Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493134086289 OMB No 1545-0047

2017

|                             |          |                          | foundations)  |  |              |               | ` ' '                           | _             | <b>4U1</b> /                     |
|-----------------------------|----------|--------------------------|---|--|--------------|---------------|---------------------------------|---------------|----------------------------------|
|                             |          | f the Treasury           |   | al security numbers on this fori<br>it Form 990 and its instructions |              |               |                                 | C             | pen to Public                    |
| Interna                     | l Revei  | nue Service              |   |  |              |               |                                 |               | Inspection                       |
| A Fo                        | or the   | e <b>2017</b> ca         | lendar year, or tax year begin  | ning 07-01-2017 , and end  | ling 06-3    | 0-2018        |                                 |               |                                  |
| ☐ Add                       | dress o  | change                   | C Name of organization<br>Massachusetts Institute of Technolog          | ЭY   |              |               | <b>D Employe</b><br>04-2103     |               | ication number                   |
| ☐ Nai                       | tial ret | urn                      | Doing business as   |  |              |               |                                 |               |                                  |
| ☐ Am                        | ended    | n/terminated<br>I return | Number and street (or P O box if m<br>77 MASSACHUSETTS AVENUE NE49-     |  | ) Room/su    | ııte          | E Telephon                      | e number      |                                  |
| □ App                       | olicatio | on pending               |   |  |              |               | (617) 32                        | 24-8142       |                                  |
|                             |          |                          | City or town, state or province, cour<br>Cambridge, MA 021394307        | ntry, and 21P or foreign postal code                                 |              |               | <b>G</b> Gross roa              | cointe ¢ 3    | 7,140,422,000                    |
|                             |          | -                        | F Name and address of principa  | l officer  |              | H(a) I        | s this a group ret              | •             | 7,140,422,000                    |
|                             |          |                          | L RAFAEL REIF   |  |              |               | ubordinates?                    | .urri ioi     | □ <sub>Yes</sub> ☑ <sub>No</sub> |
|                             |          |                          | 77 MASSACHUSETTS AVENUE<br>Cambridge, MA 02139                          |  |              | <b>Н(Б)</b> А | re all subordinat               | es            | ☐ Yes ☐No                        |
| I Tax                       | -exen    | npt status               | ✓ 501(c)(3)   | (insert no )   | □ 527        |               | ncluded?<br>f "No," attach a li | ıst (see      |                                  |
| J W                         | ebsit    |                          | //web mit edu   |  |              |               | roup exemption                  |               |                                  |
|                             |          |                          |   |  |              |               |                                 |               |                                  |
| <b>K</b> Forn               | n of or  | ganızatıon               | Corporation Trust Asso  | ciation Other ►  |              | L Year of     | formation 1861                  | M State<br>MA | of legal domicile                |
| Pa                          | rt I     | Sumn                     | nary  |  |              |               |                                 |               |                                  |
|                             |          |                          | ribe the organization's mission o<br>ON OF MIT IS TO ADVANCE KNOV       |  | NTS IN SO    | TIENCE TI     | ECHNOLOGY AN                    | D OTHER       | R AREAS OF                       |
| e .                         |          |                          | HIP THAT WILL BEST SERVE THE  |  |              |               | Lemologi, AN                    | D O I I I L   | VARLAS OF                        |
| Œ                           | -        |                          |   |  |              |               |                                 |               |                                  |
| em                          | _        |                          |   |  |              |               |                                 |               |                                  |
| Activities & Governance     | 2        | Check this               | box $\blacktriangleright$ $\square$ if the organization dis             | continued its operations or disp                                     | posed of r   | nore than     | 25% of its net as               | ssets         |                                  |
| ઝ<br>×ઇ                     |          |                          | voting members of the governin  |  |              |               |                                 | 3             | 11                               |
| e s                         |          |                          | independent voting members of   |  |              |               |                                 | 4             | 8                                |
| ME<br>ME                    |          |                          | ber of individuals employed in ca                                       | , , , , , ,  | •            |               |                                 | 5             | 25,269                           |
| Act                         |          |                          | ber of volunteers (estimate if neo                                      | * *  |              |               |                                 | 6             | 17,943                           |
| •                           |          |                          | lated business revenue from Part  |  |              |               |                                 | 7a            | 22,930,000                       |
|                             | b        | Net unrela               | ted business taxable income fron  | n Form 990-T, line 34  |              | <del></del>   |                                 | 7b            | -21,314,387                      |
|                             |          | C t l t                  | and and amounts (Doubly MIII June 11)                                   | ,  |              |               | Prior Year                      | 200           | Current Year                     |
| ₫                           |          |                          | ons and grants (Part VIII, line 1h                                      | •  |              |               | 1,028,323,0                     |               | 875,797,000<br>2,289,060,000     |
| en ue ve                    |          | _                        | ervice revenue (Part VIII, line 2g<br>it income (Part VIII, column (A), | •  |              |               | 2,170,094,0<br>801,732,0        |               | 1,139,850,000                    |
| æ                           |          |                          | enue (Part VIII, column (A), lines                                      |  | •            |               | 137,773,0                       |               | 138,818,000                      |
|                             |          |                          | nue—add lines 8 through 11 (mu  |  | line 12)     |               | 4,137,922,0                     |               | 4,443,525,000                    |
|                             |          |                          | d similar amounts paid (Part IX, o                                      |  |              |               | 578,183,0                       |               | 605,164,000                      |
|                             |          |                          | aid to or for members (Part IX, co                                      |  |              |               | 3, 3, 2, 2, 3, 5                |               | 000,20 .,000                     |
| S                           |          | •                        | ther compensation, employee be  |  |              |               | 1,609,272,0                     | 000           | 1,746,719,000                    |
| Expenses                    |          | •                        | al fundraising fees (Part IX, colui                                     | ,                              | •            |               | 144,0                           |               | 1,222,000                        |
| D C                         | ь        | Total fundra             | ısıng expenses (Part IX, column (D), lı                                 | ne 25) ▶57,705,000   |              |               |                                 |               |                                  |
| ă                           | 17       | Other expe               | enses (Part IX, column (A), lines                                       | 11a-11d, 11f-24e)  | <del>.</del> |               | 1,564,020,0                     | 000           | 1,502,591,000                    |
|                             | 18       | Total expe               | nses Add lines 13–17 (must equ  | ial Part IX, column (A), line 25)                                    | )            |               | 3,751,619,0                     | 000           | 3,855,696,000                    |
|                             | 19       | Revenue le               | ess expenses Subtract line 18 fro                                       | om line 12   |              |               | 386,303,0                       | 000           | 587,829,000                      |
| Net Assets or Fund Balances |          |                          |   |  |              | Begin         | ning of Current Yo              | ear           | End of Year                      |
| sets<br>alan                | 20       | Total accor              | ts (Part X, line 16)  |  |              |               | 23,727,446,0                    | 200           | 25,861,939,000                   |
| Ass<br>d B                  |          |                          | ities (Part X, line 26)   |  | •            |               | 4,721,213,0                     |               | 4,487,315,000                    |
| F F                         |          |                          | or fund balances Subtract line 2  |  |              |               | 19,006,233,0                    | _             | 21,374,624,000                   |
| Par                         |          |                          | ture Block  |  |              |               | 23/000/200/0                    |               | 22/37 1/02 1/000                 |
| Under                       | pena     | alties of pe             | rjury, I declare that I have exam                                       |  |              |               |                                 |               |                                  |
| any k                       | nowle    | edge<br>I k              |   |  |              |               |                                 |               |                                  |
|                             |          | Signatur                 | re of officer   |  |              |               | 2019-05-14<br>Date              |               |                                  |
| Sign<br>Here                |          | , -                      |   |  |              |               |                                 |               |                                  |
|                             | ,        |                          | RUIZ EXECUTIVE VP & TREASURER print name and title                      |  |              |               |                                 |               |                                  |
|                             |          | 17                       | nt/Type preparer's name   | Preparer's signature   | To           | Date          |                                 | TIN           |                                  |
| Paic                        | 1        |                          |   |  |              |               | Check L If self-employed        |               |                                  |
| Prep                        |          | er Fin                   | m's name 🕨  | •  |              |               | Firm's EIN ▶                    |               |                                  |
|                             |          |                          |   |  |              |               |                                 |               |                                  |

Firm's address 🕨

**Use Only** 

Phone no

☐ Yes ☐ No

| Form | 990 (20            | 17)                                |                                       |                                  |   |   | Page <b>2</b>  |
|------|--------------------|------------------------------------|---------------------------------------|----------------------------------|---|---|--|
| Par  | t III              | Statement o                        | of Program Serv                       | ice Accomplis                    | hments  |   |  |
|      | (                  | Check If Sched                     | lule O contains a res                 | oonse or note to a               | any line in this Part III                       |   |  |
| 1    | Briefly o          | describe the or                    | ganızatıon's mıssıon                  |                                  |   |   |  |
|      |                    |                                    | ADVANCE KNOWLED<br>E NATION AND THE V |                                  |   | ICE, TECHNOLOGY, AND C                                  | THER AREAS OF SCHOLARSHIP  |
| 2    |                    | -                                  | , ,                                   |                                  | vices during the year w                         | hich were not listed on                                 |  |
|      | •                  |                                    | 990-EZ?                               |                                  |   |   | 🗌 Yes 🗹 No   |
|      | If "Yes,           | " describe thes                    | se new services on S                  | chedule O                        |   |   |  |
| 3    | Did the            | organization o                     | ease conducting, or                   | make significant i               | changes in how it cond                          | ucts, any program                                       |  |
|      | services           | s <sup>?</sup>                     |                                       |                                  |   |   | 🗌 Yes 🗹 No   |
|      | If "Yes,           | " describe thes                    | se changes on Sched                   | ule O                            |   |   |  |
| 4    | Section            | 501(c)(3) and                      |                                       | ions are required                | to report the amount                            | largest program services<br>of grants and allocations t | , as measured by expenses<br>o others, the total   |
| 4a   | (Code              |                                    | ) (Expenses \$                        | 1,463,018,000                    | ıncludıng grants of \$                          | 97,910,000 ) (Revenu                                    | e \$ 1,502,683,000 )   |
|      | See Add            | itional Data                       |                                       |                                  |   |   |  |
| 4b   | (Code              |                                    | ) (Expenses \$                        | 1,029,050,000                    | including grants of \$                          | 153,252,000 ) (Revenu                                   | e \$ 777,686,000 )   |
|      | See Add            | itional Data                       |                                       |                                  |   |   |  |
| 4c   | (Code              |                                    | ) (Expenses \$                        | 347,039,000                      | including grants of \$                          | 347,039,000 ) (Revenu                                   | e \$ )   |
|      | See Add            | itional Data                       |                                       |                                  |   |   |  |
|      | (Code              |                                    | ) (Expenses \$                        | 242,665,000                      | ıncludıng grants of \$                          | 6,962,000 ) (Revenu                                     | e \$ 282,667,000 )   |
|      | SERVICE<br>SUCH TH | ES RELATED TO V<br>HINGS AS FEES A | ARIOUS ACTIVITIES IN                  | FURTHERANCE OF AMPLE, MEDICAL DE | AND IN SUPPORT OF MIT'S<br>PARTMENT, TECHNOLOGY | EXEMPT MISSION WHICH INC                                | CTION WITH MIT'S OTHER PROGRAM<br>CLUDED BUT WERE NOT LIMITED TO<br>RY ENTERPRISES (FOR EXAMPLE, |
| 4d   | Other p            | program servic                     | es (Describe in Schei                 | dule O)                          |   |   |  |
|      | (Expens            | ses \$                             | 242,665,000 in                        | cluding grants of                | \$ 6,962,                                       | 000 ) (Revenue \$                                       | 282,667,000 )  |
| 4e   | Total p            | rogram serv                        | ice expenses ▶                        | 3,081,772,0                      | 00  |   |  |

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or X as applicable

**Checklist of Required Schedules** 

Yes

Page 3

No

Nο

Nο

No

Nο

Nο

Νo

No

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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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization'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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**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

Yes

5

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
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
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
Bud the organization maintain collections of works of art, historical treasures, or other similar assets?

Yes No

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

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| Form | 990 (2017)  |     |     | Page <b>4</b> |
|------|---|-----|-----|---------------|
| Par  | Checklist of Required Schedules (continued)   |     |     |               |
|      |   |     | Yes | No            |
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | .0a |     | No            |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | :0ь |     |               |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |               |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |               |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                          | 23  | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | .4a | Yes |               |
| Ь    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2   | :4b |     | No            |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | .4c |     | No            |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 4d  |     | No            |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | !5a |     | No            |
| 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?  If "Yes," complete Schedule L, Part I          | :5b |     | No            |

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27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Νo

No

Νo

Nο

No

Νo

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

instructions for applicable filing thresholds, conditions, and exceptions)

| Check if Schedule O contains a response or note to any line in this Part V   | orm | 990 (2017)  |            |        | Page   |
|--|-----|---|------------|--------|--------|
| to Enter the number reported in Box 3 of Form 1996 Enter-0-if not applicable 1 is 26,224   b Enter the number of Forms W-26 included in line 1a Enter-0-if not applicable 1 is 0 in 0 of 50 bits the enginement with subsequent the second of the companies of the co       | Par |   |            |        |        |
| 14 Enter the number reported in Box 1 of Form 1006 Enter-0- if not applicable   15 D CO   16 D Co this development of Forms 1V-2 Contided in line 1.5 Enter-0- if not applicable   16 D CO   16 D Co this development of Forms 1V-2 Contided in line 1.5 Enter-0- if not applicable payments to venciors and reportable garming   16 C Vision 1 of The Contident of Mark 1 of The Contident of Mark 2 Contident of Mar       |     | Check if Schedule O contains a response or note to any line in this Part V  |            |        | Ш      |
| b Entex the number of Forms W-2G included in line 12 Enter-0-of- in the applicable  Dot the engagement on comply with backup withholding rules for reportable payments to windows and reportable gamming (gambling) without provided the provided of the provided of the provided the        |     | 5-1   |            | Yes    | No     |
| Do the expanience comply with backes owth-olding rules for reportable payments to various and reportable gamming (gambhing) smill payments and reportable gamming (gambhing) smill payments are reported on firm W.3, Transmittal of Wage and Tax Statements, filed of the calcular year ending with or within the year covered by this return.  25 File Tax Statements, filed of the calcular year ending with or within the year covered by the return. The payment is a return of limes 12 and 22 is greater than 230, you may be required to e-file (see instructions).  30 File the expansation have unrefacted business gross cross come of 51,000 or more dump the year?  31 File Tax Statements, filed a form 900-T for this year? 17 for 10 five 39, provide an explanation in Schedule C.  31 File Tax Statements and 22 is greater than 230, you may be required to e-file (see instructions).  32 File Tax Statements and 22 is greater than 230, you may be required to e-file (see instructions).  33 File Statements and 22 is greater than 230, you may be required to e-file (see instructions).  33 File Statement and 24 file of the payments of the file of the payment of the file of the payment of the payment of the file of the payment of the file of the payment of the payment of the file of the payment of the payment of the file of the payment of the file of the payment of the file of the payment of the payment of the file of the payment of the file of the payment of the pay       |     |   |            |        |        |
| (gambing) winnings to prize winners?  2 Eiter the nember of employees exposted in Form W-3, Transmittal of Wage and Tax Statements, filed for the colendary year ending with or within the year covered by bit of the colendary year ending with or within the year covered by the return of the search of the colendary year ending with or within the year covered by the return of the search of the colendary year ending with or within the year covered by the search of the colendary year ending with or within the year covered by the search of the colendary year ending with or within the year of the colendary year and the colendary year of the colendary year, did the organization in the colendary year, did the organization in a foreign country (such as a bank account, section of the sauthority over, a fact that the colendary year, did the organization in the region country (such as a bank account, section of the sauthority over, a fact that the colendary year, did the organization in the colendary year, did the organization in section of the colendary year, did the organization in section of the colendary year, did the organization in section of the colendary year, did the organization of the colendary (such as a bank account, section of the colendary (such as a bank account, section), did the organization (such year) (such as a section of the colendary year) (such as a section of the colendary year), and the organization of the organization in the colendary year of the organization of the organization in the colendary year of the post of the organization in the colendary year of the organization in the property of the colendary year of the organization in the year year of the organization in the year year year year.  2  |     |   |            |        |        |
| Tas Statements, filed for the calendar year endings with or within the year accorded by 2 a 2,2,200 b 1 at lasts one is reported on line 2a, did the organization file all incurred federal employment tax returns?  Motal: If the uniform 5 and 23 ingrester than 230, you may be recipited to efficile destinations in the companion of the second of the calendar year.  3 a Ves 5 if Yies, "not littled Form 9910 from the year?" Or for the 9 approximate an explanation on Schedule O.  3 b If Yies," not littled Form 9910 from the year? White account, security on a segmature or other authority over, and a very segment or search or segment or search or segment or search or search or segment or search or or segment or search or or search or search or search or search or or search       |     | (gambling) winnings to prize winners?   | <b>1</b> c | Yes    |        |
| b If a teach one is reported on line 2a, did the organization file all recurred federal employment can returns? Note. If the sure of lines 3 and 25 a greates than 250, you may be required to effice (see instructions) 3a Did the organization have unrelated business gross income of \$5,000 or more during the year? 4b At any time during the calendar year, did the organization have an interest in or a signature or other authority own, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  b If "Yea," deet he name of the foreign country. PMIL, IM, AS, MP, SM, UK, VQ, BR, CJ, CJ, DA, GR See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization federal and solicity any contributions that were not tax deductible as chart table contributions or gifts were not tax deductible as chart table contributions and partly for goods and services or To Granization receive a payment in excess of \$75 made party, as a contribution and partly for goods and services for Organization that were not tax deductible as chart table contributions and partly for goods and services for Granization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization network and the payor?  7 Organization shall may receive deductible contributions under section 170(c).  8 Did the organization may receive deductible contributions under section 170(c).  9 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?  7 Organization shall may receive deductible as chart table contributions and partly for goods and services from the payor?  9 Did the organization shall pay to t  | 2a  | Tax Statements, filed for the calendar year ending with or within the year covered by   |            |        |        |
| Note: the sum of lines is and 2 is greater trian 250, you may be required to e-file (see instructions) 3   | h   |   |            | Yes    |        |
| b. If "Yes," has filed a Form 990.7 for this year/If "No" to line 3b, provide an explanation in Schedule 0.  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a family of the contribution of the file of the country (such as a bank account, securities account, or other financial accounts?" a  4a. Yes  b. If "Yes," enter the name of the foreign country. PHK, JN, AS, MP, SM, LM, VQ, 98, CJ, CJ, DA, GR.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  b. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction?  b. If "Yes," to line 5a or 5b, did the organization file form 8886-T?  6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions shall were not tax deductible as charitable contributions.  b. If "Yes," did the organization mude with every solicitation an express statement that such contributions or gifts were not tax deductible.  b. If "Yes," did the organization motify the dinear of the value of the goods or services provided?  c. Did the organization receive a symptom in excess of 575 made party as a contribution and partly for goods and services provided to the payor?  b. If "Yes," indicate the number of Forms 8282 filed during the year.  c. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f. If the organization receive a contribution of cars, boats, arriplenes, or other vehicles, did the organization file a Form 1945 are supplied to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f. If the organization receive any premiums, directly or indirectly, to pay great the supplied payors or th      | -   |   |            |        |        |
| 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a frequency (such as a bank account, securities account, or other financial accounts).  5. If "Yes," enter the name of the foreign country, PHK, JN, AS, NP, SN, UK, VQ, BB, CJ, CI, DA, GR  5. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5. Sa   | За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         | Yes    |        |
| financial account in a foreign country (such as a bank account, securbes account, or other financial account)? 4a  | b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b         | Yes    |        |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization as party to a prohibited tax shelter transaction?  5b No  5c If "Yes," to line 5a or 5b, did the organization that it was or is a pairty to a prohibited tax shelter transaction?  5c Os Does the organization have acmual gross receipts that are normally greater than \$100,000, and did the organization shelt were not tax deductible as charitable contributions?  6a Does the organizations that were not tax deductible as charitable contributions?  6b If "Yes," did he organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive any parent in excess of \$75 made partly as a contribution and partly for goods and services or provided to the payor?  7 Organization receive any payor of the value of the goods or services provided?  8 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution of qualified indilectual property, do the organization file a Form 1099.  109 Did the organizations maintaining donor advised funds.  109 Did the organizations maintaining donor advised funds.  109 Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  109 Did the sponsoring organizations maintaining donor advised funds.  100 Did the sponsoring organizations make any taxable distributions under section 4966?  109 Did the sponsoring organizations make any taxable distributions under     | 4a  |   | 4a         | Yes    |        |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b   No c   If "Yes," to ine Sa or 5b, did the organization file Form 8886-T?  5 c   Sa   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 chartable contributions?  5 c   No solicit any contributions that were not tax deductible as chartable contributions?  6 a   No solicit any contributions that may receive deductible contributions under section 170(c).  7 a   Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization neterive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  7   Did the organization neterive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  8   Did the organization neterive a payment in excess of \$75 made party as a contribution and party for goods and services provided?  9   Did the organization neterive a payment in excess of \$75 made party as a contribution of the visue of the goods or services provided?  7   To Yes    1   "Yes," indicate the number of Forms 8282 filed during the year.  2   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Pe   No    9   Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  1   The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?  9   Did the sponsoring organization make any taxable distributions under section 4966?  9   Did the sponsoring organization make any taxable distributions under section 4966?  9   Did the spons | b   |   |            |        |        |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c   5c   5c   5c   5c   5c   5c   5c  | 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |        | No     |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 Did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$8292 or otherwise dispose of tangible personal property for which it was required to file form \$8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Press of the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Press of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Press of the organization received an contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form \$899 as required?  109 Creation of the organization maintaining donor advised funds.  109 Did the sponsoring organizations make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distribution of donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  100   | b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5h         |        | No     |
| So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selects any contributions that were not tax deductible as chantable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization necessary apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The provided to the payor?  Did the organization notify the donor of the value of the goods or services provided?  The provided to the payor?  The provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The provided to the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year.  Sponsoring organization make any taxable distributions under section 4966?  Better the amount of the provided on Part VIII, line 12, for public use of club facilities.  The provided the provided on Form 990, Part VIII, line 12, for public use of club facilities.  The provided on Form 990, Part VIII, line 12, for public use of club facilities.  The provided on Form 990, Part VIII, line 12, for public use of club facilities.  The provided on Form 990, Part VIII, line 12, for public use of club facilities.  The provided on Form 99     | c   | If "Yes " to line 5a or 5b, did the organization file Form 8886-T?  | 30         |        |        |
| solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the arganization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  81 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?  82 Did the organization notify the donor of the value of the goods or services provided?  82 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  83 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  94 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  95 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  95 If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, directly or indirectly, on a personal benefit contract?  96 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  97 In No.  98 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1999-8°.  97 Pres.  98 Sponsoring organizations maintaining donor advised funds.  99 Did the sponsoring organization make any taxable distributions under section 4956?  98 Did the sponsoring organization make a distribution to a donor, donor advised present.  99 Did the sponsoring organization make a distribution to a donor, donor advised present.  99 Did the sponsoring organizations. Enter a limitation fees and capital contributions included on Part VIII, line 12  10 Section 501(c)(7) organizations. Enter a limitation fees and capital contributions included on Part VIII, line 1      | Ĭ   | In rest, to fine sa of sp, and the organization me rount occor in the first in the | 5c         |        |        |
| not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Ves," indicate the number of forms \$282 filed during the year of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282? if If "Ves," indicate the number of Forms \$282 filed during the year of Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Possible of Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Possible organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C?  Section 501(c) (7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 No Section 501(c) (7) organizations. Enter 1 Initiation fees and captate contributions included on Part VIII, line 12 1 Gross income from members or shareholders 1 Initiation fees and captate contributions included on Part VIII, line 12 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041?  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization incensed to issue qualified health plans    | 6a  |   | 6a         |        | No     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," indicate the payor?  7c Ves  7c Ves  7d If "Yes," indicate the number of Forms \$282 filed during the year of Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  7c Ves  7d If "Yes," indicate the number of Forms \$282 filed during the year 7d Interpretation of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e No  7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f No  7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h Yes  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund airitaning donor advised funds and intellectual property, did the organization file a Form 7g Did Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund airitaning donor advised funds. Did a donor advised fund airitaning donor advised funds. Did a donor advised fund airitaning donor advised funds. Did a donor advised fund airitaning donor advised funds. Did a section 501(c)(7) organizations. Enter  8 Intuition fees and capital contributions included on Part VIII, line 12   |     | not tax deductible?   | 6b         |        |        |
| provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f No  g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f No  g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f No  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  h If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter  in Initiation fees and capital contributions included on Part VIII, line 12  in Section 501(c)(12) organizations. Enter  in Section 501(c)(12) organizations. Cerevied from them )  in Section 501(c)(12) organizations.  Enter the amount of reser       | 7   | Organizations that may receive deductible contributions under section 170(c).   |            |        |        |
| to Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year   | а   |   | 7a         | Yes    |        |
| form \$282?  | b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         | Yes    |        |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e No f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f No g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h Yes  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Did the sponsoring organization make any taxable distributions under section 4966?  9a No Section 501(c)(7) organizations. Enter  1 Intiation fees and capital contributions included on Part VIII, line 12  1 Section 501(c)(12) organizations. Enter  2 Gross income from members or shareholders  1 Intiation fees and capital contributions included on Part VIII, line 12  2 Section 501(c)(12) organizations. Enter  3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Ita  1 Section 501(c)(29) qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in the properties of the organization is lice       | С   |   | <b>7</b> c | Yes    |        |
| Teal Components   Teal Compo         | d   | If "Yes," indicate the number of Forms 8282 filed during the year   |            |        |        |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Th Yes  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Paul of the sponsoring organization make any taxable distributions under section 4966?  Paul of the sponsoring organization make any taxable distributions under section 4966?  Paul No  Section 501(c)(7) organizations. Enter  In Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  If Yes," enter the amount of tax-exempt interest received or accrued during the year  If Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  Iga   Inter the amount of reserves on hand  If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Inter Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Inter Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Inter Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Inter Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Inter Yes," has it fil       | e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |        | No     |
| required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  B Did the sponsoring organization make any taxable distributions under section 4966?  Pa No Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Ph No Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Ph No Did the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions in fees and capital contribut       | f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |        | No     |
| 1098-C?  | g   |   | 7g         |        |        |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | h   |   | 7h         | Yes    |        |
| 9a No b Did the sponsoring organization make any taxable distributions under section 4966?   | 8   | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during   |            |        | N.a.   |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 0-  | Did the energying organization make any tayable distributions under section 49662   |            |        |        |
| Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12   | _   |   |            |        |        |
| a Initiation fees and capital contributions included on Part VIII, line 12   |     |   | טפ         |        | 110    |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders   |     |   |            |        |        |
| Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders   |     |   |            |        |        |
| a Gross income from members or shareholders  |     |   |            |        |        |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   |     |   |            |        |        |
| against amounts due or received from them )  |     |   |            |        |        |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | D   |   |            |        |        |
| 3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |        |        |
| 3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule 0  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   | ь   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |        |        |
| additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | 3   |   |            |        |        |
| 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  | а   |   |            |        |        |
| c Enter the amount of reserves on hand   | b   | Enter the amount of reserves the organization is required to maintain by the states in  | 13a        |        |        |
| 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |     | The organization is necessary to issue qualified feeding plans  |            |        |        |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b   |     |   |            |        |        |
|  |     |   |            |        | INO    |
| Form <b>990</b> (20)   | b   | If TYES, That it filed a Form 720 to report these payments 71f "No," provide an explanation in Schedule O   |            | orm 00 | 0 (201 |

