	X		X		X		X	
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b>	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 . . . . . ▶	1 562 %		0 690 %		0 %		0 %	
<b>5</b>	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 . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .	1 562 %		0 690 %					
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IVArbitrage

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (MDFA) SERIEA AA-1 AND AA-2 BONDS IN THE AMOUNT OF \$162,740,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES T1 BOND OF THE SAME AMOUNT SCHEDULE K, PART I, LINE B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (MDFA) - SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS IN THE AMOUNT \$536,365,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES R AND MASSACHUSETTS HEFA SERIES Q BONDS IN THE AMOUNT OF \$336,365,000 THE BALANCE OF SERIES U PROCEEDS IN THE AMOUNT OF \$200,000,000 WERE NEW MONEY BONDS

Return Reference	Explanation
SCHEDULE K, PART I, LINE C	MDFA SERIES BB-1, BB-2, AND BB-3 BONDS IN THE AMOUNT OF \$231,838,996 WERE ISSUED TO ADVANCE REFUND AND ULTIMATELY LEGALLY DEFEASED MDFA SERIES U-4, ORIGINALLY ISSUED IN 2008, IN THE AMOUNT OF \$50,000,000 AND MDFA SERIES V-1, ORIGINALLY ISSUED IN 2009, IN THE AMOUNT OF \$44,000,000 PROCEEDS OF MDFA SERIES BB-1 IN THE AMOUNT OF \$125,603,699 WERE NEW MONEY BONDS

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMNS B-D	COLUMN B TOTAL PROCEEDS OF \$539,836,174 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$536,365,000 AND INVESTMENT EARNINGS TOTALING \$3,471,174 COLUMN C TOTAL PROCEEDS OF \$232,989,609 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$231,838,996 AND INVESTMENT EARNINGS TOTALING \$1,150,613 COLUMN D TOTAL PROCEEDS OF \$120,780,965 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$120,736,790 AND INVESTMENT EARNINGS TOTALING \$44,175

Return Reference	Explanation
SCHEDULE K, PART II, LINE 7, COLUMNS B-D	COLUMN B COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$498,602 COLUMN C COST OF ISSUANCE IN THE AMOUNT OF \$1,035,243 IS COMPRISED OF ISSUANCE COSTS TOTALING \$607,924 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$427,319 COLUMN D COST OF ISSUANCE IN THE AMOUNT OF \$734,856 IS COMPRISED OF ISSUANCE COSTS TOTALING \$434,529 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$300,327

Return Reference	Explanation
SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-D (INCLUDING SERIES Y)	THE UNIVERSITY FINANCES CAPITAL PROJECTS WITH BOTH EQUITY AND DEBT AND MADE A TIMELY ELECTION TO ALLOCATE EQUITY PROCEEDS TO ANY PRIVATE BUSINESS USE FOR THE REFERENCED DEBT ISSUES IF PRIVATE BUSINESS USE FOR THE REFERENCED DEBT ISSUES DOES NOT EXCEED THE EQUITY ALLOCATION, THE PRIVATE BUSINESS USE IS REPORTED AS 0 00% SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS WAS PERFORMED IN MAY 2018 THE REBATE CALCULATION FOR THE SERIES X BONDS WAS PERFORMED IN APRIL 2018



Return Reference	Explanation
SCHEDULE K, PART IV, LINES 4A & 4B, COLUMN B	THE HEDGES THAT ARE ALL OR IN PART IDENTIFIED WITH MDFA - SERIES U-1, U-2, U-3, U-4, U-5 AND U-6 BONDS ARE AS FOLLOWS WELLS FARGO 30 YEARS, GOLDMAN SACHS 20-33 YEARS, MERRILL LYNCH 33-34 YEARS, AND DEUTSCHE BANK 34 YEARS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 6, COLUMNS A-B	UNSPENT PROCEEDS THAT WERE NOT DRAWN FOR CAPITAL EXPENDITURES DURING THE PRESCRIBED AVAILABLE TEMPORARY PERIOD WERE NOT INVESTED ABOVE THE BOND YIELD

Return Reference	Explanation
SCHEDULE K, PART I, LINE A (2)	MDFA SERIES Y, Z-1, AND Z-2 BONDS WERE ISSUED TO CURRENTLY REFUND MDFA SERIES S BOND IN THE AMOUNT OF \$35,000,000 AND MDFA SERIES V-2 AND V-3 BONDS IN THE AMOUNT OF \$73,370,000