| 01111    | 1550 (2017)  |              |          | rage     |
|----------|--|--------------|----------|----------|
| Par      | Tt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a '8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions   | 'No" respo   | nse to l | ines     |
|          | Check if Schedule O contains a response or note to any line in this Part VI  |              |          | <b>~</b> |
| Se       | ection A. Governing Body and Management  |              |          |          |
|          | <u> </u>   |              | Yes      | No       |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | 11           |          |          |
|          | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |              |          |          |
| b        | Enter the number of voting members included in line 1a, above, who are independent  1b   | 8            |          |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any othe officer, director, trustee, or key employee?   | r <b>2</b>   | Yes      |          |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervis<br>of officers, directors or trustees, or key employees to a management company or other person? .  | 3            |          | No       |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4            |          | No       |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5            |          | No       |
| 6        | Did the organization have members or stockholders?   | 6            |          | No       |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?   | re <b>7a</b> | Yes      |          |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b           |          | No       |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following  | у            |          |          |
| а        | The governing body?  | 8a           | Yes      |          |
| b        | Each committee with authority to act on behalf of the governing body?  | <b>8</b> b   | Yes      |          |
| 9        | 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? <i>If "Yes," provide the names and addresses in Schedule O</i>  | 9            |          | No       |
| Se       | ection B. Policies (This Section B requests information about policies not required by the Internal Reve   | nue Code     | e.)      |          |
|          |  |              | Yes      | No       |
|          | Did the organization have local chapters, branches, or affiliates?   | 10a          | Yes      |          |
| 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?  | ′ 10ь        | Yes      |          |
|          | i Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a          | Yes      |          |
|          | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |              |          |          |
|          | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a          | Yes      |          |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b          | Yes      |          |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>  | 12c          | Yes      |          |
| L3       | Did the organization have a written whistleblower policy?  | 13           | Yes      |          |
| L4       | Did the organization have a written document retention and destruction policy?   | 14           | Yes      |          |
| L5       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |              |          |          |
|          | The organization's CEO, Executive Director, or top management official   | 15a          | Yes      |          |
| b        | Other officers or key employees of the organization  | 15b          | Yes      |          |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |              |          |          |
|          | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a          | Yes      |          |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempts status with respect to such arrangements? | ot           |          |          |
| C-       | ection C. Disclosure   | 16b          | Yes      |          |
| Se<br>L7 | List the States with which a copy of this Form 990 is required to be filed CA , MA , OK  |              |          |          |
| L8       | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available.  | y)           |          |          |
|          | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)   |              |          |          |
| L9       | 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   |              |          |          |
|          | ▶DANIELLE KHOURY 77 MASSACHUSETTS AVENUE NE49-3142 Cambridge, MA 02139 (617) 253-4835  |              |          |          |

| orm 990 (2                   | 017)   |  |                                   |                       |                       |                                 |                              |             |  |  | Page <b>7</b>  |
|------------------------------|--|--|-----------------------------------|-----------------------|-----------------------|---------------------------------|------------------------------|-------------|--|--|--|
| Part VII                     | Compensation of Officer and Independent Contra   |  | Truste                            | es,                   | Key                   | En                              | ıploy                        | ees         | , Highest Comp   | ensated Employ   | rees,  |
|                              | Check if Schedule O contains a   | response or no   | te to an                          | y line                | ın t                  | his                             | Part V                       | Π.          |  |  | <u> </u>   |
| Section                      | A. Officers, Directors, Tru  | stees, Key E   | mploy                             | ees                   | , an                  | d H                             | lighe                        | st C        | Compensated En   | nployees   |  |
| ear                          | e this table for all persons require   |  |                                   |                       |                       |                                 |                              |             |  |  |  |
| of compensa                  | of the organization's <b>current</b> off<br>tion Enter -0- in columns (D), (                               | E), and (F) if no                                      | compe                             | nsatı                 | on v                  | vas į                           | paid                         |             |  | -  |  |
|                              | of the organization's <b>current</b> key   |  | •                                 |                       |                       |                                 |                              |             |  |  |  |
| vho received<br>organization | organization's five <b>current</b> high<br>d reportable compensation (Box<br>and any related organizations | 5 of Form W-2  | and/or E                          | Зох 7                 | of F                  | orm                             | 1099                         | -MIS        | SC) of more than \$1   | 00,000 from the  |  |
| of reportable                | of the organization's <b>former</b> office<br>compensation from the organiz                                | ation and any r  | elated o                          | rganı                 | zatı                  | ons                             | -                            |             |  |  |  |
| List all o<br>organization   | of the organization's <b>former dire</b><br>, more than \$10,000 of reportab                               | ectors or trust<br>le compensation                     | <b>ees</b> that<br>n from t       | t rece<br>the or      | gan                   | l, ın<br>ızatı                  | the ca                       | paci<br>any | ty as a former direc<br>v related organization                     | tor or trustee of the<br>ons                                       | 2  |
|                              | in the following order individua<br>d employees, and former such p   |  | ectors,                           | ınstıtı               | utior                 | nal t                           | rustee                       | s, of       | ficers, key employe  | es, highest  |  |
| 🗌 Check tl                   | his box if neither the organizatio   | n nor any relate                                       | ed organ                          | nzatio                | on co                 | omp                             | ensate                       | d ar        | ny current officer, di   | rector, or trustee   |  |
|                              | <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours for related |                                   | ne b                  | ox, ι<br>n of<br>or/t | t che<br>unles<br>ficer<br>rust | s pers<br>and a<br>ee)       | on          | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                              |  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director | Institutional Trustee | Officer               | key employee                    | Highest compensated employee | Former      | ,  | MISC)  | related<br>organizations   |
| See Additiona                | al Data Table  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |
|                              |  |  |                                   |                       |                       |                                 |                              |             |  |  |  |

compensation from the organization ▶ 673

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

Page 8

| Par            | Section A. Officers, Direct   | Tors, Trustees  | , key                             | EIIIP                 | loye            | es,                     | anu                       | nıyı   | iest co                       | препза  | teu cilipioyees                        | · (COII   | unueu)                        |  |
|----------------|---|---|-----------------------------------|-----------------------|-----------------|-------------------------|---------------------------|--------|-------------------------------|---|--|---|-------------------------------|--|
|                | <b>(A)</b><br>Name and Title  | (B) Average hours per week (list any hours            | than o                            | one b                 | ox, u<br>in off | t cha<br>unle:<br>ficer | and a                     | son    | Rep<br>comp<br>fro<br>organiz | ( <b>D)</b> ortable ensation m the zation (W- | compensation from relate organizations | Reportable<br>compensation<br>from related<br>organizations (W- |                               | )<br>ated<br>of other<br>sation<br>the |
|                |   | for related<br>organizations<br>below dotted<br>line) | individual trustee<br>or director | Institutional Trustee | Officer         | Key employee            | Highest compensatemplovee | Former | 2/109                         | 99-MISC)                                      | 2/1099-MIS                             | .C)   | organizat<br>relat<br>organiz | ed                                     |
|                |   |   | डिसिस                             | Trustee               |                 | Ď                       | pensated                  |        |                               |   |  |   |                               |  |
| See            | Additional Data Table   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           | T      |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
| 1b 9           | Sub-Total   |   |                                   | ٠.                    | ٠.              | l                       | ▶ _                       |        |                               |   |  |   |                               |  |
|                | Fotal from continuation sheets to P<br>Fotal (add lines 1b and 1c)                        | •   |                                   | •                     |                 | •                       | <b>&gt;</b>               |        | 16                            | 047,712                                       |  | 0   |                               | 2,054,086                              |
| 2              | Total number of individuals (including of reportable compensation from the                | but not limited                                       | to thos                           |                       |                 | bove                    |                           | rece   | •                             |   | 100,000                                |   |                               | <del>, , ,</del>                       |
|                |   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   | Yes                           | No                                     |
| 3              | Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> . | I for such individ                                    | dual .                            | ٠                     | •               | •                       |                           | •      |                               |   |  | 3   | Yes                           |  |
| 4              | For any individual listed on line 1a, is organization and related organization individual |   |                                   |                       |                 |                         |                           |        |                               |   | om the                                 | 4   | Yes                           |  |
| 5              | Did any person listed on line 1a recei<br>services rendered to the organization           |   |                                   |                       |                 |                         |                           |        |                               | tion or in                                    | dıvıdual for                           | 5   |                               | No                                     |
| Se             | ection B. Independent Contract  |   |                                   |                       |                 |                         |                           |        |                               |   |  |   | '                             |  |
| 1              | Complete this table for your five high from the organization Report compe                 |   |                                   |                       |                 |                         |                           |        |                               |   |  | omper   | sation                        |  |
|                | Name a  | (A)<br>and business addre                             | 255                               |                       |                 |                         |                           |        |                               | Des   | (B)<br>scription of services           |   | (C<br>Comper                  |  |
| TURN           | ER CONSTRUCTION COMPANY   |   |                                   |                       |                 |                         |                           |        |                               | CONSTRU                                       | •                                      |   |                               | ,592,530                               |
|                | APORT LANE<br>ON, MA 02210  |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                | OLK CONSTRUCTION COMPANY INC  |   |                                   |                       |                 |                         |                           |        |                               | CONSTRU                                       | CTION                                  |   | 28                            | ,310,618                               |
|                | LERTON STREET<br>ON, MA 02119   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                | MORIARTY & ASSOCIATES   |   |                                   |                       |                 |                         |                           |        |                               | CONSTRU                                       | CTION                                  |   | 28                            | ,211,026                               |
| 3 CHU<br>SUITE | JRCH STREET<br>E 2  |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                | CHESTER, MA 01890<br>. & BARR INC   |   |                                   |                       |                 |                         |                           |        |                               | CONSTRU                                       | CTION                                  |   | 27                            | ,759,433                               |
| 24 SL          | JPERIOR DRIVE   |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
|                | CK, MA 01760  |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |
| BOND           | BROTHERS INC  |   |                                   |                       |                 |                         |                           |        |                               | CONSTRU                                       | CTION                                  |   | 20                            | ,142,847                               |
| SUITE          | ABOT ROAD<br>E 300<br>FORD, MA 02155  |   |                                   |                       |                 |                         |                           |        |                               |   |  |   |                               |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

| Part   |                   | Statement of   | Revenue        |                    |          |             |                        |             |                    |                               |              |                                      |              | rage <b>3</b>                         |
|--|-------------------|--|----------------|--------------------|----------|-------------|------------------------|-------------|--------------------|-------------------------------|--------------|--------------------------------------|--------------|---------------------------------------|
|  | - 7               | Check if Schedul   |                | a respo            | nse or r | note to any | / line in th           | us Part VII | Ι                  |                               |              |                                      |              | п                                     |
|  |                   | 3.1331.11.331.1344.  |                | <u>а тооро</u>     |          |             | ( <i>A</i><br>Total re | 4)          | Rela<br>exe        | B)<br>ted or<br>empt<br>ction | bı           | (C)<br>nrelated<br>usiness<br>evenue | exo<br>tax u | (D) Revenue cluded from nder sections |
|  | 1:                | a Federated campaigi   | ne             | 1a                 |          |             |                        |             | rev                | enue                          |              |                                      |              | 512-514                               |
| ats at   |                   | <b>b</b> Membership dues   |                |                    |          |             |                        |             |                    |                               |              |                                      |              |                                       |
| rar  |                   | ·  |                | 1b                 |          |             |                        |             |                    |                               |              |                                      |              |                                       |
| i. G<br>Am   |                   | c Fundraising events   |                | 1c                 |          |             |                        |             |                    |                               |              |                                      |              |                                       |
| iffs<br>ar   |                   | d Related organizatio  |                | 1d                 |          | 6,162,000   |                        |             |                    |                               |              |                                      |              |                                       |
| 3, E   |                   | e Government grants (co  | ·              | 1e                 | 35       | 57,311,000  |                        |             |                    |                               |              |                                      |              |                                       |
| Sign   | 1                 | f All other contributions,<br>and similar amounts no                                       |                | 1f                 | 51       | .2,324,000  |                        |             |                    |                               |              |                                      |              |                                       |
| Contributions, Gifts, Grants and Other Similar Amounts | ١.                | above  g Noncash contribution  | ons included   |                    | 31       | .2,324,000  |                        |             |                    |                               |              |                                      |              |                                       |
| Contri<br>and O  |                   | ın lınes 1a-1f \$  |                |                    | 25,000   |             |                        |             |                    |                               |              |                                      |              |                                       |
| ع ت  | ֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡ | n Total.Add lines 1a-1   | .t             | • •                |          |             |                        | ,797,000    |                    |                               |              |                                      |              |                                       |
| E e  |                   |  |                |                    |          | Busines     |                        |             |                    |                               |              |                                      |              |                                       |
| ٧٠٠  |                   | Sponsored Research Cor   | ntracts        |                    |          |             | 900099                 |             | 707,000            | 1,228,70                      |              | . 704                                |              |                                       |
| a <del>ž</del>   |                   | Fees and Services  |                |                    |          |             | 900099                 |             | 937,000<br>926,000 | 161,15                        | 26,000       | 1,784,                               | .000         |                                       |
| MC   |                   | Other Programs  Tultion  |                |                    |          |             | 900099                 | ·           | 760,000            | 700,76                        |              |                                      |              |                                       |
| Ş  |                   | Auxiliary Enterprises  |                |                    |          |             | 900099                 |             | 730,000            | 119,72                        |              | 8,                                   | .000         |                                       |
| anı  |                   |  |                |                    |          |             |                        |             | 0                  |                               | 0            |                                      | 0            | 0                                     |
| Program Service Revenue                                | t                 | All other program se   | rvice revenue  | <u> </u>           |          | 2,289,      | ,060,000               |             | <u>'</u>           |                               |              |                                      |              |                                       |
| 4  |                   | Total.Add lines 2a-2f  |                |                    | <u> </u> |             | _                      |             | 1                  |                               |              |                                      |              |                                       |
|  |                   | Investment income (ir<br>similar amounts)  |                |                    | nterest, | and other   | .                      | 91,181,00   | 0                  |                               |              | 21,138,000                           |              | 70,043,000                            |
|  |                   | Income from investme   |                |                    | ond proc | eeds F      | <u> </u>               |             |                    |                               |              |                                      |              |                                       |
|  |                   | Royalties  |                | -                  |          | . ,         | •                      | 48,249,00   | 0                  |                               |              |                                      |              | 48,249,000                            |
|  |                   |  | (ı) Rea        | I                  | (II) I   | Personal    |                        |             |                    |                               |              |                                      |              |                                       |
|  | 6a                | Gross rents  | 162            |                    |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  | ŀ                 | Less rental expenses   |                | 318,000<br>749,000 |          |             | -                      |             |                    |                               |              |                                      |              |                                       |
|  | •                 | <b>,</b>   | . =,.          | ,                  |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  | c                 | Rental income or (loss)  | 90,5           | 569,000            |          |             | 0                      |             |                    |                               |              |                                      |              |                                       |
|  |                   | Net rental income of   | r (loss)       |                    |          |             | -                      | 90,569,00   | 0                  |                               |              |                                      |              | 90,569,000                            |
|  |                   | - Nee remai medine di  | (i) Securi     |                    |          | • • • Other | 1                      |             |                    |                               |              |                                      |              | ,,                                    |
|  | <b>7</b> a        | Gross amount from sales of assets other than inventory                                     | ,,             | 39,000             |          | ,937,778,00 | 00                     |             |                    |                               |              |                                      |              |                                       |
|  | t                 | Less cost or<br>other basis and<br>sales expenses  | 586,5          | 714,000            | 32       | ,037,434,00 | 00                     |             |                    |                               |              |                                      |              |                                       |
|  | c                 | Gain or (loss)   | 148,3          | 325,000            |          | 900,344,00  | 00                     |             |                    |                               |              |                                      |              |                                       |
|  | c                 | l Net gain or (loss) .   |                |                    |          | <b>&gt;</b> | 1,                     | ,048,669,00 | 0                  |                               |              |                                      |              | 1,048,669,000                         |
| Other Revenue  | <b>8</b> a        | Gross income from fu<br>(not including \$<br>contributions reporte<br>See Part IV, line 18 | ed on line 1c) | of                 |          |             |                        |             |                    |                               |              |                                      |              |                                       |
| Re   |                   | Less direct expenses   |                | ь                  |          |             |                        |             |                    |                               |              |                                      |              |                                       |
| ıer  |                   | Net income or (loss)   |                |                    | ents .   | · •         |                        |             |                    |                               |              |                                      |              |                                       |
| Off  | 9a                | Gross income from g<br>See Part IV, line 19  |                | ies                |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  |                   |  |                | a                  | 1        |             |                        |             |                    |                               |              |                                      |              |                                       |
|  |                   | Less direct expenses  Net income or (loss)   |                | b d                | 105      |             |                        |             |                    |                               |              |                                      |              |                                       |
|  |                   | aGross sales of invent<br>returns and allowand   | ory, less      | activit            |          | · •         |                        |             |                    |                               |              |                                      |              |                                       |
|  | Ł                 | Less cost of goods s   | sold           | a<br>b             |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  | •                 | Net income or (loss) Miscellaneous   |                | f invent           |          | ess Code    |                        |             |                    |                               | 1            |                                      | -            |                                       |
|  | 11                |  | Revenue        |                    | Dusii    | ess code    | -                      |             |                    |                               |              |                                      |              |                                       |
|  |                   |  |                |                    |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  | Ŀ                 | ,  |                |                    |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  | c                 |  |                |                    |          |             | +                      |             |                    |                               |              |                                      |              |                                       |
|  |                   |  |                |                    |          |             |                        |             |                    |                               |              |                                      |              |                                       |
|  |                   | All other revenue .  |                |                    |          |             | +                      |             | 0                  | (                             | <del> </del> | 0                                    | $\vdash$     | 0                                     |
|  |                   | Total. Add lines 11a   |                |                    |          | <b>&gt;</b> | 1                      |             |                    |                               | <u> </u>     |                                      |              |                                       |
|  | 12                | <b>2 Total revenue.</b> See  | Instructions   | _                  | _        |             |                        |             | 0                  |                               |              |                                      |              |                                       |
|  |                   |  |                | • •                |          | • •         | 4,                     | ,443,525,00 | 0 2                | ,287,268,000                  | )            | 22,930,000                           | For          | 1,257,530,000<br>m <b>990</b> (2017)  |

| Form 990 (2017)   |                       |                              |                                     | Page <b>10</b>          |
|---|-----------------------|------------------------------|-------------------------------------|-------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co   | olumns All other orga | anizations must comp         | lete column (A)                     |                         |
| Check if Schedule O contains a response or note to any  | _                     | •                            |                                     | 🗆                       |
| 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) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 3,098,000             | 3,098,000                    |                                     |                         |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22  | 598,201,000           | 598,201,000                  |                                     |                         |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16  | 3,865,000             | 3,865,000                    |                                     |                         |
| 4 Benefits paid to or for members   |                       |                              |                                     |                         |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 9,984,000             | 1,739,000                    | 7,652,000                           | 593,000                 |
| <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)                  | 2,363,000             | 1,033,000                    | 1,330,000                           |                         |
| 7 Other salaries and wages  | 1,402,733,000         | 1,040,243,000                | 330,009,000                         | 32,481,000              |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   | 79,255,000            | 59,131,000                   | 18,375,000                          | 1,749,000               |
| 9 Other employee benefits   | 160,861,000           | 118,980,000                  | 38,240,000                          | 3,641,000               |
| <b>10</b> Payroll taxes   | 91,523,000            | 68,279,000                   | 21,223,000                          | 2,021,000               |
| 11 Fees for services (non-employees)  |                       |                              |                                     |                         |
| a Management  | 61,181,000            | 47,712,000                   | 13,469,000                          |                         |
| <b>b</b> Legal  | 23,685,000            |                              | 23,685,000                          |                         |
| c Accounting  | 1,462,000             |                              | 1,462,000                           |                         |
| <b>d</b> Lobbying   |                       |                              |                                     |                         |
| e Professional fundraising services See Part IV, line 17  | 1,222,000             |                              |                                     | 1,222,000               |
| f Investment management fees  | 10,689,000            |                              | 10,689,000                          |                         |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 55,435,000            | 42,094,000                   | 13,341,000                          | 0                       |
| 12 Advertising and promotion  | 13,010,000            | 9,785,000                    | 3,225,000                           |                         |
| <b>13</b> Office expenses   | 29,996,000            | 18,414,000                   | 6,545,000                           | 5,037,000               |
| <b>14</b> Information technology  | 55,163,000            | 41,555,000                   | 13,213,000                          | 395,000                 |
| 15 Royalties  | 23,010,000            | 23,010,000                   |                                     |                         |
| <b>16</b> Occupancy   | 221,620,000           | 187,235,000                  | 33,594,000                          | 791,000                 |
| <b>17</b> Travel  | 87,426,000            | 62,858,000                   | 20,840,000                          | 3,728,000               |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials •  |                       |                              |                                     |                         |
| <b>19</b> Conferences, conventions, and meetings  | 45,645,000            | 33,250,000                   | 10,627,000                          | 1,768,000               |
| <b>20</b> Interest  | 120,748,000           | 102,985,000                  | 17,472,000                          | 291,000                 |
| 21 Payments to affiliates   |                       |                              |                                     |                         |
| 22 Depreciation, depletion, and amortization  | 178,878,000           | 153,061,000                  | 25,063,000                          | 754,000                 |
| 23 Insurance  | 61,102,000            | 46,642,000                   | 14,460,000                          |                         |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25 column (A) amount list line 24e |                       |                              |                                     |                         |

51,518,000

144,472,000

159,589,000

93,109,000

64,853,000

3,855,696,000

38,772,000

144,472,000

121,754,000

70,712,000

42,892,000

3,081,772,000

12,746,000

37,835,000

22,333,000

18,791,000

716,219,000

64,000

3,170,000

57,705,000

Form **990** (2017)

expenses on Schedule O )

**b** Subrecipient Agreements

e All other expenses

c Medical Supplies and Services

d Equipment Rental and Maintenance

25 Total functional expenses. Add lines 1 through 24e

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

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

a Lab Supplies

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

330,465,000

2,213,000

133.164.000

165.623.000

3,683,536,000

1,453,437,000

17.721.917.000

124,730,000

477,237,000

494,716,000

721,301,000

2.538.088.000

255.973.000

4,487,315,000

8.734.562.000

9,078,851,000

3.561.211.000

21,374,624,000

25.861.939.000

Form **990** (2017)

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n

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n

O

25.861.939.000

6,023,000

(B)

Page **11** 

Beginning of year End of year 388,131,000 1 307,694,000 Cash-non-interest-bearing . 1.463,805,000 1.289.410.000 2 Savings and temporary cash investments . . . 2 469,332,000

5,407,034,000

1.723.498.000

(A)

1,907,000

37,021,000

5.977.000

151.557.000

3,396,240,000

1.556.920.000

16.098.405.000

52,986,000

603,670,000

54,631,000

750,012,000

2.537.533.000

775.367.000

4,721,213,000

7.639.572.000

7,951,692,000

3.414.969.000

19,006,233,000

23.727.446.000

23,727,446,000

0 6

5

8

9

10c

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23

24

25

26

27

28

29

30

31 0

32

33

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0

0 14

0 18

524,543,000 3 3 Pledges and grants receivable, net . . . 224,349,000 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under

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

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

10a

10b

Part II of Schedule L Assets

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

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

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

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

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

**Financial Statements and Reporting** 

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Form 990 (2017)

5

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

## 1

4,443,525,000 3,855,696,000

Total revenue (must equal Part VIII, column (A), line 12) . . . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

587,829,000 19,006,233,000

1,405,589,000

Page **12** 

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

5 6 7

2

3

4

8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII . . . . .

374,973,000 21,374,624,000 Yes No 2a Νo

Yes

Yes

Yes

Yes Form 990 (2017)

2b

2c

3a

3b

### **Additional Data**

**Software ID:** 17005876

Software Version: 2017v2.2 **EIN:** 04-2103594

SPONSORED RESEARCH MIT'S CAMBRIDGE. MA CAMPUS PROVIDES A FERTILE SETTING FOR RESEARCH THAT HAS SPAWNED A HOST OF SCIENTIFIC BREAKTHROUGHS AND TECHNOLOGICAL ADVANCES PRIMARILY SPONSORED BY FEDERAL GRANTS AND CONTRACTS, RESEARCH AT MIT AIMS TO DEVELOP INNOVATIVE SOLUTIONS TO THE WORLD'S MOST DAUNTING CHALLENGES FROM ADDRESSING THE ENERGY NEEDS OF TOMORROW TO IMPROVING CANCER THERAPIES AND MORE. MIT'S RESEARCH EFFORTS ARE ENHANCED THROUGH CREATIVE COLLABORATIONS IN INTERDISCIPLINARY LABS AND WITH LEADING RESEARCH INSTITUTES AND CONSORTIA AROUND

Name: Massachusetts Institute of Technology

THE WORLD

Form 990, Part III, Line 4a:

Form 990 (2017)

#### Form 990, Part III, Line 4b: INSTRUCTION AND UNSPONSORED RESEARCH MIT IS COMMITTED TO PROVIDING A WORLD-CLASS EDUCATION TO OUR APPROXIMATELY 4,500 UNDERGRADUATES AND APPROXIMATELY 6,900 GRADUATE STUDENTS THE FOCUS OF INSTRUCTION IS NOT ONLY SCIENTIFIC AND TECHNICAL, BUT INCLUDES A STRONG HUMANITIES COMPONENT AND EMPHASIZES CREATIVE PROBLEM SOLVING MIT'S FIVE SCHOOLS (SCIENCE, ENGINEERING, HUMANITIES, ARTS & SOCIAL SCIENCES, ARCHITECTURE &

PLANNING, AND MANAGEMENT) CREATE THE FOUNDATION OF A RIGOROUS MIT EDUCATION, WHICH IS HEIGHTENED BY SERVICE TO COMMUNITIES AROUND THE

WORLD

# SCHOLARSHIPS AND FELLOWSHIPS MIT'S UNDERGRADUATE FINANCIAL AID PROGRAM ENSURES THAT AN MIT EDUCATION IS ACCESSIBLE TO ALL QUALIFIED CANDIDATES REGARDLESS OF THEIR FINANCIAL RESOURCES MIT REMAINS DEDICATED TO PROVIDING FINANCIAL AID TO MEET THE FULL COST OF AN MIT EDUCATION, BASED ON THE NEEDS OF THE FAMILY IN 2017-2018. APPROXIMATELY 57% OF ALL UNDERGRADUATES RECEIVED SOME TYPE OF NEED-BASED FINANCIAL AID FROM MIT

FINANCIAL AID FOR GRADUATE STUDENTS INCLUDES FELLOWSHIPS, TRAINEESHIPS, TEACHING AND RESEARCH ASSISTANTSHIPS, AND LOANS

Form 990, Part III, Line 4c:

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

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

|                             | any hours   | 0                                 | direct                | or/t    | rust         | ee)                          |        | organization (W- | organizations<br>(W- 2/1099- | from the                                     |
|-----------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|------------------------------|--|
|                             | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | key employee | Highest compensated emptovee | Former | 2/1099-MISC)     | MISC)                        | organization and<br>related<br>organizations |
| Robert Millard              | 60 0  | x                                 |                       | ×       |              |                              |        | 341,971          | 0                            | 47,384                                       |
| Chairman of the Corporation | 0   |                                   |                       | ^       |              |                              |        | 341,971          |                              | 47,364                                       |
| L Rafael Reıf               | 60 0  |                                   |                       |         |              |                              |        | 1.052.466        |                              | 424.200                                      |
| President                   | 1 0   | X                                 |                       | ×       |              |                              |        | 1,053,166        | 0                            | 134,288                                      |
| Israel Ruiz                 | 60 0  |                                   |                       |         |              |                              |        | 744.040          |                              | 55.660                                       |
| Executive VP and Treasurer  | 3 0   | X                                 |                       | X       |              |                              |        | 744,243          | 0                            | 55,668                                       |
|                             |   |                                   |                       | 1       |              | 1                            |        |                  |                              |  |

and Independent Contractors

**Executive Committee Member** 

Lawrence K Fish

Alan G Spoon

John A Thain

Susan E Whitehead

| Robert Millard              | 60 0 |   | Ų  |  | 244 074   |   |   |
|-----------------------------|------|---|----|--|-----------|---|---|
| Chairman of the Corporation | 0    | X | ×  |  | 341,971   | Ĭ | ĺ |
| L Rafael Reif               | 60 0 |   |    |  |           |   |   |
| President                   | 1 0  | X | ×  |  | 1,053,166 | 0 |   |
| Israel Ruiz                 | 60 0 |   | ,, |  | 744.040   |   |   |
| Executive VP and Treasurer  | 3 0  | X | ×  |  | 744,243   | 0 |   |
| Denis A Bovin               | 5 0  |   |    |  |           |   |   |
| Executive Committee Member  | 0    | X |    |  | 3,000     | 0 |   |
| Ursula M Burns              | 5 0  |   |    |  | _         |   |   |
| Executive Committee Member  | 0    | X |    |  | 0         | 0 |   |
| Diana C Walsh               | 5 0  |   |    |  |           |   |   |
|                             |      |   |    |  |           |   |   |

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

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

and Independent Contractors

President of MITIMCo

Cynthia Barnhart

Mark DiVincenzo

Kırk Kolenbrander

Vice President

Sanjay Sarma

Martin Schmidt

Provost

VP for Open Learning

Julie Lucas

VP and General Counsel

Director of Lincoln Laboratory

VP for Resource Development

Chancellor

Eric Evans

|  | any hours   | ,                                 | dırect                | or/tı   | ruste        | ee)                          |        | organization (W- | organizations        | from the                                     |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------|----------------------|--|
|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC)     | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Barrie R Zesiger                           | 5 0   | x                                 |                       |         |              |                              |        | 0                |                      | 0  |
| Executive Committee Member                 | 0   | ^                                 |                       |         |              |                              |        | U                | 0                    |  |
| R Gregory Morgan                           | 60 0  |                                   |                       | ,,      |              |                              |        | 650,000          |                      | 74 502                                       |
| Senior VP and Secretary of the Corporation | 1 0   |                                   |                       | X       |              |                              |        | 650,820          | 0                    | 71,593                                       |
| Seth Alexander                             | 60 0  |                                   |                       |         | ļ.,          |                              |        |                  | _                    |  |
|  |   |                                   |                       |         | X            | l                            |        | 1,873,205        | 0                    | 312,451                                      |

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472,437

472,203

539,321

362,166

529,746

505,916

681,998

51,135

63,535

67,270

71,859

38,732

58,967

96,171

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

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

|  | any hours   |                                   | direct                | or/tr | uste         | ee)                          |        | organization (W- | organizations        | from the                                     |
|--|---|-----------------------------------|-----------------------|-------|--------------|------------------------------|--------|------------------|----------------------|--|
|  | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |       | Key employee | Highest compensated employee | Former | 2/1099-MISC)     | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| Marıa Zuber                              | 60 0  |                                   |                       |       | x            |                              |        | 458,078          | 0                    | 61,335                                       |
| VP for Research                          | 4 0   |                                   |                       |       | ^            |                              |        | 430,070          | •                    | 01,333                                       |
| Matthew Fisher                           | 60 0  |                                   |                       |       |              | х                            |        | 010.856          | 0                    | 169,052                                      |
| Global Investment Professional - MITIMCO | 0   |                                   |                       |       |              | ^                            |        | 919,856          | U                    | 169,052                                      |
| Robert Gibbons                           | 60 0  |                                   |                       |       |              | V                            |        | 1,006,331        | 0                    | 70.014                                       |
| Durfaces Class                           |   |                                   |                       |       |              | X                            |        | 1,096,331        | 0                    | 70,814                                       |

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934,044

1,013,414

350,492

398,663

348,432

725,363

297,964

25,372

182,540

35,472

34,846

65,626

42,012

| un c n l                                 |      |  | l ^ |     | l | 436,076   |  |
|--|------|--|-----|-----|---|-----------|--|
| VP for Research                          | 4 0  |  |     |     |   |           |  |
| Matthew Fisher                           | 60 0 |  |     |     |   |           |  |
|  |      |  |     | l x |   | 919,856   |  |
| Global Investment Professional - MITIMCO | 0    |  |     |     |   | ·         |  |
| Robert Gibbons                           | 60 0 |  |     |     |   |           |  |
|  |      |  |     | l x |   | 1,096,331 |  |
| Professor - Sloan                        | 0    |  |     |     |   |           |  |
| Steven Marsh                             | 60 0 |  |     |     |   |           |  |
|  |      |  |     | Х   |   | 1,572,847 |  |

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and Independent Contractors

Managing Director - MITIMCo

Global Investment Professional - MITIMCO

Claude Canizares (Former Vice President)

W Eric Grimson (Former Chancellor)

Chris Kaiser (Former Provost)

President Emerita and Professor

Chancellor for Academic Advancement

Ivan Werning

Thomas Wieand

Professor

Professor

Susan Hockfield

Professor - Economics

| efil   | e GR                | APHIC pri                    | nt - DO NO                    | T PROCESS                                 | As Filed Data -   |  |                                     | DLN: 9:   | 3493134086289   |
|--------|---------------------|------------------------------|-------------------------------|---|---|--|-------------------------------------|---|---|
| SCI    | H <b>ED</b><br>m 99 | ULE A                        |                               | Public (                                  | Charity Statu rganization is a sect 4947(a)(1) nonexe                                       | ion 501(c)(3) c<br>mpt charitable      | organization o<br>trust.            | ort   | 2017  |
| Depart | ment of             | f the Treasury               | ▶ Inf                         | ormation abou                             | ıt Schedule A (Form   | 990 or 990-EZ                          |                                     | ıctions is at                                     | Open to Public<br>Inspection                          |
| Nam    | e of th             | nue Service<br>he organiza   |                               |   | <u>www.irs.g</u>  | ov/form990.                            |                                     | Employer identific                                | <u> </u>  |
| Massa  | chusett             | s Institute of T             | echnology                     |   |   |  |                                     | 04-2103594  |   |
|        | rt I                |                              |                               |   | us (All organization  |  |                                     |   |   |
| _      | rganız<br>—         |                              | •                             |   | it is (For lines 1 thro   | •                                      | ,                                   |   |   |
| 1      |                     | A church, c                  | onvention of                  | churches, or as                           | sociation of churches   | described in <b>sect</b>               | tion 170(b)(1)                      | (A)(i).   |   |
| 2      | ✓                   | A school de                  | scribed in <b>se</b>          | ection 170(b)(                            | 1)(A)(ii). (Attach Sch  | nedule E (Form 9                       | 90 or 990-EZ) )                     |   |   |
| 3      |                     | ·                            | •                             | •   | vice organization desc  |  |                                     | •   |   |
| 4      |                     | name, city,                  | and state _                   |   | ed in conjunction with  |  |                                     |   |   |
| 5      |                     | (b)(1)(A)                    | ( <b>iv).</b> (Compl          | ete Part II )                             | t of a college or unive   |  |                                     |   | oed in <b>section 170</b>                             |
| 6      |                     | •                            | ·                             | -   | governmental unit de  |  |                                     |   |   |
| 7      |                     |                              |                               | rmally receives<br><b>(vi).</b> (Complete | a substantial part of it<br>Part II )   | s support from a                       | governmental u                      | init or from the genera                           | al public described in                                |
| 8      |                     | A communi                    | ty trust desc                 | rıbed ın <b>sectior</b>                   | 170(b)(1)(A)(vi)  | (Complete Part I                       | I )                                 |   |   |
| 9      |                     |                              |                               |   | escribed in <b>170(b)(1)</b><br>ee instructions Enter                                       |  |                                     |   | ege or university or a                                |
| 10     |                     | from activit                 | ies related to<br>income and  | o its exempt fur<br>unrelated busin       | (1) more than 331/39<br>ctions—subject to cer<br>ess taxable income (k<br>implete Part III) | tain exceptions, a                     | and (2) no more                     | than 331/3% of its su                             | pport from gross                                      |
| 11     |                     | An organiza                  | ition organiz                 | ed and operated                           | dexclusively to test fo   | r public safety S                      | ee section 509                      | (a)(4).   |   |
| 12     |                     | more public                  | ly supported                  | l organizations (                         | dexclusively for the be<br>described in <b>section 5</b><br>the type of supporting          | <b>09(a)(1)</b> or <b>sec</b>          | ction 509(a)(2                      | ). See <b>section 509(</b> a                      | e purposes of one or )(3). Check the box              |
| a      |                     | <b>Type I.</b> A so          | upporting or<br>n(s) the pow  | ganızatıon oper                           | ated, supervised, or componit or elect a major  | ontrolled by its si                    | upported organi                     | zation(s), typically by                           |   |
| b      |                     | Type II. A<br>manageme       | supporting on<br>t of the sup | organization sup<br>porting organiza      | ervised or controlled i   |  |                                     |   |   |
| С      |                     | Type III f                   | ınctionally                   |   | and C.<br>supporting organizatio<br>ons) You must com                                       |  |                                     |   | ted with, its   |
| d      |                     | Type III n<br>functionally   | on-function                   | nally integrate<br>The organizatio        | d. A supporting organi<br>n generally must satis<br>t IV, Sections A and                    | zation operated  <br>fy a distribution | in connection wi<br>requirement and | th its supported orgar                            |   |
| e      |                     | Check this                   | oox if the org                | ganization recei                          | ved a written determir  | nation from the II                     |                                     | pe I, Type II, Type II                            | [ functionally  |
| f      | Enter               |                              |                               | non-functionally<br>d organizations       | integrated supporting   | organization                           |                                     |   |   |
| g      |                     |                              |                               | -   | ipported organization(  | 5)                                     |                                     | _   |   |
|        |                     | Name of supp<br>organization | orted                         | (ii) EIN                                  | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))  | (iv) Is the orga<br>in your govern     |                                     | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|        |                     |                              |                               |   |   | Yes                                    | No                                  |   |   |
|        |                     |                              |                               |   |   |  |                                     |   |   |
|        |                     |                              |                               |   |   |  |                                     |   |   |
| Tota   | I                   |                              |                               |   |   |  |                                     |   |   |