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B, COLUMN A(2)	THE PROCEEDS OF MDFA SERIES Y, OF WHICH 100 PERCENT WERE SPENT TO FINANCE CONSTRUCTION EXPENDITURES, WERE SPENT WITHIN TWO YEARS OF THE BOND ISSUANCE DATE THEREFORE, THIS BOND ISSUANCE QUALIFIED FOR AN EXCEPTION TO REBATE UNDER INTERNAL REVENUE CODE SECTION 148(F)(4)(C)

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A (2) MASS DEV FIN AGENCY-SER Y Z-1 AND Z-2(2014)	04-3431814	57583UL89	09-30-2014	108,370,000	REFUNDING 2004 & 2009 BOND ISSUES		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	108,370,000							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	0							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	0							
11	Other spent proceeds . . . . .	108,370,000							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</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?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> 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							
<b>4</b> 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 %							
<b>5</b> 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 . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> 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							

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	MERRILL LYNCH							
<b>c</b> Term of hedge . . . . .	25 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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							

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

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

Part I

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

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

(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?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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	(e) Purpose of assistance



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FELD ENTERTAINMENT INC	SEE PART V	1,526,239	SEE PART V	Yes	
(2) J LAWFORD ANDERSON	SEE PART V	177,899	EMPLOYMENT COMPENSATION		No
(3) KEITH A BROWN	SEE PART V	167,182	EMPLOYMENT COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1	(B) TRUSTEE FELD IS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF FELD ENTERTAINMENT, INC (D) THE TRANSACTION AMOUNT IN COLUMN (C) REPRESENTS PAYMENTS FOR LIVE SHOW PRODUCTIONS BY FELD ENTERTAINMENT, INC AT AGGANIS ARENA THAT ARE OPEN TO THE PUBLIC AND FOR WHICH ADMISSION IS CHARGED AS PART OF THE NEGOTIATION PROCESS WITH THE COMPANY, THE UNIVERSITY COMPARED THESE ARRANGEMENTS TO OTHER VENUES WHICH HOST THE COMPANY'S PRODUCTIONS AND CONCLUDED THAT THE NEGOTIATED TERMS FOR THE UNIVERSITY WERE EQUAL TO, IF NOT MORE FAVORABLE THAN, THE TERMS RECEIVED BY OTHER VENUES ALL DISCUSSIONS AND INTERACTIONS RELATING TO THESE TRANSACTIONS HAVE BEEN WITH BUSINESS PERSONNEL AT THE COMPANY OTHER THAN TRUSTEE FELD AND THERE IS NO EVIDENCE THAT TRUSTEE FELD HAS WEIGHED IN ON OR IN ANY WAY SOUGHT TO AFFECT UNIVERSITY DECISION-MAKING REGARDING THESE TRANSACTIONS SCHEDULE L, PART IV, LINE 2 (B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON SCHEDULE L, PART IV, LINE 3 (B) FAMILY MEMBER OF PRESIDENT ROBERT BROWN

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136036860

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,032	Ind Appraisal
5 Clothing and household goods . . . . .	X		14,750	Ind Appraisal
6 Cars and other vehicles . . . . .	X	1,817	1,107,322	Net Proceeds
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	247	4,981,951	Mean Price on Date
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Other - Equipment - Medical, Research, Edu , Etc )	X	3	690,565	Ind Appraisal
26 Other ► ( Other - Donated Auction Item )	X	33	175,917	Ind Appraisal
27 Other ► ( Other - Event Support )	X	7	27,974	Event Support Cost
28 Other ► ( Other - Software )	X	1	0	Ind Appraisal

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

4

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I	THE AMOUNTS LISTED IN COLUMN (B) OF SCHEDULE M PART I REPRESENT CONTRIBUTION TOTALS, NOT CONTRIBUTOR TOTALS
SCHEDULE M, PART I, LINE 32B	THE UNIVERSITY USES A TRADING BROKERAGE ACCOUNT AT NORTHERN TRUST TO RECEIVE AND SELL GIFTS OF MARKETABLE SECURITIES THE BANK CHARGES THE UNIVERSITY A COMMISSION WHEN EACH SECURITY IS SOLD THE UNIVERSITY THROUGH ITS RADIO STATION WBUR USES CHARITABLE ADULT RIDES & SERVICES, INC (CARS) TO ACCEPT AND SELL DONATED VEHICLES ON BEHALF OF WBUR PROCEEDS ARE SHARED BETWEEN WBUR AND CARS BASED ON AN AGREED UPON AMOUNT PER VEHICLE WHEN IT IS SOLD