(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  |                    |                      |                     |                      |                   | to quant                                |   |
|-----|---|--------------------|----------------------|---------------------|----------------------|-------------------|---|---|
| •   | Section A. Public Support   |                    |                      |                     |                      |                   |   |   |
|     | Calendar year   | (a) 2013           | <b>(b)</b> 2014      | (c) 2015            | (d) 2016             | (e) 2             | 2017                                    | (f) Total                               |
| 1   | (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not      | 956,016,000        | 985,424,000          | 963,130,000         | 1,028,323,000        | 875               | 5,797,000                               | 4,808,690,000                           |
|     | include any "unusual grant ")   |                    |                      |                     |                      |                   |   |   |
| 2   | Tax revenues levied for the   |                    |                      |                     |                      |                   |   |   |
|     | organization's benefit and either paid to or expended on its behalf                                     |                    |                      |                     |                      |                   |   | 0                                       |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge |                    |                      |                     |                      |                   |   | 0                                       |
| 4   | Total. Add lines 1 through 3  | 956,016,000        | 985,424,000          | 963,130,000         | 1,028,323,000        | 875               | 5,797,000                               | 4,808,690,000                           |
| 5   | The portion of total contributions by   | 200,020,000        | 500,121,000          | 200,200,000         | 2,020,020,000        |                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| _   | each person (other than a   |                    |                      |                     |                      |                   |   |   |
|     | governmental unit or publicly   |                    |                      |                     |                      |                   |   |   |
|     | supported organization) included on line 1 that exceeds 2% of the                                       |                    |                      |                     |                      |                   |   | 0                                       |
| 6   | amount shown on line 11, column (f)  Public support. Subtract line 5                                    |                    |                      |                     |                      |                   |   |   |
|     | from line 4   |                    |                      |                     |                      |                   |   | 4,808,690,000                           |
| •   | Section B. Total Support  | -                  |                      |                     |                      |                   |   |   |
|     | Calendar year   | (a)2013            | <b>(b)</b> 2014      | (c)2015             | (d)2016              | <b>(e)</b> 2      | .017                                    | (f)Total                                |
| 7   | (or fiscal year beginning in) ► Amounts from line 4   | 956,016,000        | 985,424,000          | 963,130,000         | 1,028,323,000        | 87'               | 5,797,000                               | 4,808,690,000                           |
| 8   | _   | 330,010,000        | 303,121,000          | 303,130,000         | 1,020,323,000        |                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,000,050,000                           |
| Ī   | dividends, payments received on   |                    |                      |                     |                      |                   |   |   |
|     | securities loans, rents, royalties  | 257,919,000        | 191,688,000          | 290,513,000         | 254,357,000          | 302               | 2,748,000                               | 1,297,225,000                           |
|     | and income from similar sources   |                    |                      |                     |                      |                   |   |   |
| 9   | Net income from unrelated   |                    |                      |                     | +                    |                   |   |   |
|     | business activities, whether or not   | o                  | 33,297,000           | 0                   | 0                    |                   | n                                       | 33,297,000                              |
|     | the business is regularly carried on  | ا                  | 33,237,333           |                     | Ĭ                    |                   |   | 33,237,000                              |
| 10  | Other income Do not include gain  |                    |                      |                     |                      |                   |   |   |
| 10  | or loss from the sale of capital  | О                  | О                    | 0                   | О                    |                   | 0                                       | 0                                       |
|     | assets (Explain in Part VI )  |                    |                      |                     |                      |                   |   |   |
| 11  | <b>Total support.</b> Add lines 7   |                    |                      |                     |                      |                   |   | 6,139,212,000                           |
| 4 2 | through 10<br>Gross receipts from related activities,   | etc (see instructi | ons)                 |                     |                      | 12                |   | 10 452 565 000                          |
|     |   |                    |                      |                     |                      |                   |   | 10,453,565,000                          |
| 13  | First five years. If the Form 990 is  | _                  | , ,                  |                     | ,                    | •                 |   | nization,                               |
|     | check this box and <b>stop here</b>   |                    |                      |                     |                      |                   | <u>▶⊔</u>                               |   |
|     | Section C. Computation of Publ  |                    |                      |                     |                      |                   |   |   |
|     | Public support percentage for 2017 (  |                    |                      | column (f))         |                      | 14                |   | 78 33 %                                 |
|     | Public support percentage for 2016 S  |                    |                      |                     |                      | 15                |   | 79 05 %                                 |
| 16  | a <b>33 1/3% support test—2017.</b> If th   | e organization did | not check the box    | on line 13, and lin | e 14 is 33 1/3% or   | more, c           | heck this b                             | ox                                      |
|     | and <b>stop here.</b> The organization qua  |                    |                      |                     | and line 15 is 22 1/ | 20% or m          | ara chack                               | <b>▶</b> ✓                              |
|     | • • ••  | -                  |                      | •                   | and ille 10 i2 00 1/ | 5 /0 <b>01</b> II | iore, crieck                            | Luiis<br>▶ □                            |
|     | box and <b>stop here.</b> The organizatio   |                    |                      |                     | o 13 165 or 16h      | and line          | . 1.4                                   |   |
| 1/  | a <b>10%-facts-and-circumstances te</b><br>is 10% or more, and if the organizati                        |                    |                      |                     |                      |                   |   |   |
|     | in Part VI how the organization meet  |                    |                      |                     |                      |                   |   |   |
|     | organization  |                    |                      |                     | •                    |                   |   | ▶□                                      |
|     | 10%-facts-and-circumstances te  | est—2016. If the o | organization did not | t check a box on li | ne 13, 16a, 16b, o   | r 17a, a          | nd line                                 | · —                                     |
| -   | 15 is 10% or more, and if the organ<br>Explain in Part VI how the organizat                             |                    |                      | •                   |                      |                   | ıcly                                    |   |

| Р   | Support Schedule for  |                          |                           |                           |                     |                   |                   |
|-----|---|--------------------------|---------------------------|---------------------------|---------------------|-------------------|-------------------|
|     | (Complete only if you cl<br>the organization fails to                     |                          |                           |                           |                     |                   | er Part II. If    |
| Se  | ection A. Public Support  | quality under t          | ine tests listed i        | below, please co          | ompiete Part II.,   | )                 |                   |
|     | Calendar year   | (a) 2013                 | <b>(b)</b> 2014           | (c) 2015                  | (d) 2016            | (e) 2017          | (f) Total         |
| _   | (or fiscal year beginning in) ▶   | (a) 2013                 | (0) 2014                  | (6) 2015                  | (4) 2016            | (e) 2017          | (I) Iotai         |
| 1   | Gifts, grants, contributions, and membership fees received (Do not        |                          |                           |                           |                     |                   |                   |
|     | include any "unusual grants ")  |                          |                           |                           |                     |                   |                   |
| 2   | Gross receipts from admissions,   |                          |                           |                           |                     |                   |                   |
|     | merchandise sold or services  |                          |                           |                           |                     |                   |                   |
|     | performed, or facilities furnished in any activity that is related to the |                          |                           |                           |                     |                   |                   |
|     | organization's tax-exempt purpose   |                          |                           |                           |                     |                   |                   |
| 3   | Gross receipts from activities that are                                   |                          |                           |                           |                     |                   |                   |
|     | not an unrelated trade or business  |                          |                           |                           |                     |                   |                   |
| 4   | under section 513 Tax revenues levied for the                             |                          |                           |                           |                     |                   |                   |
| -   | organization's benefit and either paid                                    |                          |                           |                           |                     |                   |                   |
|     | to or expended on its behalf  |                          |                           |                           |                     |                   |                   |
| 5   | The value of services or facilities                                       |                          |                           |                           |                     |                   |                   |
|     | furnished by a governmental unit to the organization without charge       |                          |                           |                           |                     |                   |                   |
| 6   | Total. Add lines 1 through 5  |                          |                           |                           |                     |                   |                   |
|     | Amounts included on lines 1, 2, and                                       |                          |                           |                           |                     |                   |                   |
|     | 3 received from disqualified persons                                      |                          |                           |                           |                     |                   |                   |
| b   | Amounts included on lines 2 and 3   |                          |                           |                           |                     |                   |                   |
|     | received from other than disqualified persons that exceed the greater of  |                          |                           |                           |                     |                   |                   |
|     | \$5,000 or 1% of the amount on line                                       |                          |                           |                           |                     |                   |                   |
|     | 13 for the year   |                          |                           |                           |                     |                   |                   |
|     | Add lines 7a and 7b   |                          |                           |                           |                     |                   |                   |
| 8   | Public support. (Subtract line 7c   |                          |                           |                           |                     |                   |                   |
| S   | from line 6 ) ection B. Total Support                                     |                          |                           |                           |                     |                   |                   |
|     | Calendar year   |                          |                           |                           |                     |                   |                   |
|     | (or fiscal year beginning in) ▶   | (a) 2013                 | <b>(b)</b> 2014           | (c) 2015                  | (d) 2016            | (e) 2017          | (f) Total         |
| 9   |   |                          |                           |                           |                     |                   |                   |
| 10a | Gross income from interest,   |                          |                           |                           |                     |                   |                   |
|     | dividends, payments received on   |                          |                           |                           |                     |                   |                   |
|     | securities loans, rents, royalties and income from similar sources        |                          |                           |                           |                     |                   |                   |
| ь   | Unrelated business taxable income   |                          |                           |                           |                     |                   |                   |
|     | (less section 511 taxes) from   |                          |                           |                           |                     |                   |                   |
|     | businesses acquired after June 30,<br>1975                                |                          |                           |                           |                     |                   |                   |
| c   | Add lines 10a and 10b   |                          |                           |                           |                     |                   |                   |
| 11  | Net income from unrelated business  |                          |                           |                           |                     |                   |                   |
|     | activities not included in line 10b,                                      |                          |                           |                           |                     |                   |                   |
|     | whether or not the business is  |                          |                           |                           |                     |                   |                   |
| 12  | regularly carried on<br>Other income Do not include gain or               |                          |                           |                           |                     |                   |                   |
| 12  | loss from the sale of capital assets                                      |                          |                           |                           |                     |                   |                   |
|     | (Explain in Part VI )   |                          |                           |                           |                     |                   |                   |
| 13  | Total support. (Add lines 9, 10c,   |                          |                           |                           |                     |                   |                   |
| 14  | 11, and 12)  First five years. If the Form 990 is for                     | l<br>r the organization  | l<br>'s first, second, th | L<br>urd, fourth, or fift | l lax vear as a sec | ction 501(c)(3) o | l<br>rganization. |
|     | check this box and <b>stop here</b>                                       | 3                        |                           | ,,                        | ,                   |                   | ▶ □               |
| Se  | ection C. Computation of Public S   | Support Perce            | ntage                     |                           |                     |                   |                   |
| 15  | Public support percentage for 2017 (lin                                   |                          |                           | column (f))               |                     | 15                |                   |
| 16  | Public support percentage from 2016 S                                     | chedule A, Part II       | II, line 15               |                           |                     | 16                |                   |
| Se  | ction D. Computation of Investr   | nent Income              | Percentage                |                           |                     |                   |                   |
| 17  | Investment income percentage for 201                                      | 7 (line 10c, colur       | nn (f) divided by         | lıne 13, column (f        | ·))                 | 17                |                   |
| 18  | Investment income percentage from 20                                      | <b>016</b> Schedule A, I | Part III, line 17         |                           |                     | 18                |                   |
|     | <b>331/3% support tests—2017.</b> If the                                  | organization did n       | ot check the box          | on line 14, and lir       | ne 15 is more than  |                   | e 17 is not       |
|     | more than 33 1/3%, check this box and s                                   |                          |                           |                           |                     |                   | ightharpoons      |
|     | 33 1/3% support tests—2016. If the  |                          |                           |                           |                     |                   | . —               |
| _   | not more than 33 1/3%, check this box                                     | -                        |                           |                           | · ·                 |                   | ightharpoons      |
| 20  | Private foundation. If the organization                                   | -                        | -                         |                           |                     |                   | ightharpoons      |

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

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents?  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   | 1  | İ |  |
| 2  | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2) |    |   |  |
|    | In Section 309(a)(1) or (2)   |    |   |  |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)  |    |   |  |
|    | below   |    | İ |  |
| 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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the                              |    |   |  |
|    | determination   | 3b |   |  |

| 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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the | · |  |  |
|----|--|---|--|--|
|    | determination  |   |  |  |
|    | old the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   |   |  |  |
|    | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use   |   |  |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |   |  |  |
|    | checked 12a or 12b in Part I, answer (b) and (c) below   |   |  |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |   |  |  |

| c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use                             |    |  |  |
|----|---|----|--|--|
|    |   | 3с |  |  |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you   |    |  |  |
|    | checked 12a or 12b ın Part I, answer (b) and (c) below  | 4a |  |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   |    |  |  |
|    | organization? 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   | 4b |  |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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  | 4c |  |  |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and   |    |  |  |

|    |  |    | , , |  |
|----|--|----|-----|--|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you  |    |     |  |
|    | checked 12a or 12b in Part I, answer (b) and (c) below   | 4a |     |  |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  |    |     |  |
|    | organization? 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  | 4b |     |  |
| С  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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   | 4c |     |  |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <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)   |    |     |  |

| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing |   |  |
|---|--|---|--|
|   | organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>  | 6 |  |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a  |   |  |
|   | substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  |   |  |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

| 8  | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"     |   |   |
|----|---|---|---|
|    | complete Part I of Schedule L (Form 990 or 990-EZ)  | 8 |   |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as |   | i |

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

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

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

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

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

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

| Pa | rt IV Supporting Organizations (continued)  |     |         | -9 |
|----|---|-----|---------|----|
|    |   |     | Yes     | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |     |         |    |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   | 11a |         |    |
| b  | A family member of a person described in (a) above?   | 11b |         |    |
|    | 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  | 11c |         |    |
|    | ection B. Type I Supporting Organizations   |     |         |    |
|    |   |     | Yes     | No |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year |     |         |    |
| _  |   | 1   |         |    |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization  | 2   |         |    |
| 5  | ection C. Type II Supporting Organizations  |     |         |    |
|    | cetion c. Type 11 Supporting Organizations  |     | Yes     | No |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the  |     |         |    |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1   |         |    |
| S  | ection D. All Type III Supporting Organizations   |     |         |    |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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?  |     | Yes     | No |
|    |   | 1   |         |    |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)  |     |         |    |
|    |   | 2   |         |    |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard  | 3   |         |    |
| s  | ection E. Type III Functionally-Integrated Supporting Organizations   |     |         |    |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see  |     | ctions) |    |
| 2  | Activities Test Answer (a) and (b) below.   |     | Yes     | No |
|    | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities   | 2a  |         |    |
|    | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  | 2b  |         |    |
| 3  | Parent of Supported Organizations Answer (a) and (b) below.   |     |         |    |
|    | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .  | 3a  |         |    |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard   | 3b  |         |    |

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| Qualified set-aside amounts (prior IRS approval require   |   |   |  |
|---|---|---|--|
| Other distributions (describe in <b>Part VI</b> ) See instructio                                      |   |   |  |
| Total annual distributions. Add lines 1 through 6   |   |   |  |
| Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions | sive (provide   |   |  |
| Distributable amount for 2017 from Section C, line 6  |   |   |  |
| Line 8 amount divided by Line 9 amount  |   |   |  |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2017  | (iii)<br>Distributable<br>Amount for 2017  |
|   | Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whose details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see | Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i)) | Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Fycess Distributions  Underdistributions |

| details in <b>Part VI</b> ) See instructions  | sive (provide               |  |   |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1 Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2017<br>(reasonable cause required explain in Part VI)<br>See instructions |                             |  |   |
| 3 Excess distributions carryover, if any, to 2017   |                             |  |   |
| а   |                             |  |   |
| <b>b</b> From 2013  |                             |  |   |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | Underdistributions<br>Pre-2017 | Distributable Amount for 2017 |
|---|-----------------------------|--------------------------------|-------------------------------|
| Distributable amount for 2017 from Section C, line 6  |                             |                                |                               |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions |                             |                                |                               |
| 3 Excess distributions carryover, if any, to 2017   |                             |                                |                               |
| a   |                             |                                |                               |
| <b>b</b> From 2013  |                             |                                |                               |
| c From 2014   |                             |                                |                               |
| <b>d</b> From 2015  |                             |                                |                               |
| e From 2016   |                             |                                |                               |
| f Total of lines 3a through e   |                             |                                |                               |
| <b>g</b> Applied to underdistributions of prior years   |                             |                                |                               |
| h Applied to 2017 distributable amount  |                             |                                |                               |

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 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 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

### Additional Data

**Software ID:** 17005876 Software Version: 2017v2.2

**EIN:** 04-2103594

Name: Massachusetts Institute of Technology

Page 8

Schedule A (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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

Facts And Circumstances Test

instructions)

SCHEDULE C

(Form 990 or 990-

EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493134086289

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service www.irs.gov/form990.

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 **Employer identification number** Name of the organization Massachusetts Institute of Technology 04-2103594 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 ☐ Yes Was a correction made? ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations 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>b)</b> Address | (c) EIN | (d) Amount paid from<br>filing organization's<br>funds If none, enter<br>-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        |                     |         |  |  |
|          |                     |         |  |  |

Calendar year (or fiscal year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

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

(b)

(a)

activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? No Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? No c Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e No f Grants to other organizations for lobbying purposes? Yes q Direct contact with legislators, their staffs, government officials, or a legislative body? 128.609 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Νo h Other activities? Yes Total Add lines 1c through 1i 128,609 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Νo If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1

#### expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year c 2c

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 4

expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

2

5 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

LINES 1B & 1G FROM TIME TO TIME, MIT ENGAGES IN LOBBYING ACTIVITY USING MIT'S OWN PERSONNEL Schedule C, Part II-B, Line 1 Description of the Activities Reported MIT'S EFFORTS REGARDING LEGISLATIVE AND RELATED ACTIVITIES IN FY 2018 FOCUSED ON THE AREAS on Lines 1A through 1I OF LEGISLATION, POLICY AND FUNDING SUPPORT FOR SCIENCE, TECHNOLOGY, EDUCATION, LAND USE AND TAXATION STAFF ACTIVITIES INCLUDED THE GATHERING AND DISSEMINATION OF INFORMATION TO THE MIT CAMPUS CONCERNING GOVERNMENT ACTIVITIES AND ACTIONS, AS WELL AS MEETINGS AND DISCUSSIONS WITH FEDERAL AND STATE OFFICIALS, ON THE ABOVE ISSUES LINE 1I MIT PAYS DUES AND IS A MEMBER OF SEVERAL ASSOCIATIONS THAT PROVIDE INFORMATION TO THE HIGHER EDUCATION COMMUNITY AS WELL AS ADVOCATE FOR ISSUES THAT ARE IMPORTANT TO THE SECTOR A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS MAY BE USED TO LOBBY BY THE ASSOCIATIONS

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

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

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493134086289 OMB No 1545-0047

> Open to Public Inspection

(Form 990)

▶ Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Massachusetts Institute of Technology 04-2103594 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 1,531,220 Aggregate value of grants from (during year) 350,000 Aggregate value at end of year 1,240,974 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

| Par | 3111            | Organizations Ma   | aintaining Colle   | ctions of Art, F                  | listori   | cal T               | <u>reas</u> | ures, o    | r Other                 | <u>Similar As</u>                  | <b>sets</b> (conti | nued)    |                    |
|-----|-----------------|--|--|-----------------------------------|-----------|---------------------|-------------|------------|-------------------------|------------------------------------|--------------------|----------|--------------------|
| 3   | Using           | the organization's acq<br>(check all that apply)         | juisition, accession, a  | and other records,                | check     | any of              | the f       | ollowing t | hat are a               | significant u                      | se of its coll     | ection   |                    |
| а   | $\checkmark$    | Public exhibition  |  |                                   | d         |                     | Loar        | n or exch  | ange prog               | rams                               |                    |          |                    |
| b   | <b>✓</b>        | Scholarly research                                       |  |                                   | e         |                     | Othe        | er         |                         |                                    |                    |          |                    |
| c   | $\checkmark$    | Preservation for future                                  | e generations  |                                   |           |                     |             |            |                         |                                    |                    |          |                    |
| 4   | Provi<br>Part ) | de a description of the<br>XIII                          | organization's collec  | tions and explain                 | how the   | ey furt             | her th      | ne organiz | zation's ex             | empt purpos                        | se in              |          |                    |
| 5   |                 | ng the year, did the organs<br>s to be sold to raise fur |  |                                   |           |                     |             |            |                         | ular                               | ☐ Yes              | ☑ N      | o                  |
| Par | t IV            | Escrow and Cust<br>Complete if the ord<br>X, line 21.    |  |                                   | m 990     | , Part              | IV,         | line 9, o  | r reporte               | ed an amou                         | nt on Form         | າ 990,   | Part               |
| 1a  |                 | e organization an agent<br>ded on Form 990, Part I       |  | or other intermed                 | liary for | contri              | butio       | ns or othe | er assets               | not                                | Yes                | □ N      | o                  |
| ь   | If "Υ∈          | es," explain the arrange                                 | ement in Part XIII ar  | nd complete the fo                | llowing   | table               |             |            |                         | 1A                                 | nount              |          | _                  |
| c   |                 | nning balance  | and it is a series of the seri | ia complete the re                | ,org      | table               |             |            | 1c                      |                                    |                    |          | _                  |
| d   | _               | ions during the year                                     |  |                                   |           |                     |             |            | 1d                      |                                    |                    |          | _                  |
| e   | Distri          | butions during the year                                  | r  |                                   |           |                     |             |            | 1e                      |                                    |                    |          |                    |
| f   | Endır           | ng balance   |  |                                   |           |                     |             |            | 1f                      |                                    |                    |          | _                  |
| 2a  | Dıd tl          | he organization include                                  | an amount on Form  | 990, Part X, line                 | 21, for   | escrov              | v or c      | ustodial a | account lia             | ibility?                           | ☐ Yes              |          | <u>-</u>           |
| b   |                 | es," explain the arrange                                 |  |                                   | •         |                     |             |            |                         |                                    |                    | Ш        |                    |
| Pa  | rt V            | Endowment Fun  | ds. Complete if th   |                                   |           |                     |             |            |                         |                                    |                    |          |                    |
| 1 a | Region          | ning of year balance .                                   | <u> </u>   | (a)Current year<br>14,958,882,000 |           | rior yea<br>436,02! |             |            | ears back<br>37,939,000 | ( <b>d)</b> Three year<br>12,589,7 |                    | our yea  | rs back<br>930,000 |
|     |                 | butions  | · · · ·  | 137,558,000                       |           | 264,52              |             |            | 53,951,000              |                                    | 46,000             |          | 422,000            |
|     |                 | vestment earnings, gair                                  | ns. and losses   | 2,099,040,000                     |           | 904,418             |             |            | 01,323,000              |                                    |                    |          | 163,000            |
|     |                 | or scholarships  | · —  | 131,796,000                       |           | 125,40              | 5,000       | 11         | 17,845,000              | 111,0                              | 34,000             | 104,     | 323,000            |
| e   | Other           | expenditures for facilitie<br>ograms                     | _  | 529,127,000                       | !         | 501,26              | 4,000       | 46         | 58,943,000              | 434,8                              | 327,000            | 411,     | 108,000            |
|     |                 | strative expenses .                                      |  | 27,528,000                        |           | 19,413              | 3,000       | 2          | 20,400,000              | 18,2                               | 76,000             | 14,      | 308,000            |
| g   | End of          | year balance   |  | 16,507,029,000                    | 14,       | 958,882             | 2,000       | 13,43      | 36,025,000              | 13,687,9                           | 39,000             | 12,589,  | 776,000            |
| 2   | Provi           | de the estimated perce                                   | ntage of the current:  | year end balance                  | (line 1   | g, colu             | mn (a       | a)) held a | s                       |                                    | •                  |          |                    |
| а   | Board           | d designated or quasi-e                                  | endowment ► 29   | 9 08 %                            |           |                     |             |            |                         |                                    |                    |          |                    |
| b   | Perm            | anent endowment 🕨  | 20 69 %  |                                   |           |                     |             |            |                         |                                    |                    |          |                    |
| С   | Temp            | porarily restricted endov                                | wment ▶ 50 23  | %                                 |           |                     |             |            |                         |                                    |                    |          |                    |
|     | The p           | percentages on lines 2a                                  | , 2b, and 2c should  | equal 100%                        |           |                     |             |            |                         |                                    |                    |          |                    |
| 3а  |                 | here endowment funds<br>nization by                      | not in the possession  | on of the organizat               | ion that  | t are h             | eld a       | nd admın   | istered fo              | r the                              |                    | Yes      | No                 |
|     | _               | nrelated organizations                                   |  |                                   |           |                     |             |            |                         |                                    | 3a(i)              | 165      | No                 |
|     | ` '             | elated organizations                                     |  |                                   |           |                     | ٠           |            |                         |                                    | 3a(ii)             |          | No                 |
| b   |                 | es" on 3a(II), are the re                                |  | isted as required                 | on Sche   | dule R              | ,7          |            |                         |                                    | 3b                 |          |                    |
| 4   | Desci           | ribe in Part XIII the inte                               | ended uses of the or   | ganızatıon's endo                 | wment f   | unds                |             |            |                         |                                    |                    |          |                    |
| Pai | t VI            | Land, Buildings,<br>Complete if the or                   |  |                                   | m 990     | , Part              | IV,         | line 11a.  | . See Foi               | m 990, Par                         | t X, line 1        | 0.       |                    |
|     | Descri          | iption of property                                       | (a) Cost or other<br>(Investment)  | basis (b) Cost                    | or other  |                     |             |            |                         | lepreciation                       |                    | ook valu | е                  |
| 1a  | Land            |  |  |                                   |           | 106,3               | 19,000      |            |                         |                                    |                    | 106      | 5,319,00           |
|     | Buildin         |  |  |                                   | 4         | 1,850,9             | 85,000      |            | 1,                      | 635,331,000                        |                    | 3,215    | 5,654,00           |
| С   | Leaseh          | nold improvements  |  |                                   |           | 73,8                | 15,000      |            |                         |                                    |                    | 73       | 3,815,00           |
| d   | Fauinn          | nent   |  |                                   |           | 375,9               | 15,000      |            |                         | 88,167,000                         |                    | 287      | 7,748,00           |

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

3,683,536,000

| Saa Form 000 David   |  | if the organization answered                        | "Yes" on Form 990,                    | Part IV, line 11b.               |
|--|--|---|---------------------------------------|----------------------------------|
| See Form 990, Part<br>(a) Description of sec<br>(including name  | curity or category   | (b) Book value                                      | (c) Method<br>Cost or end-of-y        | of valuation<br>ear market value |
| 1) Financial derivatives 2) Closely-held equity interests  |  |   | ·                                     |                                  |
| 3) Other   |  | 974,253,000   | ı                                     | :                                |
| ·  |  |   | <u>.</u>                              |                                  |
| B) EQUITIES  |  | 10,877,642,000                                      |                                       |                                  |
| C) ABSOLUTE RETURN   |  | 1,948,154,000                                       | F                                     |                                  |
| O) REAL ESTATE & REAL ASSETS   |  | 3,801,878,000                                       | F                                     | •                                |
| S) SPLIT INTEREST AGREEMENTS   |  | 156,494,000   | <u> </u>                              | =                                |
| OTHER  |  | 4,416,000   | <u> </u>                              | =                                |
| G) DERIVATIVES   |  | -40,920,000   | F                                     | :                                |
|  |  |   |                                       |                                  |
| otal. (Column (b) must equal Form 990,<br>art VIII Investments—Pro   |  | ► 17,721,917,000                                    |                                       |                                  |
| Complete if the orga   | anızatıon answered 'Yes'   | on Form 990, Part IV, line 1                        |                                       |                                  |
|  | on of investment   | (b) Book value                                      | (c) Method<br>Cost or end-of-y        | of valuation<br>ear market value |
| L)   |  |   |                                       |                                  |
| 2)   |  |   |                                       |                                  |
| 3)   |  |   |                                       |                                  |
| 1)   |  |   |                                       |                                  |
| 5)   |  |   |                                       |                                  |
| 5)   |  |   |                                       |                                  |
| ·<br>')  |  |   |                                       |                                  |
|  |  |   |                                       |                                  |
| 3)   | _  |   |                                       |                                  |
| 9)   |  |   |                                       |                                  |
| otal. (Column (b) must equal Form 990, Part IX Other Assets. Comp  |  | wand Waster Farm 200 Bart IV                        | lun 114 Can Farma 000                 | Doub V. June 45                  |
| Comp   | (a) Descri   | vered 'Yes' on Form 990, Part IV,<br>iption         | ine 11d See Form 990                  | (b) Book value                   |
| .)   |  |   |                                       |                                  |
| 2)   |  |   |                                       |                                  |
| 3)   |  |   |                                       |                                  |
|  |  |   |                                       |                                  |
| ·)   |  |   |                                       |                                  |
|  |  |   |                                       |                                  |
| 5)   |  |   |                                       |                                  |
| 5)   |  |   |                                       |                                  |
| 5) 7)  |  |   |                                       |                                  |
| ;)<br>;)<br>?)   |  |   |                                       |                                  |
| 5)<br>5)<br>7)<br>3)   |  |   |                                       |                                  |
| 5) 7) 3) 9) otal. (Column (b) must equal Form  |  |   |                                       | or 11f                           |
| otal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part   | Complete if the organizati<br>X, line 25.                            | on answered 'Yes' on Form 9                         | · · · · · · · · · · · · · · · · · · · | ▶ or 11f.                        |
| otal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part   | Complete if the organizati   |   | · · · · · · · · · · · · · · · · · · · | or 11f.                          |
| part X Other Liabilities. Cose Form 990, Part (a) Dec. (b) Federal income taxes  | Complete if the organizati<br>X, line 25.                            | on answered 'Yes' on Form 9  (b) Book v             | · · · · · · · · · · · · · · · · · · · | or 11f.                          |
| ptal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part (a) De  | Complete if the organizati<br>X, line 25.                            | on answered 'Yes' on Form 9  (b) Book v             | alue                                  | ▶ or 11f.                        |
| Part X Other Liabilities. Cose Form 990, Part (a) Dec.) Federal income taxes ther Credits overnment Advances accrued Benefits  | Complete if the organizati<br>X, line 25.<br>escription of liability | (b) Book v  | 5,755,000<br>3,711,000<br>3,058,000   | or 11f.                          |
| potal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part (a) Dec.) Federal income taxes ther Credits overnment Advances ccrued Benefits abilities Due Under Life Income Fundament                                     | Complete if the organizati<br>X, line 25.<br>escription of liability | (b) Book v  | 5,755,000<br>3,711,000                | or 11f.                          |
| potal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part (a) Dec.) Federal income taxes ther Credits overnment Advances corrued Benefits abilities Due Under Life Income Furdivance Payments (b)                      | Complete if the organizati<br>X, line 25.<br>escription of liability | (b) Book v  | 5,755,000<br>3,711,000<br>3,058,000   | or 11f.                          |
| otal. (Column (b) must equal Form  Part X Other Liabilities. C See Form 990, Part  L) Federal income taxes ther Credits overnment Advances occrued Benefits abilities Due Under Life Income Furd dvance Payments  (5)                          | Complete if the organizati<br>X, line 25.<br>escription of liability | (b) Book v  | 5,755,000<br>3,711,000<br>3,058,000   | or 11f.                          |
| otal. (Column (b) must equal Form Part X Other Liabilities. C See Form 990, Part . (a) De 1) Federal income taxes ther Credits overnment Advances overnment Advances ccrued Benefits abilities Due Under Life Income Fur dvance Payments 5) 7) | Complete if the organizati<br>X, line 25.<br>escription of liability | (b) Book v  | 5,755,000<br>3,711,000<br>3,058,000   | or 11f.                          |
|  | complete if the organizati<br>X, line 25.<br>escription of liability | on answered 'Yes' on Form 9  (b) Book v  10  21  18 | 5,755,000<br>3,711,000<br>3,058,000   | or 11f.                          |

Schedule D (Form 990) 2017

Page 4

| 1          | Total revenue, gains, and other s   | upport per audited financial statements   |                   |  | 1       |                           |
|------------|---|---|-------------------|--|---------|---------------------------|
| 2          | Amounts included on line 1 but no   | ot on Form 990, Part VIII, line 12  |                   |  |         |                           |
| а          | Net unrealized gains (losses) on i  | nvestments  | 2a                |  |         |                           |
| b          | Donated services and use of facili  | ties  | 2b                |  |         |                           |
| c          | Recoveries of prior year grants   |   | 2c                |  |         |                           |
| d          | Other (Describe in Part XIII ) .  |   | 2d                |  |         |                           |
| е          | Add lines 2a through 2d   |   |                   |  | 2e      |                           |
| 3          | Subtract line $\mathbf{2e}$ from line $1$ .                                   |   |                   |  | 3       |                           |
| 4          | Amounts included on Form 990, F   | Part VIII, line 12, but not on line <b>1</b>  |                   |  |         |                           |
| а          | Investment expenses not included  | d on Form 990, Part VIII, line 7b   | 4a                |  |         |                           |
| b          | Other (Describe in Part XIII ) .  |   | 4b                |  |         |                           |
| c          | Add lines 4a and 4b   |   |                   |  | 4c      |                           |
| 5          | Total revenue Add lines 3 and 4d  | c. (This must equal Form 990, Part I, line 12)  |                   |  | 5       |                           |
| Par        |   | penses per Audited Financial Statem<br>zation answered 'Yes' on Form 990, Part                      |                   |  | Retur   | n.                        |
| 1          | Total expenses and losses per au  | dited financial statements  |                   |  | 1       |                           |
| 2          | Amounts included on line 1 but no   | ot on Form 990, Part IX, line 25  |                   |  |         |                           |
| а          | Donated services and use of facili  | ties  | 2a                |  |         |                           |
| b          | Prior year adjustments  |   | 2b                |  |         |                           |
| С          | Other losses  |   | 2c                |  |         |                           |
| d          | Other (Describe in Part XIII ) .  |   | 2d                |  |         |                           |
| е          | Add lines 2a through 2d   |   |                   |  | 2e      |                           |
| 3          | Subtract line ${f 2e}$ from line ${f 1}$ .                                    |   |                   |  | 3       |                           |
| 4          | Amounts included on Form 990, F   | Part IX, line 25, but not on line 1:  |                   |  |         |                           |
| а          | Investment expenses not included  | d on Form 990, Part VIII, line 7b   | 4a                |  |         |                           |
| b          | Other (Describe in Part XIII ) .  |   | 4b                |  |         |                           |
| c          |   |   |                   |  | 4c      |                           |
| 5          |   | Ic. (This must equal Form 990, Part I, line 18  | ) .               |  | 5       |                           |
| Pai        | t XIII Supplemental Info  | ormation  |                   |  |         |                           |
| Pro<br>XI, | vide the descriptions required for Pi<br>lines 2d and 4b, and Part XII, lines | art II, lines 3, 5, and 9, Part III, lines 1a and 4<br>2d and 4b Also complete this part to provide | 4, Part<br>any ac | IV, lines 1b and 2b, Part<br>Iditional information | V, line | e 4, Part X, line 2, Part |
|            | Return Reference  |   | Exp               | lanation   |         |                           |
| See A      | Addıtıonal Data Table   |   |                   |  |         |                           |
|            |   |   |                   |  |         |                           |
|            |   |   |                   |  |         |                           |
|            |   |   |                   |  |         |                           |
|            |   |   |                   |  |         |                           |
|            |   |   |                   |  |         |                           |

| Page <b>5</b> | Schedule D (Form 990) 2017  |                             |  |  |
|---------------|-----------------------------|-----------------------------|--|--|
|               | ormation <i>(continued)</i> | Part XIII Supplemental Info |  |  |
|               | Explanation                 | Return Reference            |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |
|               |                             |                             |  |  |

Schedule D (Form 990) 2017

### **Additional Data**

**Software ID:** 17005876 Software Version: 2017v2.2

> **EIN:** 04-2103594 Name: Massachusetts Institute of Technology

UGHOUT MIT IN GENERAL, COLLECTIONS ARE NOT DISPOSED OF FOR FINANCIAL GAIN OR OTHERWISE EN

|  | Supplemental | Informatio |
|--|--------------|------------|
|--|--------------|------------|

### Explanation

Schedule D, Part III PART III, AS NOTED IN MIT'S AUDITED FINANCIAL STATEMENTS, MIT RECORDS ITEMS OF COLLECTIONS AS A GIFT LINE 1A AT NOMINAL VALUE. THEY ARE RECEIVED FOR EDUCATIONAL PURPOSES AND GENERALLY DISPLAYED THRO

CUMBERED IN ANY MANNER

Return Reference

| Supplemental Information |  |
|--------------------------|--|
| Return Reference         | Explanation  |
|                          | MIT RECORDS ITEMS OF COLLECTIONS OF ART AS A GIFT AT NOMINAL VALUE THEY ARE RECEIVED FOR EDUCATIONAL PURPOSES AND GENERALLY DISPLAYED THROUGHOUT MIT IN GENERAL, COLLECTIONS ARE N |
|                          | OT DISPOSED OF FOR FINANCIAL GAIN OR OTHERWISE ENCUMBERED IN ANY MANNER  |

Commente and a second Profession and a second

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
|                          | MIT'S ENDOWMENT IS INTENDED TO PROVIDE FINANCIAL SUPPORT TO FURTHER MIT'S MISSION OF EDUCA TION AND RESEARCH SPECIFICALLY, MIT'S ENDOWMENT PROVIDES ONGOING SUPPORT FOR GRADUATE AND UNDERGRADUATE STUDENT SCHOLARSHIPS, FELLOWSHIPS AND STUDENT LOANS, PROFESSORSHIPS, THE MA INTENANCE OF MIT'S FACILITIES, AND ACADEMIC DEPARTMENT SUPPORT |

| Supplemental Information                             |   |
|--|---|
| Return Reference                                     | Explanation   |
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | On December 22, 2017, the Tax Cuts and Jobs Act (the "Act") was enacted. The Act impacts the Institute in several ways, including the addition of excise taxes on executive compensation and net investment income, as well as new rules for calculating unrelated business ta xable income. The overall impact of the Act remains uncertain until further regulatory guidance is issued to assist the Institute in calculating tax liabilities. US GAAP requires M. IT to evaluate tax positions taken by the Institute and recognize a tax liability (or asset) if the Institute has taken an uncertain position that more likely than not, would not be sustained upon examination by the IRS. MIT has analyzed the tax positions taken and has concluded that as of June 30, 2018, there are no significant uncertain positions taken or expected to be taken, apart from those impacted by the Act. The Institute continues to eva |

luate the impact of the Act on current and future tax positions

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134086289 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** Massachusetts Institute of Technology 04-2103594 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

procedures/ THE INSTITUTE CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE AND WORLDWIDE AND MAKES ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS KNOWN TO ALL SEGMENTS OF THE GENERAL COMMUNITY IT SERVES BY INCLUDING A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ALL ITS BROCHURES AND CATALOGUES DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS THE INSTITUTE ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN

MEANINGFUL NUMBERS

Schedule E, Part I, Line 6(a) FINANCIAL AID OR MIT RECEIVES PELL, FEDERAL SUPPLEMENTAL EDUCATIONAL

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349313408 |   |               |  |  |               | 93493134086289  |  |
|--|---|---------------|--|--|---------------|---|--|
| SCHEDULE F<br>(Form 990)   | Statemen  | t of A        | Activities (   | Outside the Un   | ited S        | tates   | OMB No 1545-0047   |
| (1 01111 330)  | ► Attach to Form 990.   |               |  |  |               |   | 2017   |
| Department of the Treasurv<br>Internal Revenue Service               | ► Information abou  | ut Sched      | ule F (Form 990) a   | and its instructions is at wi  | ww.irs.go     | //form990.  | Open to Public<br>Inspection                               |
| Name of the organization   |   |               |  |  |               | Employer iden   | tification number  |
| Massachusetts Institute of   | lechnology  |               |  |  |               | 04-2103594  |  |
|  | <b>nformation on Act</b><br>Part IV, line 14b.                        | ivities       | Outside the U  | <b>Inited States.</b> Comple   | ete if the    | organization a  | nswered "Yes" to   |
| other assistance, t<br>to award the grant                            | he grantees' eligibilit<br>s or assistance?<br>. Describe in Part V t | y for th      | e grants or assis  | substantiate the amoun<br>stance, and the selection<br>dures for monitoring the  | criteria      | used  | ✓ Yes □ No<br>ner assistance                               |
| 3 Activites per Region   | (The following Part I,  | , line 3 t    | able can be dupli  | cated if additional space is   | s needed      | )   |  |
| (a) Region   | <b>(b)</b> Nur<br>offices<br>reg                                      |               | (c) Number of<br>employees, agents,<br>and independent<br>contractors in<br>region | (d) Activities conducted in<br>region (by type) (e.g.,<br>fundraising, program<br>services, investments, grants<br>to recipients located in the<br>region) | program<br>sp | vity listed in (d) is a<br>i service, describe<br>ecific type of<br>ce(s) in region | (f) Total expenditures<br>for and investments<br>in region |
| ( 1) See Add'l Data  |   |               |  |  |               |   |  |
| ( 2)   |   |               |  |  |               |   |  |
| (3)  |   |               |  |  |               |   |  |
| (4)  |   |               |  |  |               |   |  |
| ( 5)   |   |               |  |  |               |   |  |
| 3a Sub-total<br>b Total from continuati<br>Part I                    |   | С             |  |  |               |   | 9,567,472<br>1,893,517,962                                 |
| c Totals (add lines 3a<br>For Paperwork Reduction A                  |   | 4<br>truction | 242<br>s for Form 990.   |  | No 5008       | 2W Schedul  | 1,903,085,434<br>le F (Form 990) 2017                      |

| 1 (a) Name of organization | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region | (d) Purpose of<br>grant | (e) Amount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|----------------------------|---|------------|-------------------------|-----------------------------|---------------------------------------|---|--|--|
| ( 1)<br>See Add'l Data     |   |            |                         |                             |                                       |   |  |  |
| ( 2)                       |   |            |                         |                             |                                       |   |  |  |
| (3)                        |   |            |                         |                             |                                       |   |  | _  |
| (4)                        |   |            |                         |                             |                                       |   |  |  |
| ( 5)                       |   |            |                         |                             |                                       |   | Schedule l                                   | F (Form 990) 2017  |

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .

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

|      | 1 |  |  |            |                   |
|------|---|--|--|------------|-------------------|
| ( 5) |   |  |  | Schedule i | F (Form 990) 2017 |
| (6)  |   |  |  |            |                   |
| (7)  |   |  |  |            |                   |
| (8)  |   |  |  |            |                   |
| (9)  |   |  |  |            |                   |

| (7)   |  |  |  |  |
|-------|--|--|--|--|
| (8)   |  |  |  |  |
| (9)   |  |  |  |  |
| ( 10) |  |  |  |  |
| ( 11) |  |  |  |  |
| ( 12) |  |  |  |  |
| ( 13) |  |  |  |  |

| ( 10) |  |  |  |  |
|-------|--|--|--|--|
| ( 11) |  |  |  |  |
| ( 12) |  |  |  |  |
| ( 13) |  |  |  |  |
| ( 14) |  |  |  |  |
| ( 15) |  |  |  |  |
| ( 16) |  |  |  |  |

| ( 13)                |                 |                        |                      |                         |                       |                   |  |
|----------------------|-----------------|------------------------|----------------------|-------------------------|-----------------------|-------------------|--|
| ( 14)                |                 |                        |                      |                         |                       |                   |  |
| ( 15)                |                 |                        |                      |                         |                       |                   |  |
| ( 16)                |                 |                        |                      |                         |                       |                   |  |
| 2 Enter total number | er of recipient | organizations listed a | bove that are recogn | nized as charities by t | he foreian country, i | ecognized as tax- |  |

Part III

(3) (4) (5) (6) (7)

(8) (9) (10)

(11) (12)

(13) (14)

(15) (16) (17) (18)

Schedule F (Form 990) 2017

## Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of of non-cash valuation recipients cash grant disbursement non-cash (book, FMV, assistance assistance appraisal, other)

(1) See Add'l Data (2)

| Sche | edule F (Form 990) 2017  |              | Page <b>4</b> |
|------|--|--------------|---------------|
| Par  | rt IV Foreign Forms  |              |               |
| 1    | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | <b>✓</b> Yes | □No           |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990) | <b>☑</b> 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)   | <b>✓</b> Yes | □No           |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  | <b>✓</b> Yes | □No           |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)   | <b>✓</b> Yes | □No           |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)  | <b>✓</b> Yes | □No           |

| hedule F (Form 990) 2017 Page <b>5</b>   |             |  |  |  |  |
|--|-------------|--|--|--|--|
| Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting 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 any additional information (see instructions). |             |  |  |  |  |
|  |             |  |  |  |  |
| Return Reference   | Explanation |  |  |  |  |

ACCOUNTABLE THROUGH THE PROGRAM FOR THE USE OF THE FUNDS

| Return Reference                         | Explanation   |
|--|---|
| Schedule F, Part I,<br>Line 3(a) LINE 3A | A SUBRECIPIENT AGREEMENT IS A RESEARCH SUBCONTRACT WHERE MIT ENGAGES A THIRD PARTY TO PERFORM EXPERIMENTAL, DEVELOPMENTAL, OR RESEARCH WORK GENERALLY IN CONNECTION WITH A SPONSORED RESEARCH AGREEMENT |

| Return Reference   | Explanation  |
|--|--|
| Schedule F, Part I, Line 2<br>PROCEDURES FOR<br>MONITORING USE OF<br>GRANT FUNDS | MIT PROVIDES SEVERAL TYPES OF GRANTS AND ASSISTANCE TO FOREIGN INDIVIDUALS FOR PRIZES AND AWARDS, THE INDIVIDUAL MUST HAVE MET THE SPECIFIC CRITERIA FOR THE PARTICULAR PRIZE OR AWARD TO BE SELECTED IN THE CASE OF FELLOWSHIPS, THE INDIVIDUAL IS REQUIRED TO UTILIZE THE FUNDS FOR RESEARCH AND STUDY AT THE INSTITUTE GRANTS ARE MADE IN THE CONTEXT OF ACADEMIC OR RESEARCH PROGRAMS RECIPIENTS SPEND THEIR GRANT FUNDS UNDER THE SUPERVISION OF THE PROGRAM AND ARE ACCOUNTABLE THROUGH THE PROGRAM FOR THE USE OF THE FUNDS |