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

Department of the Treasury

Name of the organization  
Trustees of Boston University

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

04-2103547

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 & PART III, LINE 1 BOSTON UNIVERSITY IS AN INTERNATIONAL, COMPREHENSIVE, PRIVATE RESEARCH UNIVERSITY, COMMITTED TO EDUCATING STUDENTS TO BE REFLECTIVE, RESOURCEFUL INDIVIDUALS READY TO LIVE, ADAPT, AND LEAD IN AN INTERCONNECTED WORLD BOSTON UNIVERSITY IS COMMITTED TO GENERATING NEW KNOWLEDGE TO BENEFIT SOCIETY FORM 990, PART III, LINE 4A INSTRUCTION - BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMERSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT WITH 17 SCHOOLS AND COLLEGES ON ITS THREE CAMPUSES, BOSTON UNIVERSITY OFFERS ITS STUDENTS MORE THAN 300 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH 90+ STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN 25 COUNTRIES ON 6 CONTINENTS BOSTON UNIVERSITY FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL EVOLUTION, AND HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE PERFORMING ARTS THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, AND GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR EMERGING INFECTIOUS DISEASES FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES CONSIST OF LIBRARIES, ACADEMIC SERVICES, STUDENT SERVICES, EXTERNAL PROGRAMS, AND OTHER DEDUCTIONS FORM 990, PART V, LINE 4B FOREIGN COUNTRIES INCLUDE (ATTACHMENT 1 CONTINUED) ZAMBIA