## **Additional Data**

Europe (Including Iceland and

Greenland)

**Software ID:** 17005876 **Software Version:** 2017v2.2

**EIN:** 04-2103594

Name: Massachusetts Institute of Technology

Subrecipient Agreements

1,707,574

| Form 990 Schedule F Part I - Activities Outside The United States |   |  |   |   |                                      |
|---|---|--|---|---|--------------------------------------|
| (a) Region  | (b) Number of<br>offices in the<br>region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted<br>in region (by type) (i e ,<br>fundraising, program<br>services, grants to<br>recipients located in the<br>region) | (e) If activity listed in (d)<br>is a program service,<br>describe specific type of<br>service(s) in region | (f) Total expenditures<br>for region |
| East Asia and the Pacific   |   |  | Program Services  | Subrecipient Agreements   | 1,679,360                            |

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa Program Services Subrecipient Agreements 488.396 North America (Canada & Program Services Subrecipient Agreements 451,820 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Subrecipient Agreements 249.008 Program Services South Asia Program Services Subrecipient Agreements 894,570

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa Program Services Subrecipient Agreements 232.244 Central America and the Grantmakıng 165,882 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 769.352 |Grantmaking Europe (Including Iceland and Grantmakıng 939,173 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 316.671 |Grantmaking North America (Canada & Grantmakıng 204,401 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Russia and Neighboring States 148.209 lGrantmakınd South America Grantmakıng 496,792

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 496.169 lGrantmakınd Sub-Saharan Africa Grantmakıng 327,851

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 1,485,197 Fundraising Europe (Including Iceland and 3 |Fundraising 1,077,919 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 109.382 Fundraising North America (Canada & 1 |Fundraising 25,675 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Fundraising 235.070 South Asia |Fundraising 83,908

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 2.312 lFundraisina Carıbbean Europe (Including Iceland and Publishina 4.995.620 6 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 301.979 Program Services |Education/Research Caribbean 12,651,331 East Asia and the Pacific 66 Program Services Education/Research

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 15.958.259 121 Program Services |Education/Research Greenland) Middle East and North Africa 1,564,923 18 Program Services Education/Research

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 2,436,758 North America (Canada & 13 Program Services |Education/Research Mexico only) 264.503 Russia and Neighboring States Program Services Education/Research

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America Education/Research 1.919.244 1 Program Services South Asia 5 Program Services Education/Research 1,352,157

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa 8 Program Services 1,129,630 |Education/Research Central America and the Investments 1,168,756,000 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific lInvestments 171,119,267 Europe (Including Iceland and Investments 229,040,355 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 7,300,000 lInvestments North America (Canada & Investments 77,821,785 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 19.503.232 lInvestments Sub-Saharan Africa Investments 174,383,456

Form 990 Schedule F Part II - Grants or Entities Outside The United States (ı) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Prizes & Awards 150,000 Check land the Carıbbean

South America

Honorarium

8.305 Check

(i) Method of (h) Description l(b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 35,000 Check Prizes & Europe (Includina Awards Iceland and Greenland)

150.000 Check

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

Prizes & Awards

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 35,000 Check Prizes & Awards Sub-Saharan 35,000 | Check Prizes & Africa Awards

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Prizes & 35,000 Check Africa Awards East Asia and 35,000 | Check Prizes & Ithe Pacific Awards

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS codel (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization arant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Prizes & 35,000 Check

lAfrica Awards

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Public Service Center Central America 5,000 |Check Grants land the Caribbean Public Service Center East Asia and 10 38.500 | Check Grants lthe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Public Service Center Europe 18,500 Check Grants l(Includina lIceland and (Greenland) Public Service Center North America 7.500 Check Grants (Canada & lMexico only)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of (c)Number or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Public Service Center Russia and 6,000 | Check Grants Neighboring States Public Service Center South America 51.500 Check Grants

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Public Service Center South Asia 10,000 | Check Grants Public Service Center Sub-Saharan 10 31.300 Check Grants Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) MISTI Stipend 207 547,182 | Check East Asia and the Pacific MISTI Stipend 384 682,392 Check Europe l(Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (g) Description of (h) Method of (d) Amount of (e) Manner of cash (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) MISTI Stipend 111 273,883 Check Middle East and North Africa MISTI Stipend 66 108,582 Check North America (Canada & Mexico only)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) MISTI Stipend 39 123,000 Check Russia and Neighboring States 384,625 Check MISTI Stipend 120 South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) MISTI Stipend 61 215,205 Check South Asia MISTI Stipend 39 138,320 Check Sub-Saharan Africa

| Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S |   |                               |                             |                                    |   |  |  |  |  |
|---|---|-------------------------------|-----------------------------|------------------------------------|---|--|--|--|--|
| (a) Type of grant or<br>assistance  | (b) Region                              | (c)Number<br>of<br>recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description of<br>non-cash<br>assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |  |  |
|   | Central America<br>and the<br>Caribbean | 5                             | 5,552                       | Check                              |   |  |  |  |  |
|   | East Asia and<br>the Pacific            | 15                            | 34,500                      | Check                              |   |  |  |  |  |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Fellowships 29,400 Check lEurope (Includina lIceland and (Greenland Fellowships 24 32,635 Check Middle East and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 47.976 Check Fellowships 20 North America (Canada & Mexico only) 6.000 Check Fellowships Russia and Neighboring States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Fellowships 13 34,658 | Check South America Fellowships 18 21,687 | Check South Asia

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Fellowships 17.009 Check Sub-Saharan Africa Prizes & Awards 3,187 | Check Central America land the Carıbbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Prizes & Awards 88 95,770 Check East Asia and the Pacific Prizes & Awards 84 91,880 Check Europe l(Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (e) Manner of cash (h) Method of (d) Amount of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Prizes & Awards 10 9.954 Check Middle East and North Africa Prizes & Awards 27 19,762 Check North America (Canada & Mexico only)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Prizes & Awards 8,802 | Check Russia and Neighboring States 10,812 Check Prizes & Awards South America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 54.677 Check Prizes & Awards 46 South Asia Prizes & Awards 36,171 | Check Sub-Saharan Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (h) Method of (f) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Honoraria 2,143 |Check Central America land the lCarıbbean | 18.400 Check Honoraria East Asia and Ithe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) Honoraria 49 82,001 Check lEurope (Includina lIceland and (Greenland Honoraria 200 Check Middle East and North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Honoraria 19 20,330 |Check North America (Canada & Mexico only) 4.407 |Check Honoraria Russia and Neighboring States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Honoraria 6,892 | Check South America Honoraria 9,600 | Check South Asia

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Honoraria 50 Check Sub-Saharan Africa

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134086289

2017

OMB No 1545-0047

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. ▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

Massachusetts Institute of Technology 04-2103594 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations ☐ Special fundraising events ✓ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING 1 **BLACKBAUD INC TARGET** CONSULTING **ANALYTICS** No 63,659 -63,659 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492 2 FUNDRAISING THE AUGUST JACKSON CONSULTING **COMPANY** 7475 WISCONSIN AVENUE 1,041,142 -1,041,142 No SUITE 640 BETHESDA, MD 20814 FUNDRAISING CONSULTING LINDSAY KAFKA 39 HILDRETH LANE No 11,095 -11.095CONCORD, MA 01742 **FUNDRAISING** MBL INTERNATIONAL (HONG CONSULTING 22F ON HONG COMMERCIAL No 76,988 -76,988 BI DG 145 HENNESSEY ROAD WANCHAI, HK FUNDRAISING 5 ZURI GROUP LLC CONSULTING 328 NW BOND ST STE 204 No 11,524 -11.524

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

MA

8

10

Total

BEND, OR 97703

-1,204,408

1,204,408

|                 | dule G (Form 990 or 990-EZ) 2017   |                         |  |                          | Page :   |  |  |  |
|-----------------|--|-------------------------|--|--------------------------|--|--|--|--|
| Pa              | rt II Fundraising Events. Comple<br>than \$15,000 of fundraising e<br>gross receipts greater than \$5  | vent contributions and  |  |                          |  |  |  |  |
|                 | у у у у у у у у у у у у у у у у у у у  | (a)Event #1             | <b>(b)</b> Event #2                              | (c)Other events          | (d) Total events                               |  |  |  |
|                 |  | (event type)            | (event type)                                     | (total number)           | (add col (a) through col (c))                  |  |  |  |
| Revenue         |  |                         |  |                          |  |  |  |  |
| ~               | 1 Gross receipts   |                         |  |                          |  |  |  |  |
|                 | 2 Less Contributions   |                         |  |                          |  |  |  |  |
|                 | 4 Cash prizes  |                         |  |                          |  |  |  |  |
| S               | 5 Noncash prizes   |                         |  |                          |  |  |  |  |
| nse             | 6 Rent/facility costs  |                         |  |                          |  |  |  |  |
| Direct Expenses | <b>7</b> Food and beverages  |                         |  |                          |  |  |  |  |
| т<br>Д          | 8 Entertainment  |                         |  |                          |  |  |  |  |
| Dire            | 9 Other direct expenses  |                         |  |                          |  |  |  |  |
|                 | 10 Direct expense summary Add lines 4 t  |                         |  |                          |  |  |  |  |
|                 | 11 Net income summary Subtract line 10   | from line 3, column (d) |  | <b>&gt;</b>              |  |  |  |  |
| Pai             | <b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.   | anization answered "Ye  | es" on Form 990, Part 1                          | IV, line 19, or reported | d more than \$15,000                           |  |  |  |
| Revenue         |  | (a) Bingo               | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (add col (a) through col (c)) |  |  |  |
|                 | 1 Gross revenue  |                         |  |                          |  |  |  |  |
| Expenses        | 2 Cash prizes  |                         |  |                          |  |  |  |  |
| Ą.              | 3 Noncash prizes   |                         |  |                          |  |  |  |  |
| Direct          | 4 Rent/facility costs  |                         |  |                          |  |  |  |  |
| _               | 5 Other direct expenses  |                         |  |                          |  |  |  |  |
|                 | <b>6</b> Volunteer labor   | ☐ Yes <u></u> %         | ☐ Yes     %       ☐ No                           | ☐ Yes     %       ☐ No   |  |  |  |  |
|                 | 7 Direct expense summary Add lines 2 t   |                         |  |                          |  |  |  |  |
|                 | 8 Net gaming income summary Subtract   |                         |  |                          |  |  |  |  |
| 9<br>a          | Enter the state(s) in which the organization licensed to conduct gater or the state of the state | Yes No                  |  |                          |  |  |  |  |
| b               |  |                         |  |                          |  |  |  |  |
| 10a<br>b        | Were any of the organization's gaming lic  | Yes No                  |  |                          |  |  |  |  |
|                 |  |                         |  |                          |  |  |  |  |
|                 |  |                         |  |                          |  |  |  |  |

| Sche | dule G (Form 990 or 990-EZ) 2017   |  |        |      | F   | Page <b>3</b> |  |  |  |  |
|------|--|--|--------|------|-----|---------------|--|--|--|--|
| 11   | Does the organization conduct gaming   | activities with nonmembers?  |        | Yes  | □No |               |  |  |  |  |
| 12   | Is the organization a grantor, beneficial formed to administer charitable gaming                                 | ry or trustee of a trust or a member of a partnership or other entity $\mathfrak{g}^2$   |        | □Yes | □No |               |  |  |  |  |
| 13   | Indicate the percentage of gaming acti   | vity conducted in  |        |      |     |               |  |  |  |  |
| а    | The organization's facility  |  | 13a    |      |     | %             |  |  |  |  |
| b    | An outside facility  |  | 13b    |      |     | %             |  |  |  |  |
| 14   | Enter the name and address of the person who prepares the organization's gaming/special events books and records |  |        |      |     |               |  |  |  |  |
|      | Name ►   |  |        |      |     |               |  |  |  |  |
|      | Address >  |  |        |      |     |               |  |  |  |  |
| 15a  | Does the organization have a contract revenue?   | with a third party from whom the organization receives gaming  |        | □Yes | □No |               |  |  |  |  |
| b    |  | evenue received by the organization > \$ ar the third party > \$   | nd the |      |     |               |  |  |  |  |
| С    | If "Yes," enter name and address of the  | e third party  |        |      |     |               |  |  |  |  |
|      | Name •   |  |        |      |     |               |  |  |  |  |
|      | Address ▶  |  |        |      |     |               |  |  |  |  |
| 16   | Gaming manager information   |  |        |      |     |               |  |  |  |  |
|      | Name ▶   |  |        |      |     |               |  |  |  |  |
|      | Gaming manager compensation ▶ \$   |  |        |      |     |               |  |  |  |  |
|      | Description of services provided ►   |  |        |      |     |               |  |  |  |  |
|      | ☐ Director/officer   | ☐ Employee ☐ Independent contractor  |        |      |     |               |  |  |  |  |
| 17   | Mandatory distributions  |  |        |      |     |               |  |  |  |  |
| а    | Is the organization required under state retain the state gaming license?  | e law to make charitable distributions from the gaming proceeds to   |        | □Yes | Пио |               |  |  |  |  |
| b    | Enter the amount of distributions requi  | red under state law distributed to other exempt organizations or speties during the tax year $ hilder$ $$                        | ent    |      |     |               |  |  |  |  |
| Pai  |  | on. Provide the explanations required by Part I, line 2b, colu<br>5c, 16, and 17b, as applicable. Also provide any additional in |        |      |     | s).           |  |  |  |  |
|      | Return Reference   | Explanation  |        |      |     |               |  |  |  |  |

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493134086289 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** Massachusetts Institute of Technology 04-2103594 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Page **2** 

Schedule I (Form 990) 2017

1281 1,311,525 1118 2,704,454 61 180.840

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

(3) PRIZES AND AWARDS (4) PUBLIC SERVICE CENTER GRANTS (5) MIT STUDENT FELLOWSHIPS & STIPENDS 1942 42,309,000 449 15,294,774 NON-MIT STUDENT FELLOWSHIPS &

9005 125.884.000

STIPENDS (7) STUDENT WAGES

(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 MIT PROVIDES SEVERAL TYPES OF GRANTS AND ASSISTANCE TO INDIVIDUALS AND ORGANIZATIONS FOR PRIZES AND AWARDS, THE INDIVIDUAL OR

Schedule I. Part I. Line 2

Procedures for monitoring use of ORGANIZATION MUST HAVE MET THE SPECIFIC CRITERIA TO BE SELECTED FOR THE PRIZE OR AWARD IN THE CASE OF FELLOWSHIPS AND SCHOLARSHIPS, THE grant funds INDIVIDUAL IS REQUIRED TO UTILIZE THE FUNDS FOR RESEARCH AND STUDY AT MIT MAKES GRANTS TO SEVERAL LOCAL CHAPTERS OF NATIONAL FRATERNITIES. SORORITIES AND INDEPENDENT LIVING GROUPS THESE ORGANIZATIONS ARE COMPRISED OF MIT STUDENTS. AND HOUSE THESE STUDENTS GRANTS ARE MADE TO SUPPORT THE OPERATIONAL COSTS OF THE EDUCATIONAL PURPOSES OF THE HOUSES (SO THAT THE HOUSES STAY CONSISTENT WITH MIT'S

Schedule I (Form 990) 2017

(2) HONORARIA

Part III can be duplicated if additional space is needed

MISSION) IN ORDER FOR AN ORGANIZATION TO RECEIVE AN INDEPENDENT RESIDENCE DEVELOPMENT FUND (IRDF) GRANT, THEY MUST GO THROUGH A RIGOROUS APPLICATION PROCESS MIT GENERALLY DOES NOT MAKE DISBURSEMENTS TO INDIVIDUALS OR ORGANIZATIONS FOR CHARITABLE PURPOSES, EXCEPT THROUGH THE MIT COMMUNITY SERVICE FUND THIS FUND'S RESOURCES COME PRIMARILY FROM CONTRIBUTIONS FROM MEMBERS OF THE MIT COMMUNITY MIT DISBURSES THESE FUNDS FOR CHARITABLE PURPOSES INCLUDING SMALL GRANTS, INSUBSTANTIAL IN THE AGGREGATE, TO LOCALLY BASED CHARITABLE ORGANIZATIONS FOR THE PURPOSE OF FOSTERING BETTER COMMUNITY RELATIONS PROCEDURES OF THE INSTITUTE WITH RESPECT TO ADMISSIONS, SCHOLARSHIPS, FELLOWSHIPS, AND STUDENT LOANS ARE PUBLICIZED IN THE INSTITUTE BULLETIN WHICH CONSTITUTES ITS CATALOGUE GRANTS THAT ARE MADE IN THE CONTEXT OF ACADEMIC OR RESEARCH PROGRAMS RECIPIENTS SPEND THEIR GRANT FUNDS UNDER THE SUPERVISION OF THE PROGRAM AND ARE ACCOUNTABLE THROUGH THE PROGRAM FOR THE USE OF THE FUNDS

## **Additional Data**

ALPHA CHI OMEGA

155-165 BAY STATE ROAD BOSTON, MA 02115

FRATERNITY INC 478 COMMONWEALTH AVE BOSTON, MA 02115 MUTAW CORPORATION 04-3244129

04-6145647

**Software ID:** 17005876 **Software Version:** 2017v2.2 **EIN:** 04-2103594 Name: Massachusetts Institute of Technology Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or government assistance other)

16,580

5,777

501(c)(7)

501(c)(7)

(h) Purpose of grant

or assistance

IRDF Grant

IRDF Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04-2447180 IRDF Grant

BETA UPSILON ASSOCIATION 34,678 119 120 BAYSTATE ROAD BOSTON, MA 02215

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

BOSTON, MA 02115

THE BETA FOUNDATION 04-2116079 501(c)(7) 19,687 IRDF Grant 32 HEREFORD ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04-6066546 501(c)(2) 275.767 IRDF Grant ASTADKE INC 403 MEMORIAL DRIVE

CAMBRIDGE, MA 02139 ST ANTHONY ASSOC OF 04-2325521 501(c)(14) 6.249 BOSTON INC

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

CAMBRIDGE, MA 02139

IRDF Grant 428 MEMORIAL DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7046612 501(c)(7) 14.792 IRDF Grant BETA NU HOUSE CORPORATION 416 BEACON STREET BOSTON, MA 02115

IRDF Grant

11.190

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

501(c)(7)

04-6170956

**EPSILON THETA** 

CORPORATION 259 SAINT PAUL STREET BROOKLINE, MA 02446

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-1989766 501(c)(7) 8.133 IRDF Grant XI-SAM FENWAY HOUSE ALUMNI CORPORATION

ALDINIT CORFORATION
34 THE FENWAY
BOSTON, MA 02215

LAMBDA ZETA ASSOCIATES 04-3238433 501(c)(7) 16,572
INC.

IRDF Grant

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

99 BAY STATE ROAD BOSTON, MA 02215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-6130567 501(c)(3) 6.179 IRDF Grant MIT STUDENT HOUSE INC 111 BAY STATE ROAD BOSTON, MA 02115 ALUMNI ASSOCIATION OF THE 04-3071196 501(c)(7) 25.026 IRDF Grant

NU DELTA CHAPTER OF THE PHI MU DELTA FRATERNITY 460 BEACON STREET BOSTON, MA 02115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-6014162 501(c)(8) 1.153.419 IRDF Grant PHI BETA EPSILON CORPORATION 400 MEMORIAL DRIVE CAMBRIDGE, MA 02139 INCORPORATE ALUMNI OF PSI 05-6016312 501(c)(7) 24.521 IRDF Grant

DELTA

97 BAY STATE ROAD BOSTON, MA 02215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance ALUMNI ASSOC OF ALPHA MU 04-3146095 501(c)(7) 38.489 IRDF Grant CHAPTER OF PHI KAPPA SIGMA FRATERNITY INC. 530 BEACON STREET BOSTON, MA 02215 501(c)(7) 18,906 MASS ETA OF PHI KAPPA 04-6063508 IRDF Grant THETA FRATERNITY ALUMNI

CORPORATION

229 COMMONWEALTH AVE BOSTON, MA 02116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 450 BEACON STREET INC. 04-6063508 501(c)(7) 9.483 IRDF Grant

| 450 BEACON ST<br>BOSTON, MA 02115  |            | (-)(. )   | .,    |  |            |
|------------------------------------|------------|-----------|-------|--|------------|
| ALUMNI ASSOC OF OMICRON<br>CHAPTER | 04-6197951 | 501(c)(7) | 8,478 |  | IRDF Grant |

487 COMMONWEALTH AVE BOSTON, MA 02215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7091484 501(c)(7) 12.666 IRDF Grant HOUSECORP INC 69 CHESTNUT ST

CAMBRIDGE, MA 02139 ALPHA THETA CHAPTER OF 04-2761368 501(c)(7) 9,384

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

BOSTON, MA 02215

IRDF Grant SIGMA CHI FRATERNITY INC. 532 BEACON STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SNHC INC 68-0514586 501(c)(7) 18.642 IRDF Grant 28 THE FENWAY BOSTON, MA 02215 ALUMNI ASSOC OF XI 00-0852599 501(c)(7) 79.595 IRDF Grant CHAPTER OF TAU EPSILON PHI

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

INC

253 COMMONWEALTH AVE BOSTON, MA 02216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 04-2112594 501(c)(7) 11.102 IRDF Grant BETA CHAPTER OF THETA CHI FRATERNITY 528 BEACON ST BOSTON, MA 02215

IRDF Grant

9.126

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

501(c)(14)

THE DEUTERON HOUSE

CORPORATION 372 MEMORIAL DRIVE CAMBRIDGE, MA 02139 04-6115213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TECHNOLOGY CHAPTER 20-5364197 501(c)(7) 19.016 IRDF Grant

IRDF Grant

11.997

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

501(c)(7)

ALUMNI ASSOCIATION 526 BEACON ST BOSTON, MA 02115 THETA XI HOUSING CORP OF

64 BAY STATE ROAD BOSTON, MA 02215

MIT INC

04-2129483

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04-3158370 501(c)(7) 88.266 IRDF Grant DOVER CLUB OF MIT INC 58 MANCHESTER ROAD 04-2607157 501(c)(7) 31.791 IRDF Grant

BROOKLINE, MA 02446 THE FRIENDS OF THE THE LAMBDA PHI CHAPTER OF ALPHA DELTA PHI FRATERNITY

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

351 MASS AVE CAMBRIDGE, MA 02139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2768441 501(c)(7) 110.493 IRDF Grant ZETA PHI CHAPTER HOUSE CORP OF ALPHA PHI INTERNATIONAL INC.

Contribution

100,000

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

501(c)(3)

82-0904363

479 COMMONWEALTH AVE BOSTON, MA 02215

PARITYORG INC

505 W 19TH STREET NEW YORK, NY 10011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04-2103580 501(c)(3) 15.000 Contribution HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 THE LAUNCHCODE 47-1718432 501(c)(3) 150,000 Prizes and Awards

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

FOUNDATION 4811 DELMAR BLVD ST LOUIS, MO 63108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 46-5681542 150.000 ADMITHUB INC Prizes and Awards 9 TROWBRIDGE ST

100,000

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

ARLINGTON, MA 02474
INFINITE COOLING INC

477 BEACON STREET BOSTON, MA 02115 82-1407761

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance DOT LEARN INC. 81-2932752 55.000 Prizes and Awards

35,000

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

501(c)(3)

18 MELBLOUM LANE EDISON, NJ 08837 DIGITAL CITIZEN FUND INC

145 W 27TH ST NEW YORK, NY 10001 46-2740889

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-1153050 35.000 Prizes and Awards SKILLSMART INC ORION BIOSTRATEGIES 17525 CHARITY LANE GERMANTOWN, MD 20875

35.000

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

37-1844695

HOGARU INC

2408 LOMA VISTA LANE SANTA CLARA, CA 95051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 90-0703746 35.000 Prizes and Awards INVENTURE CAPITAL CORPORATION

429 SANTA MONICA BLVD SANTA MONICA, CA 90401 47-4084396 30.000 Prizes and Awards

COGENTIS THERAPEUTICS INC. 10668 QUARTERSTAFF RD

COLUMBIA, MD 21044

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance es and Awards

| KOPAGAS INC<br>2035 SUNSET LAKE ROAD B-2 | 82-0902827 | 20,000 |  | Prizes |
|--|------------|--------|--|--------|
| NEWARK, DE 19702                         |            |        |  |        |

STRAND THERAPEUTICX 82-4027324 10,000

174 W 8TH ST BOSTON, MA 02127

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-3193629 10.000 DARE TO INNOVATE INC. Prizes and Awards 8 GRAIGIE CIR CAMBRIDGE, MA 02138 LEUKO LABS INC 82-2401961 10,000 Prizes and Awards

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

56 MARKET STREET CAMBRIDGE, MA 02139

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 04-2761368 501(c)(7) 7.500 ALPHA THETA CHAPTER OF Prizes and Awards

SIGMA CHI FRATERNITY INC 532 BEACON STREET BOSTON, MA 02215

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

BOSTON, MA 02114

NEW ENGLAND COUNCIL INC. 04-1661090 501(c)(6) 6.000 Contribution 98 N WASHINGTON ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 04-3307783 501(c)(3) 6.000 Contribution BREAKTHROUGH GREATER BOSTON INC 459 BROADWAY

Contribution

10.000

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

501(c)(3)

CAMBRIDGE, MA 02138

CAMBRIDGE FAMILY &
CHILDREN'S SERVICE

60 GORE STREET CAMBRIDGE, MA 02141 04-2104057

(a)Type of grant or assistance (b) Number of (c)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance (d)Amount of cash grant non-cash assistance FMV, appraisal, other) recipients 6627 426,370,000 FMV APPLIED TO STUDENTS' TUITION OBLIGATION TUITION SUPPORT

| HONORARIA         | 1281 | 1,311,525 |  |  |
|-------------------|------|-----------|--|--|
| PRIZES AND AWARDS | 1118 | 2.704.454 |  |  |

| HUNUKAKIA         | 1281 | 1,311,525 |  |  |
|-------------------|------|-----------|--|--|
| PRIZES AND AWARDS | 1118 | 2,704,454 |  |  |

42,309,000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

1942

MIT STUDENT FELLOWSHIPS & STIPENDS

| PRIZES AND AWARDS | 1118 | 2,704,454 |  |  |
|-------------------|------|-----------|--|--|
|                   | · ·  |           |  |  |

| PUBLIC SERVICE CENTER GRANTS | 61 | 180,840 |  |  |
|------------------------------|----|---------|--|--|
|                              |    |         |  |  |

(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

| NON-MIT STUDENT FELLOWSHIPS & | 449 | 15,294,774 |  |  |
|-------------------------------|-----|------------|--|--|

125.884.000

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

STUDENT WAGES

9005

| efil   | e GRAPHIC pr                                | int - DO NOT PROCESS   | As Filed Dat                | a -   | DLN: 934                | 9313       | 34086           | 289  |
|--------|---|--|-----------------------------|---|-------------------------|------------|-----------------|------|
| Sch    | edule J                                     | C  | ompensat                    | ion Information   | ОМ                      | B No       | 1545-0          | 0047 |
| (For   | n 990)                                      | For certain Offic  |                             |   |                         |            |                 |      |
|        |   | ► Complete if the or   | 20                          | 17  | 7                       |            |                 |      |
|        |   |  | ► Attach                    | ı to Form 990.  |                         |            |                 |      |
| •      | tment of the Treasury<br>al Revenue Service | ► Information a  |                             | I (Form 990) and its instructions i<br>.gov/form990.                              | is at                   |            | to Pul<br>ectio |      |
|        | ne of the organiza                          |  |                             |   | Employer identificat    |            |                 |      |
| Mas    | sachusetts Institute                        | of Technology  |                             |   | 04-2103594              |            |                 |      |
| Pa     | rt I Questi                                 | ons Regarding Compensa   | ation                       |   |                         |            |                 |      |
|        |   |  |                             |   |                         |            | Yes             | No   |
| 1a     |   |  |                             | f the following to or for a person liste<br>by relevant information regarding the |                         |            |                 |      |
|        |   | or charter travel  | $oxed{oldsymbol{ olimits}}$ | Housing allowance or residence for  | personal use            |            |                 |      |
|        | _   | companions   | 님                           | Payments for business use of person   |                         |            |                 |      |
|        |   | nification and gross-up paymen   | ts □                        | Health or social club dues or initiation  |                         |            |                 |      |
|        | ☐ Discretion                                | ary spending account   | V                           | Personal services (e g , maid, chauf  | reur, cner)             |            |                 |      |
| b      |   | xes in line 1a are checked, did t<br>ill of the expenses described ab  |                             | ollow a written policy regarding paym<br>nplete Part III to explain               | nent or reimbursement   | <b>1</b> b | Yes             |      |
| 2      |   |  |                             | or allowing expenses incurred by all<br>ir, regarding the items checked in line   | . 1?                    | 2          | Yes             |      |
|        | directors, truste                           | es, officers, including the CEO/                                       | executive Directo           | r, regarding the items checked in line  | e la?                   |            |                 |      |
| 3      |   |  |                             | ed to establish the compensation of the   | ne                      |            |                 |      |
|        | _   | •  | 1 1 2                       | not check any boxes for methods<br>CEO/Executive Director, but explain i          | n Part III              |            |                 |      |
|        | ✓ Compens                                   |  |                             | Markon and a second   |                         |            |                 |      |
|        |   | ation committee<br>ent compensation consultant                         | ✓                           | Written employment contract Compensation survey or study                          |                         |            |                 |      |
|        |   | of other organizations   | <b>7</b>                    | Approval by the board or compensa   | tion committee          |            |                 |      |
|        |   | _  | _                           |   |                         |            |                 |      |
| 4      | During the year<br>related organiza         |  | 990, Part VII, Se           | ection A, line 1a, with respect to the fi   | iling organization or a |            |                 |      |
| -      | _   | ance payment or change-of-cor  | atrol navment?              |   |                         | 4a         |                 | No   |
| a<br>b |   | r receive payment from, a supp   |                             | lified retirement plan?   |                         | 4b         | Yes             | NO   |
| c      | •   | r receive payment from, an equ   | •                           | · ·   |                         | 4c         |                 | No   |
|        | If "Yes" to any o                           | of lines 4a-c, list the persons an                                     | d provide the app           | olicable amounts for each item in Part  | : III                   |            |                 |      |
|        |   |  |                             |   |                         |            |                 |      |
| 5      |   | ), 501(c)(4), and 501(c)(29  |                             | the organization pay or accrue any  |                         |            |                 |      |
| 5      |   | ontingent on the revenues of   |                             | the organization pay or accrue any  |                         |            |                 |      |
| а      | The organization                            | ۱۶   |                             |   |                         | 5a         |                 | No   |
| b      | Any related orga                            | anization?   |                             |   |                         | 5b         |                 | No   |
|        | If "Yes," on line                           | 5a or 5b, describe in Part III   |                             |   |                         |            |                 |      |
| 6      |   | ed on Form 990, Part VII, Section<br>ontingent on the net earnings o   |                             | the organization pay or accrue any  |                         |            |                 |      |
| а      | The organization                            | ٦٦   |                             |   |                         | <b>6</b> a |                 | No   |
| b      | Any related orga                            |  |                             |   |                         | 6b         |                 | No   |
|        | •   | 6a or 6b, describe in Part III   |                             |   |                         |            |                 |      |
| 7      |   | ed on Form 990, Part VII, Section<br>escribed in lines 5 and 67 If "Ye |                             | the organization provide any nonfixed<br>art III                                  | d                       | 7          | Yes             |      |
| 8      |   |  |                             | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," de      | escribe                 | _          |                 |      |
| 9      |   | 8, did the organization also follo                                     | ow the rebuttable           | presumption procedure described in  | Regulations section     | 8          |                 | No   |
| -      | 53 4958-6(c)?                               | ,  |                             | i interest processing accessing and   | J                       | 9          |                 |      |
| For I  | Danarwork Padi                              | ction Act Notice, see the In-  | structions for Fo           | orm 990 Cat No 5  | 50053T Schedule 1       | /Form      | 990)            | 2017 |

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

| For each individual whose compensation must be reported on Schedule J, report of      | compensation fro         | m the organization                        | on row (1) and fro                  | m related organiza                      | tions described i               | n the      |  |
|---|--------------------------|---|-------------------------------------|---|---------------------------------|------------|--|
| instructions, on row (ii) Do not list any individuals that are not listed on Form 990 | 0, Part VII              |   |                                     |   |                                 |            |  |
| Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total |                          |   |                                     |   |                                 |            |  |
| (A) Name and Title  | (B) Break                | kdown of W-2 and/c<br>compensation        | or 1099-MISC                        | (C) Retirement<br>and other<br>deferred | ( <b>D)</b> Nontaxable benefits | columns    | (F)<br>Compensation in                                     |
|   | (i) Base<br>compensation | (ii)<br>Bonus & incentive<br>compensation | (iii) Other reportable compensation | compensation                            |                                 | (B)(ı)-(D) | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| See Additional Data Table   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   | -                        |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |
|   |                          |   |                                     |   |                                 |            |  |

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 II FORM 990, PART THE INDIVIDUALS DISCLOSED IN PART VII OF FORM 990 OFTEN DEVOTE MORE HOURS TO THEIR POSITION THAN THE NUMBER OF HOURS LISTED. WHICH REPRESENT ESTIMATES OF AVERAGE HOURS. INDIVIDUALS WHO ARE ALSO ON THE BOARDS OF MIT'S SUBSIDIARIES AND RELATED ORGANIZATIONS WORK ADDITIONAL HOURS PER WEEK AS LISTED IN COLUMN (B) OF FORM 990, PART VII

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Supplemental Information

Part III

Schedule J. Part I. Line 1a First-class MIT ALLOWS BUSINESS/FIRST CLASS TRAVEL AND COMPANION TRAVEL PURSUANT TO GUIDELINES INCLUDED IN A WRITTEN TRAVEL POLICY ALL MIT or charter travel EMPLOYEES, INCLUDING OFFICERS, TRUSTEES, KEY EMPLOYEES AND HIGHLY COMPENSATED INDIVIDUALS, ARE SUBJECT TO THE SAME WRITTEN TRAVEL **IPOLICY** Schedule J. Part I. Line 1a Travel for COMPANION TRAVEL IS ONLY REIMBURSED BY MIT IF THERE IS A BONA FIDE BUSINESS PURPOSE FOR THE COMPANION TO TRAVEL, CONSISTENT WITH MIT'S WRITTEN TRAVEL POLICY DOCUMENTATION OF THE COMPANION'S BUSINESS PURPOSE IS REQUIRED companions

Schedule J. Part I. Line 1a Tax ONE OF THE INDIVIDUALS DISCLOSED IN SCHEDULE J RECEIVES LIMITED TAX INDEMNIFICATION AND GROSS UP PAYMENTS ALL TAX INDEMNIFICATION AND indemnification and gross-up payments GROSS UP PAYMENTS ARE PURSUANT TO A WRITTEN EMPLOYMENT AGREEMENT Schedule J, Part I, Line 1a Housing THE MIT PRESIDENT IS REQUIRED TO LIVE IN AN MIT OWNED CAMPUS RESIDENCE AS A CONDITION OF EMPLOYMENT AND AS A CONVENIENCE TO MIT IRS BENEFIT" (SCHEDULE J. PART II. COLUMN (D)) AS CALCULATED PURSUANT TO IRS RULES. THE ESTIMATED VALUE IS \$99.600 FOR PRESIDENT REIF IN CALENDAR YEAR 2017

allowance or residence for personal use RULES REQUIRE MIT TO ESTIMATE A VALUE FOR SUCH USE AND TO INCLUDE THE VALUE IN THE PRESIDENT'S TOTAL COMPENSATION AS A "NONTAXABLE Schedule J. Part I. Line 1a Personal MIT PAYS FOR HOUSEKEEPING OF THE PUBLIC AREAS OF THE PRESIDENT'S HOUSE. FOR THE EXPENSES RELATED TO HOUSEKEEPING SERVICES FOR THE

PORTION OF THE MIT OWNED RESIDENCE USED BY THE PRESIDENT'S FAMILY AS THEIR PRIVATE RESIDENCE. MIT INCLUDES THE AMOUNT IN THE PRESIDENT'S services TAXABLE INCOME

IN CALENDAR YEAR 2012 FORMER PRESIDENT HOCKFIELD VESTED IN A NONOUALIFIED DEFERRED ANNUITY ARRANGEMENT, FOR WHICH SHE RECEIVED

Schedule J, Part I, Line 4b

Supplemental nonqualified retirement PAYMENT DURING CALENDAR YEAR 2017

plan Schedule J, Part I, Line 7 Non-fixed THE MIT INVESTMENT MANAGEMENT COMPANY PAYS CERTAIN EMPLOYEES NON-FIXED AMOUNTS PURSUANT TO AN INCENTIVE COMPENSATION PROGRAM THAT

BASES COMPENSATION PAYMENTS ON A NUMBER OF FACTORS. THE PRIMARY BASIS FOR INCENTIVE COMPENSATION PAYMENTS IS THE PERFORMANCE OF MIT'S payments

ENDOWMENT RELATIVE TO PEER AND MARKET BENCHMARKS. THIS IS A COMMON PRACTICE IN HIGHER ED ENDOWMENT MANAGEMENT. IN OTHER INSTANCES. IMIT MAY OFFER OTHER EMPLOYEES BONUS PAYMENTS FOR OUTSTANDING PERFORMANCE FROM TIME TO TIME

 Software ID:
 17005876

 Software Version:
 2017v2.2

**EIN:** 04-2103594

Name: Massachusetts Institute of Technology

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

| Form 990, Schedule                                   | e J, | Part II - Officers, D               | irectors, Trustees, K          | ey Employees, and I           | lighest Compensate                | d Employees                     |                                    |   |
|--|------|-------------------------------------|--------------------------------|-------------------------------|-----------------------------------|---------------------------------|------------------------------------|---|
| (A) Name and Title  1Robert Millard  Chairman of the |      | (B) Breakdown (i) Base Compensation | of W-2 and/or 1099-MISO        | (iii)                         | (C) Retirement and other deferred | ( <b>D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(ı)-(D) | (F) Compensation in column (B)            |
|  |      |                                     | Bonus & incentive compensation | Other reportable compensation | compensation                      |                                 |                                    | reported as deferred on<br>prior Form 990 |
| 1Robert Millard                                      | (1)  | 335,017                             | 0                              | 6,954                         | 20,640                            | 26,744                          | 389,355                            | 0   |
| Chairman of the<br>Corporation                       | (11) | 0                                   | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| 1L Rafael Reif                                       | (1)  | 978,679                             | 0                              | 74,487                        | 13,500                            | 120,788                         | 1,187,454                          | 0   |
| President  | (11) | 0                                   |                                |                               |                                   |                                 |                                    |   |
| 2Israel Ruiz   | (1)  |                                     | 0                              | 41,442                        | 29,700                            | 25,968                          | 799,911                            | 0   |
| Executive VP and Treasurer                           | (11) |                                     |                                |                               |                                   |                                 |                                    |   |
| 3Susan Hockfield                                     | (1)  |                                     | 0                              | 41,142                        | 13,500                            | 28,512                          | 767,375                            | 0   |
| President Emerita and                                | (11) |                                     |                                |                               |                                   |                                 |                                    |   |
| Professor 4R Gregory Morgan                          | (1)  |                                     | 0                              | 22.000                        | 54 200                            | U 20.202                        | 722.442                            | 0   |
| Senior VP and Secretary of                           |      |                                     |                                | 33,899                        | 51,300                            | 20,293                          | 722,413                            |   |
| the Corporation                                      | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| <b>5</b><br>Claude Canizares (Former                 | (1)  | 341,062                             | 0                              | 9,430                         | 13,500                            | 21,972                          | 385,964                            | 0   |
| Vice President)                                      | (11) | 0                                   | 0                              | 0                             | ō                                 | 0                               | 0                                  | 0   |
| Professor 6  | (1)  | 386,853                             | 0                              | 11,810                        | 13,500                            | 21,346                          | 433,509                            | 0   |
| W Eric Grimson (Former<br>Chancellor)                | (11) |                                     |                                |                               |                                   |                                 |                                    |   |
| Chancellor for Academic                              | (")  |                                     | U                              | U                             | U                                 | U                               | U                                  | 0   |
| Advancement 7  | (1)  | 337,846                             |                                | 10 500                        | 45.000                            | 10.736                          | 414.050                            |   |
| Chris Kaiser (Former<br>Provost)                     |      |                                     |                                | 10,586                        | 45,900<br>                        | 19,726                          | 414,058                            |   |
| Professor  | (11) | 0                                   | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| 8Seth Alexander                                      | (1)  | 708,930                             | 1,124,775                      | 39,500                        | 284,175                           | 28,276                          | 2,185,656                          | 267,356                                   |
| President of MITIMCo                                 | (11) | 0                                   | 0                              | 0                             | 0                                 |                                 |                                    |   |
| <b>9</b> Cynthia Barnhart                            | (1)  |                                     | 0                              | 17,637                        | 40,500                            | 10,635                          | 523,572                            | 0   |
| Chancellor   | (11) | 0                                   |                                |                               |                                   |                                 |                                    |   |
| 10Mark DiVincenzo                                    | (1)  |                                     | 0                              | 18,556                        | 35,100                            | 28,435                          | 535,738                            |   |
| VP and General Counsel                               | (11) | 0                                   |                                |                               |                                   |                                 |                                    |   |
| 11Eric Evans   | (1)  |                                     | 0                              | 23,085                        | 40,500                            | 26,770                          | 606,591                            | 0   |
| Director of Lincoln                                  | (11) | 0                                   |                                |                               |                                   |                                 |                                    |   |
| Laboratory 12Kırk Kolenbrander                       | (1)  |                                     | 0                              | 8,916                         | 40,500                            | 31,359                          | 434,025                            | 0   |
| Vice President                                       | (11) |                                     |                                |                               |                                   |                                 |                                    |   |
| 13Julie Lucas  | (1)  |                                     | 36,495                         | 21,424                        | 28,980                            | 9,752                           | 568,478                            | 0   |
| VP for Resource                                      | l    |                                     |                                |                               | 20,900                            | 9,732                           |                                    |   |
| Development<br>14Sanjay Sarma                        | (1)  |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | C   |
| VP for Open Learning                                 | l    |                                     |                                | 93,225                        | 29,700                            | 29,267                          | 564,883                            | 0   |
| 15Martin Schmidt                                     | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| Provost  | (1)  | 644,765                             | 0                              | 37,233                        | 40,500                            | 55,671                          | 778,169                            | C   |
| 16Maria Zuber  | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
|  | (1)  | 441,184                             | 0                              | 16,894                        | 40,500                            | 20,835                          | 519,413                            | 0   |
| VP for Research                                      | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| 17Matthew Fisher                                     | (1)  | 312,051                             | 604,305                        | 3,500                         | 159,300                           | 9,752                           | 1,088,908                          | 156,250                                   |
| Global Investment<br>Professional - MITIMCO          | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| <b>18</b> Robert Gibbons                             | (1)  | 517,942                             | 0                              | 578,389                       | 40,500                            | 30,314                          | 1,167,145                          | 0   |
| Professor - Sloan                                    | (11) |                                     | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
| 19Steven Marsh                                       | (1)  | 545,147                             | 1,000,125                      | 27,575                        | 270,284                           | 27,680                          | 1,870,811                          | 241,250                                   |
| Managing Director -<br>MITIMCo                       | (11) | 0                                   | 0                              | 0                             | 0                                 | 0                               | 0                                  | 0   |
|  |      | 1                                   |                                |                               |                                   |                                 | 1                                  |   |

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) reported as deferred on compensation Other reportable Bonus & incentive prior Form 990 compensation compensation

155,800

26,740

1,195,954

164,750

|                       |     |         | compensation | compensation |        |       |         | · |
|-----------------------|-----|---------|--------------|--------------|--------|-------|---------|---|
| 21Ivan Werning        | (1) | 694,696 | 0            | 239,348      | 24,300 | 1,072 | 959,416 | 0 |
| Professor - Economics | l   |         |              |              |        |       |         |   |