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	<p>WITH CERTAIN EXCEPTIONS SPECIFIED IN THE UNIVERSITY'S BY-LAWS OR OTHERWISE REQUIRED BY LAW , THE EXECUTIVE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF TRUSTEES BETWEEN FULL BOARD MEETINGS THE COMMITTEE HOLDS MEETINGS DURING MOST MONTHS WHEN THE FULL BOARD DOES NOT ME ET AND OTHERWISE AS NECESSARY THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE O FFICERS OF THE BOARD, THE CHAIRS OF THE OTHER STANDING COMMITTEES OF THE BOARD, THE PRESID ENT, AND UP TO THREE AT-LARGE MEMBERS ELECTED ANNUALLY BY THE BOARD ALL MEMBERS OF THE EX ECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF TRUSTEES FORM 990, PART VI, SECTION B, LINE 11B UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE UNIVERSITY'S COMPTROLLER, BY THE CHIEF FINANCIAL OFFICER (AS WELL AS OTHER FINANCE/ACCOUNTING STAFF), AND BY UNIVER SITY COUNSEL THE UNIVERSITY'S PUBLIC ACCOUNTING FIRM, KPMG, IS INVOLVED THROUGHOUT THE PR EPARATION AND REVIEW OF THE RETURN THE FORM IS THEN SENT TO THE UNIVERSITY'S AUDIT COMMIT TEE TO BE REVIEWED DURING ITS ANNUAL SPRING MEETING AFTER AUDIT COMMITTEE REVIEW, THE FIN AL RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA A SECURE SITE BEFORE IT IS FILED WITH T HE IRS FORM 990, PART VI, SECTION B, LINE 12C ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES (INCLUDING VICE PRESIDENTS AND OTHER MANAGERIAL PERSONNEL) ARE REQUI RED TO DISCLOSE ON THE UNIVERSITY'S CONFLICT OF INTEREST DISCLOSURE FORM ANY BUSINESS OR F INANCIAL RELATIONSHIP THEY OR MEMBERS OF THEIR IMMEDIATE FAMILIES HAVE OR PROPOSE TO HAVE WITH THE UNIVERSITY, EITHER DIRECTLY OR THROUGH ANOTHER ENTITY IN WHICH THEY HAVE A SIGNIF ICANT INTEREST THE DISCLOSURE FORM IS REQUIRED TO BE FILED ANNUALLY, AN AMENDED FORM MUST BE FILED PROMPTLY IN THE EVENT OF A MATERIAL CHANGE IN CIRCUMSTANCES A TRUSTEE OR OFFICE R IS REQUIRED TO PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP COVERED BY THIS POLICY TO THE CHAIRMAN OF THE AUDIT COMMITTEE AN EMPLOYEE OR OTHER REPRESENTATIVE MUST PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY SUCH RELATIONSHIP TO THE UNIVERSITY'S COMPLIANCE COMMITTEE TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRES ENTATIVES WHO HAVE DISCLOSED A POTENTIAL CONFLICT OF INTEREST MUST REFRAIN FROM PARTICIPAT ING IN THE UNIVERSITY'S CONSIDERATION OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP I N WHICH THEY ARE INTERESTED, EXCEPT TO RESPOND TO QUESTIONS OR TO PROVIDE FURTHER INFORMAT ION IF A TRANSACTION OR RELATIONSHIP REQUIRES A VOTE, THE INTERESTED PARTY SHOULD NOT BE PRESENT AT THE TIME OF THE VOTE THE AUDIT COMMITTEE DETERMINES WHETHER A BUSINESS OR FINA NCIAL RELATIONSHIP INVOLVING A TRUSTEE OR OFFICER SHOULD BE ENTERED INTO OR CONTINUED IN THE CASE OF ANY SUCH RELATIONSHIP INVOLVING A TRUSTEE, SUCH A DETERMINATION IS TO BE SET F ORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE SIGNED BY THE CHAIRMAN AND A MAJORITY OF T HE COMMITTEE THE COMPLIANCE COMMITTEE DETERMINES WHETHER A BUSINESS OR FINANCIAL RELATION SHIP INVOLVING AN EMPLOYEE OR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	<p>OTHER REPRESENTATIVE SHOULD BE ENTERED INTO OR CONTINUED THE COMPLIANCE COMMITTEE PROVIDE S SUCH REPORTS AS MAY BE REQUESTED BY THE AUDIT COMMITTEE AND MAY REQUEST ADVICE OR DIRECT ION FROM THE AUDIT COMMITTEE FORM 990, PART VI, SECTION B, LINES 15A &amp; 15B EACH YEAR, INC LUDING THE YEAR COVERED BY THIS RETURN, THE FOLLOWING PROCESS IS USED TO ESTABLISH THE COM PENSATION OF THE FOLLOWING INDIVIDUALS THE PRESIDENT, UNIVERSITY PROVOST, MEDICAL CAMPUS PROVOST, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESIDENT FOR OPERATIONS, SENIOR VICE PRESI DENT, CHIEF FINANCIAL OFFICER, AND TREASURER, SENIOR VICE PRESIDENT, SENIOR COUNSEL, AND S ECRETARY OF THE BOARD OF TRUSTEES, AND VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY OF T HE BOARD OF TRUSTEES THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH CONSISTS ENTIRELY OF INDEPENDENT PERSONS HAVING NO CONFLICTS OF INTEREST AS DEFINED IN TH E APPLICABLE REGULATIONS) ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO OBTAIN DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPAR ABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE COMMITTEE REVIEWS THIS DATA AND TH E PERFORMANCE OF THE INDIVIDUALS HOLDING THE POSITIONS IN QUESTION, AND IT DEVELOPS A RECO MMENDATION REGARDING THE PRESIDENT'S COMPENSATION AND CONSIDERS THE PRESIDENT'S COMPENSATI ON RECOMMENDATIONS FOR EACH OF THE OTHER COVERED PERSONS THE EXECUTIVE COMPENSATION COMMI TTEE THEN PRESENTS THE DATA AND ITS COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUS TEES FOR REVIEW AND APPROVAL THE DELIBERATIONS AND ACTIONS OF BOTH THE EXECUTIVE COMPENSA TION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERES T POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS OWN WEBSITE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A	ROBERT A BROWN, THE PRESIDENT OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO THE MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION MARTIN J HOWARD, AN OFFICER OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER MONTH TO EACH OF 660 CORPORATION, AKEAH INC , AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL RELATED ORGANIZATIONS GARY W NICKSA, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS OR LESS PER MONTH TO EACH OF PLEASANT VENTURES REALTY TRUST AND EAST CONCORD MEDICAL FOUNDATION, INC , BOTH RELATED ORGANIZATIONS KAREN H ANTMAN, MD, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES FOUR HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC AND EAST CONCORD MEDICAL FOUNDATION, INC , BOTH RELATED ORGANIZATIONS TONY TANNOURY, WILLIAM CREEVY, MD AND XINNING LI, ARE ON THE LIST OF FIVE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTING 55 HOURS OR LESS PER WEEK TO FACULTY PRACTICE PLANS CATALDO W LEONE WAS COMPENSATED AS A FACULTY MEMBER, NOT AS A TRUSTEE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OF FUND BALANCES LOSS ON INTEREST RATE EXCHANGE AGREEMENTS -\$97,913,748 UNREALIZED LOSS ON NON-INVESTMENT ASSETS -\$388,075 NET ACTUARIAL GAIN \$3,341,760 LEASE ADJUSTMENTS -\$2,811,000 OTHER ADJUSTMENTS \$5,047,557 ----- TOTAL -\$92,723,506 AMOUNT REPORTED UNDER LEASE ADJUSTMENT IS AS A RESULT OF ADOPTING ASU 2016-02, LEASES (TOPIC 842) FOR FISCAL YEAR ENDED JUNE 30, 2019



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Trustees of Boston University

Employer identification number  
04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BU Funding LLC 108 Bay State Road Boston, MA 02215 87-0773653	Investments	MA	0	62,366,000	BU Trustees
(2) Pleasant Ventures Realty Trust 125 Bay State Road Boston, MA 02215 04-3006700	Real Estate	MA	5,617,798	13,872,134	BU Trustees
(3) Scarlet Castle Brr-L LLC One Silber Way Boston, MA 02215 82-1985611	Investments	MA	1,224,422	3,354,005	BU Trustees

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> EUSA LLP 1A QUEENSBERRY PLACE LONDON SW7 2DL UK	Education	UK	BU EUREUSA UK		429,811	1,582,989		No			No	100 000 %
<b>(2)</b> LVPU LP 10000 Memorial Drive Suite 550 Houston, TX 77024 47-1582760	Investments	TX	BU Trustees		3,989,885	19,377,651		No	-1,848,018		No	100 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> 520 Commonwealth Avenue Real Estate Corp 881 Commonwealth Avenue Boston, MA 02215 04-2272027	Holding company	MA	BU Trustees	C Corp		44,205	100 000 %	Yes	
<b>(2)</b> Charitable Remainder Trusts (13)	Support		BU Trustees	Trust					
<b>(3)</b> 660 Corporation 881 Commonwealth Avenue Boston, MA 02215 04-2787737	Convenience Store	MA	520 Corp	C Corp	4,799,266	6,982,287	100 000 %	Yes	
<b>(4)</b> Akeah Inc 881 Commonwealth Avenue Boston, MA 02215 04-3003380	Edu Support	MA	520 Corp	C Corp	621,082	461,225	100 000 %	Yes	
<b>(5)</b> BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON SW7 4JU UK 04-2787737	Edu Support	UK	BU (USA) London	CORP		2,276,826	100 000 %	Yes	
<b>(6)</b> EUSA (UK) Limited 43 HARRINGTON GARDENS LONDON SW7 4JU UK 04-3003380	EDU SUPPORT	UK	BU (USA) LONDON	CORP	80,000	80,001	100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a Yes

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q Yes

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

1r Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s Yes

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

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 04-2103547  
Name: Trustees of Boston University

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3286156	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3286641	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-2966416	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3335166	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3452877	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3452874	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3137333	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3354353	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3265008	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-2794543	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3276227	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3286643	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3428462	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3296068	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3067465	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3354360	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3555478	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3355267	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3283573	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3291148	Medicine	MA	501(C)(3)	12c III-FI	na		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-2472758	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 51-0172171	Medicine	MA	501(C)(3)	12c III-FI	na		No
ONE BOSTON MEDICAL CENTER PL Boston, MA 02118 04-3289381	Medicine	MA	501(C)(3)	12b II	na		No
881 Commonwealth Avenue Boston, MA 02115 04-3099628	Holding Co	MA	501(C)(2)	n/a	BU TRUSTEES	Yes	
ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-3156471	HEALTHCARE	MA	501(C)(3)	12c III-FI	NA		No
77 MASS AVE CAMBRIDGE, MA 12139 27-3014805	RESEARCH CTR	MA	501(C)(3)	12A-I	NA		No
77 MASS AVE CAMBRIDGE, MA 12139 45-2257442	RESEARCH CTR	MA	501(C)(3)	12A-I	NA		No
5-10 ST PAULS CHURCHYARD LONDON EC4M 8AL UK	EDU SUPPORT	UK		N/A	BU TRUSTEES	Yes	
ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 04-6048207	EDU SUPPORT	MA	501(C)(3)	12c III-FI	NA		No
S-505 LGF Greater Kailash-11 New Delhi, MA 02118	EDU SUPPORT	IN		N/A	BU TRUSTEES	Yes	
881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON, MA 02215 04-3144411	TRANS SVCS	MA	501(C)(3)	7	NA		No
ONE BOSTON MEDICAL CENTER PL BOSTON, MA 02118 81-0716773	MEDICINE	MA	501(C)(3)	12c III-FI	NA		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) 660 Corporation	a(iv)	502,378	actual payments
(1) 660 Corporation	l	100,000	actual payments
(2) EUSA LLP	r	1,670,784	actual payments
(3) EUSA LLP	s	1,670,784	actual payments
(4) EUSA LLP	m	863,243	actual payments
(5) Akeah Inc	r	523,000	actual payments
(6) Akeah Inc	q	79,432	actual payments
(7) 660 Corporation	q	124,013	actual payments
(8) Boston University USA (Europe) Limited	a(iv)	313,010	actual payments
(9) Boston University (USA) London Charity	c	529,705	actual payments