13,000

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

603.098

397.316

1Thomas Wieand

Global Investment Professional - MITIMCO

| efile GRAPHIC print - De  | O NOT PROCESS             | As Filed Data -         |  |                 |                  |               |                 |          | D                                     | LN: 9    | 349313                 | 4086289      | • |
|---|---------------------------|-------------------------|--|-----------------|------------------|---------------|-----------------|----------|---------------------------------------|----------|------------------------|--------------|---|
| Schedule K  |                           | Cumplement              | al lufa um atia u                        | on Toy F        | 4                | Danda         |                 |          |                                       | OMB N    | No 1545-               | 0047         |   |
| (Form 990)  |                           |                         | al Information                           |                 |                  |               | scriptions.     |          |                                       | 7        | 01'                    | 7            |   |
|   | , сер.ссе                 |                         | ions, and any additio                    | nal information |                  |               | эстраноно,      |          |                                       |          | UI.                    | <u> </u>     |   |
| Department of the Treasury Internal Revenue Service                             | ▶Inform                   | ation about Schedu      | ► Attach to Form<br>lle K (Form 990) and |                 | is at <u>www</u> | .irs.gov/for  | m990.           |          |                                       |          | en to Pub<br>Ispection |              |   |
| Name of the organization Massachusetts Institute of Tech                        | nology                    |                         |  |                 |                  |               |                 | Employe  | er identif                            | fication | number                 |              | _ |
|   | mology                    |                         |  |                 |                  |               |                 | 04-210   | 3594                                  |          |                        |              |   |
| Part I Bond Issues  |                           | 1                       |  |                 |                  |               |                 | _        |                                       |          |                        |              |   |
| (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e)                  |                           |                         |  | (e) Issue price | (                | f) Descriptio | n of purpose    | (g) De   | Defeased (h) On<br>behalf o<br>issuer |          | alf of                 | of financing |   |
|   |                           |                         |  |                 |                  |               |                 | Yes      | No                                    | Yes      | No '                   | Yes No       |   |
| A MASSACHUSETTS HEALTH EDUCATIONAL FAC  | 1 & 04-2456011            | 57585K3G1               | 05-07-2003                               | 204,790,814     | CONSTRU          | CTION/RENC    | VATION/REFUNDIN | IG       | X                                     |          | X                      | X            |   |
| <b>B</b> MASSACHUSETTS HEALTH EDUCATIONAL FAC                                   | 1 & 04-2456011            | 57586CBP9               | 04-02-2004                               | 150,854,243     | CONSTRU          | CTION AND F   | RENOVATION      |          | X                                     |          | Х                      | Х            | _ |
| Part II Proceeds  |                           |                         |  |                 | <u> </u>         |               |                 |          |                                       |          |                        | <u> </u>     | _ |
|   |                           |                         |  | Α               |                  |               | В               | С        |                                       |          | D                      | )            | _ |
| 1 Amount of bonds retired   |                           |                         |  | •               | 43,190,000       |               | 28,785,000      |          |                                       |          |                        |              | _ |
| 2 Amount of bonds legally   |                           |                         |  |                 | 0                |               | 0               |          |                                       |          |                        |              | _ |
| 3 Total proceeds of issue .   |                           |                         |  | 2               | 05,361,234       |               | 151,599,210     |          |                                       |          |                        |              | _ |
| 4 Gross proceeds in reserv  |                           |                         |  |                 | 0                |               | 0               |          |                                       |          |                        |              | _ |
| 5 Capitalized interest from   |                           |                         |  |                 | 0                |               | 0               |          |                                       |          |                        |              |   |
| 6 Proceeds in refunding es  |                           |                         |  |                 | 0                |               | 0               |          |                                       |          |                        |              | _ |
| 7 Issuance costs from prod  |                           |                         |  |                 | 1,040,170        |               | 854,243         |          |                                       |          |                        |              | _ |
| 8 Credit enhancement from   |                           |                         |  |                 | 0                |               | 0               |          |                                       |          |                        |              | _ |
| 9 Working capital expendit  |                           |                         |  | •               | 0                |               | 0               |          |                                       |          |                        |              | _ |
| 10 Capital expenditures from  |                           |                         |  | 2               | 04,321,064       |               | 150,744,967     |          |                                       |          |                        |              | _ |
| Other spent proceeds .  |                           |                         |  |                 | 0                |               | 0               |          |                                       | _        |                        |              | _ |
| Other unspent proceeds  |                           |                         |  |                 | 0                |               | 0               |          |                                       | _        |                        |              | _ |
| 13 Year of substantial comp   | netion                    |                         |  | 200             |                  |               | 005             |          |                                       |          |                        |              | _ |
| 14 Were the bonds issued a  | is part of a current refu | nding issue?            |  | Yes             | No               | Yes           | No Y            | es       | No                                    | +        | Yes                    | No           | _ |
| <ul><li>14 Were the bonds issued a</li><li>15 Were the bonds issued a</li></ul> |                           |                         |  | ^               | ×                |               | X               |          |                                       |          |                        |              | _ |
| 16 Has the final allocation o   | <u> </u>                  |                         |  | X               | ^                | X             | ^               |          |                                       |          |                        |              | _ |
| 17 Does the organization m  |                           |                         |  | £               |                  |               |                 |          |                                       |          |                        |              |   |
| proceeds?   |                           | <u> </u>                |  | ' X             |                  | X             |                 |          |                                       |          |                        |              | _ |
| Part IIII Private Busine  | ess Use                   |                         |  |                 |                  |               |                 |          |                                       |          |                        |              | _ |
|   |                           |                         |  | Yes A           |                  |               | B No N          | <u> </u> | N-                                    |          | V                      |              | _ |
| 1 Was the organization a p  |                           |                         |  | Yes<br>erty     | No<br>X          | Yes           | No Y            | es       | No                                    |          | Yes                    | No           |   |
| 2 Are there any lease arra property?  | ngements that may res     | ult in private business | s use of bond-financed                   |                 | Х                |               | х               |          |                                       |          |                        |              | _ |
| For Panerwork Reduction Ad  |                           |                         | 990                                      | Cat             | No. 50193        | =             | <u> </u>        |          | Sch                                   | redule   | K (Form                | 990) 201     | 7 |

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c

Part IV

Arbitrage

|          |  | 1   | A  | I   | В  | •   | 3  | I   | )  |
|----------|--|-----|----|-----|----|-----|----|-----|----|
|          |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a       | Are there any management or service contracts that may result in private business use of bond-financed property? | X   |    | ×   |    |     |    |     |    |
| <u>b</u> | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside                        |     | ., |     | ,, |     |    |     |    |

1 33 %

1 33 %

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No

Χ

Χ

Χ

Х

Х

Yes

Х

No

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Yes

Χ

1 53 %

1 53 %

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

Χ

Х

| ь | 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? |   | Х |   | X |  |  |
|---|--|---|---|---|---|--|--|
| С | Are there any research agreements that may result in private business use of bond-financed property?   | Х |   | X |   |  |  |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?             |   | Х |   | Х |  |  |

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

organization, or a state or local government . . . . . . . . . . . . . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

Return Reference

Arbitrage (Continued)

Were gross proceeds invested in a guaranteed investment contract

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

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

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

requirements of section 148? . . .

## No Yes No Yes

Α

No

Yes

Χ

Х

Х

Χ

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

Schedule K, Part III Lines 3B & BUSINESS USE, USING EITHER IN-HOUSE COUNSEL, OUTSIDE COUNSEL, OR PROFESSIONAL CONTRACT

SAFE HARBORS SET FORTH IN REV PROC 2007-47 AND REV PROC 97-13

Explanation MIT ROUTINELY REVIEWS RESEARCH AGREEMENTS RELATING TO ITS BOND-FINANCED PROPERTY FOR PRIVATE

REVIEWERS WHO HAVE EXTENSIVE EXPERIENCE WITH RESPECT TO THE PRIVATE BUSINESS USE RULES AND THE

Х

Χ

Yes

R

No

No

C

No

Yes

Yes

Page 3

No

D

Nο

Yes

| Return Reference             | Explanation  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|
| ISCHADINA K PART II I INIE 3 | TOTAL PROCEEDS ARE NOT IDENTICAL TO THE ISSUE PRICE LISTED IN PART I COLUMN (E) DUE TO INVESTMENT EARNINGS |  |  |  |  |  |

| Return Reference            | Explanation   |
|-----------------------------|---|
| Schedule K, Part III Line 4 | PRIVATE BUSINESS USE ADDITIONAL INFORMATION SINCE THE IRS FIRST ISSUED ITS UNDERLYING REVENUE PROCEDURES 1997-13 AND 1997-14, IT HAS BEEN MIT'S POLICY TO ENSURE THAT ITS MANAGEMENT CONTRACTS FALL WITHIN REVENUE PROCEDURE 97-13'S SAFE HARBOR, AND THAT ITS PRIVATE SPONSORED RESEARCH CONTRACTS FALL WITHIN THE REVENUE PROCEDURE 2007-47'S SAFE HARBOR (TOGETHER, THESE TWO TYPES OF CONTRACTS ARE REFERRED TO IN THIS FORM 990 AS "OUTSIDE CONTRACTS") THIS POLICY ENSURES THAT IN THE UNLIKELY EVENT THAT PRIVATE BUSINESS USE MIGHT ARISE THAT SUCH USE WILL BE MAINTAINED AT A LEVEL THAT IS BELOW THE 5% SAFE HARBOR OF EACH BOND ISSUE MIT REGULARLY REVIEWS ITS PROCEDURES IN ORDER TO ENSURE COMPLIANCE WITH ITS PRIVATE BUSINESS USE POLICY |

| Return Reference | Explanation  |
|------------------|--|
|                  | DETAILS OF REFUNDED BOND ISSUES HEFA SERIES L BOND (ISSUED MAY 7, 2003) WAS USED FOR CONSTRUCTION AND RENOVATIONS AND TO REFUND HEFA SERIES H BOND ISSUED ON APRIL 6, 1993 HEFA SERIES H BOND WAS USED FOR CONSTRUCTION AND TO REFUND HEFA SERIES D BOND ISSUED MAY 14, 1980 |

Lir

| efile GRAPHIC   | C print - DO NO   | OT PROCESS  | As Fil                  | ed Data -   |  |                           |             |        | DL                             | N: 93                            | 4931    | 340                     | 86289          |  |  |
|---|---|---|-------------------------|---|--|---------------------------|-------------|--------|--------------------------------|----------------------------------|---------|-------------------------|----------------|--|--|
| Schedule L Form 990 or 990-EZ)  Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, |   |   |                         |   |  | OMB No 1545-0047          |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   | 28b, or 28¢<br>► Attacl | c, or Form 99<br>n to Form 990                                | 0-EZ, Part V,<br>) or Form 99                  | , line 38a or 4<br>0-EZ.  | Юb.         |        |                                | -                                | 20      | 1                       | 7              |  |  |
| Department of the Trea<br>Internal Revenue Servi  | isurv   |   |                         | www.irs.gov/  |  | ,                         |             |        |                                |                                  |         | ecti                    | on             |  |  |
| Name of the orga<br>Massachusetts Insti   |   |   |                         |   |  |                           | Er          | nplo   | yer ide                        | entifica                         | ation n | umb                     | er             |  |  |
| Part I Exces  | ss Benefit Tra  | neactions (se                                     | ection 501/             | -)(3) section 5   | 01(c)(4) and                                   | 1 501(c)(29) or           |             |        | 3594<br>s only)                |                                  |         |                         |                |  |  |
|   | ete if the organiza   |   |                         |   |  |                           |             |        |                                | ne 40b                           |         |                         |                |  |  |
| 1 (a)   | <b>)</b> Name of disqual  | ified person                                      | (b) F                   | (b) Relationship between disqualified person and organization |  |                           |             |        | (c) Description of transaction |                                  |         |                         | (d) Corrected? |  |  |
|   |   |   |                         |   | i gariization                                  |                           |             | - Ci   | ansacti                        | 1011                             | Y       | es                      | No             |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           | +           |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
| 4958 3 Enter the ar   | nount of tax incur<br>nount of tax, if an<br>ans to and/or<br>nplete if the organ | iy, on line 2, ab                                 | ove, reimb              | ursed by the o  | rganization .                                  |                           | :           | •      | . •                            | \$<br>\$                         | the ord | 120172                  | tion           |  |  |
|   | orted an amount o   |   |                         |   | rait v, line 3                                 | oa, or rorm 95            | , Pa        | rt IV, | iiile 20                       | o, or 11                         | the org | janiza                  | tion           |  |  |
| (a) Name of interested person   | (b) Relationship with organization  |   | , ,                     | to or from the<br>nization?                                   | (e)Original principal amount                   | <b>(f)</b> Balance<br>due | (g)<br>defa |        | Appro<br>boai                  | h)<br>ved by<br>rd or<br>nittee? |         | <b>i)</b> Writ<br>Jreem |                |  |  |
|   |   |   | То                      | From  |  |                           | Yes         | No     | Yes                            | No                               | Yes     |                         | No             |  |  |
| (1)<br>SUSAN<br>HOCKFIELD   | PRESIDENT<br>EMERITA &<br>PROFESSOR   | MORTGAGE  |                         | X   | 500,000  | 500,000                   |             | No     | Yes                            |                                  | Yes     |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
| Total   |   |   |                         |   | <u>                                       </u> | 500,000                   |             |        |                                |                                  |         |                         |                |  |  |
|   | nts or Assista  | nce Benefitii                                     | na Intere               |   |  | 300,000                   |             |        |                                |                                  |         |                         |                |  |  |
| Com   | plete if the org  |   |                         |   |  | line 27.                  |             |        |                                |                                  |         |                         |                |  |  |
| (a) Name of Inter   |   | ) Relationship l<br>erested person<br>organizatio | and the                 | (c) Amount o  | of assistance                                  | ( <b>d)</b> Type (        | of assi     | stand  | ce                             | <b>(e)</b> Pu                    | rpose o | of ass                  | stance         |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        | +                              |                                  |         |                         |                |  |  |
|   |   |   |                         |   |  |                           |             |        |                                |                                  |         |                         |                |  |  |
| For Paperwork Red   | uction Act Notice   | see the Instruct                                  | ions for For            | m 990 or 990-E  | <b>7</b> . Ca                                  | at No 50056A              |             | e e    | hodule                         | l (Ear-                          | 000 =   | - 000                   | FZ) 2017       |  |  |

| Complete if the organization  | on answered "Yes" on Forr  | n 990, Part IV, line 28a     | a, 28b, or 28c.                |  |    |  |
|-------------------------------|--|------------------------------|--------------------------------|--|----|--|
| (a) Name of Interested person | (b) Relationship<br>between interested<br>person and the<br>organization | (c) Amount of<br>transaction | (d) Description of transaction | (e) Sharing<br>of<br>organization's<br>revenues? |    |  |
|                               |  |                              |                                | Yes  | No |  |
| (1) PAMELA EVANS              | FAMILY MEMBER OF<br>ERIC EVANS, KEY<br>EMPLOYEE                          | 279,710                      | MIT EMPLOYMENT                 |  | No |  |
| (2) THOMAS BYRNE              | FAMILY MEMBER OF<br>SUSAN HOCKFIELD,<br>FORMER OFFICER                   | 45,524                       | MIT EMPLOYMENT                 |  | No |  |
|                               |  |                              |                                |  |    |  |
|                               |  |                              |                                |  |    |  |
|                               | 1  |                              |                                |  |    |  |

**Explanation** 

Schedule I (Form 990 or 990-F7) 2017

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

**Return Reference** 

**Supplemental Information** 

Part V

Schedule L (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134086289 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization Massachusetts Institute of Technology 04-2103594 Part I **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . . 0 NONE Χ Art-Historical treasures Χ 0 NONE Art—Fractional interests Books and publications Х 0 NONE ONONE Clothing and household Χ goods . . . . Cars and other vehicles Boats and planes . . Χ 375,000 Market value Intellectual property . . Χ 776 56,736,119 Market value Securities—Publicly traded . 10 Securities—Closely held stock . Χ 24 944,174 Market value Securities—Partnership, LLC, Χ 3,354,896 Market value or trust interests . . . Securities—Miscellaneous . Χ 5,728,633 Market value Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . Collectibles . . . ONONE 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ ( Χ 22 1,785,782 Market value Equipment ) Χ 15 Olnone Other ▶ ( Archival Records ) 27 Other ▶ ( Χ 37 OINONE Other ) 28 Other ▶ ( \_ Number of Forms 8283 received by the organization during the tax year for contributions 6 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2017) Cat No 51227J

Securities - Miscellaneous - NUMBER OF ITEMS Collectibles - NUMBER OF CONTRIBUTIONS Other - Equipment NUMBER OF CONTRIBUTIONS Other - Archival Records NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) (2017)

Page 2

Schedule M (Form 990) (2017)

| efile GRAPHIC print - DO NOT PROCESS   |  |                              |                                |  |  |
|--|--|------------------------------|--------------------------------|--|--|
| SCHEDUL  | E O Supplemental Information to Form 990   | or 990-F7                    | OMB No 1545-0047               |  |  |
| (Form 990 or EZ)  Department of the T  | 990- Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its in  www.irs.gov/form990. | uestions on<br>nation.       | 2017 Open to Public Inspection |  |  |
| Internal Revenue Se<br>Name of the org<br>Massachusetts Inst   | anization<br>utute of Technology   | Employer ident<br>04-2103594 | fication number                |  |  |
| 990 Schedul  | e O, Supplemental Information  |                              |                                |  |  |
| Return<br>Reference  | Explanation  |                              |                                |  |  |
| Form 990, Part III, Line 4d CONSISTS OF OTHER EXPENDITURES (INCLUDING GRANTS) INCURRED, AND REVENUES GENERATED IN CONN ECTION WITH MIT'S OTHER PROGRAM SERVICES RELATED TO VARIOUS ACTIVITIES IN FURTHERANCE OF A ND IN SUPPORT OF MIT'S EXEMPT MISSION WHICH INCLUDED BUT WERE NOT LIMITED TO SUCH THINGS A S FEES AND SERVICES (FOR EXAMPLE, MEDICAL DEPARTMENT, TECHNOLOGY LICENSING OFFICE), AUXILI ARY ENTERPRISES (FOR EXAMPLE, HOUSING, DINING), AND OTHER MISCELLANEOUS PROGRAM SERVICE RE VENUE |  |                              |                                |  |  |

## 990 Schedule O, Supplemental Information

| Reference  |  |
|--|--|
| Part VI, Line 1a VOTING MEMBERS AFFAIR: AND FAI CH YEA AS MEM NDUSTF BERS AI FOUR T OMMITT | BYLAWS VEST IN THE EXECUTIVE COMMITTEE OF THE MIT CORPORATION THE RESPONSIBILITY F RSEEING THE GENERAL ADMINISTRATION AND SUPERINTENDENCE OF ALL MATTERS RELATING TO MI JOING ITS EDUCATIONAL AND RESEARCH PROGRAMS, ADMINISTRATION PERFORMANCE, FINANCIAL 6, ENDOWMENT, REAL PROPERTY, POLICIES, SYSTEMS, CONTROLS, SPECIAL CONTRACT SERVICES, CULTY TENURE DECISION APPROVAL THE EXECUTIVE COMMITTEE MEETS NINE OR MORE TIMES EA R THE MIT CORPORATION IS A BODY CURRENTLY COMPRISED OF 78 INDIVIDUALS (REFERRED TO BERS OF THE CORPORATION), INCLUDING DISTINGUISHED LEADERS IN SCIENCE, ENGINEERING, I RY, EDUCATION AND PUBLIC SERVICE CONSISTENT WITH THE MIT BYLAWS, THE CORPORATION MEM CT AS STEWARDS OF THE PUBLIC TRUST TO PRESERVE MIT'S MISSION THE CORPORATION MEETS MES EACH YEAR RECOGNIZING THE SPECIFIC OVERSIGHT RESPONSIBILITY OF THE EXECUTIVE C EE FOR MIT'S OPERATIONS, MIT TREATS THE EXECUTIVE COMMITTEE AS MIT'S GOVERNING BODY RPOSES OF RESPONDING TO THE FORM 990 |

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## 990 Schedule O, Supplemental Information

| Return<br>Reference                    | Explanation   |
|--|---|
|  | THE MIT CORPORATION ELECTS THE NON EX-OFFICIO MEMBERS OF MIT'S GOVERNING BODY (THE EXECUTIVE COMMITTEE OF THE CORPORATION) EX-OFFICIO MEMBERS OF THE EXECUTIVE COMMITTEE ARE THE CH |
| or                                     | AIR OF THE CORPORATION, THE PRESIDENT, THE EXECUTIVE VICE-PRESIDENT AND TREASURER, AND THE CHAIR OF THE INVESTMENT MANAGEMENT COMPANY BOARD OF DIRECTORS                            |
| stockholders<br>electing<br>members of |   |
| governing                              |   |

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
11b Review
of form 990
by governing
body

MIT'S OFFICERS RESPONSIBLE FOR MIT'S TAX MATTERS PREPARE MIT'S FORM 990 WITH EXTENSIVE ASS
ISTANCE FROM MIT'S ACADEMIC AND ADMINISTRATIVE UNITS SENIOR MIT OFFICERS THEN REVIEW THE
FORM 990 FOLLOWING THAT REVIEW AND BEFORE THE FORM 990 IS FILED, MIT'S RISK AND AUDIT COM
MITTEE AND EXECUTIVE COMMITTEE (MIT'S GOVERNING BODY) ARE PROVIDED WITH THE FORM AND RELAT
ED SCHEDULES FOR THEIR REVIEW AND COMMENT

| Return<br>Reference                                    | Explanation  |
|--|--|
| Part VI, Line<br>12c Conflict<br>of interest<br>policy | MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICIES DISCLOSURE MIT HAS TWO PRIMARY CONFLICT OF INTEREST POLICIES - THE POLICY CONCERNING AVOIDANCE OF CONFLICTS OF INTEREST WHICH COVERS ALL INDIVIDUALS SERVING ON THE MIT EXECUTIVE COMMITTEE (MIT'S GOVERNING BODY) AND CORPORATION, AND THE SECTION OF MIT'S POLICIES AND PROCEDURES TITLED CONFLICT OF INTEREST, WHICH IS GENERALLY APPLICABLE TO ALL MEMBERS OF THE MIT COMMUNITY ANNUAL DISCLOSURE BOTH POLICIES REQUIRE THAT COVERED INDIVIDUALS ANNUALLY ACKNOWLEDGE IN WRITING THAT THEY ARE AWARE OF THE POLICY AND IDENTIFY ANY RELATIONSHIPS OR RESPONSIBILITIES THAT THAY THE POTENTIAL OF PRODUCING CONFLICTS OF INTEREST EACH YEAR, DISCLOSURE FORMS ARE DISTRIBUTED TO THOSE COVERED BY THESE POLICIES IF A RESPONSE REVEALS A CONFLICT OR POTENTIAL CONFLICT, SUCH CONFLICT IS REFERRED TO THE APPROPRIATE INDIVIDUAL OR BODY FOR CONSIDERATION AND MANAGEMENT AD HOC DISCLOSURE IN ADDITION TO THE ANNUAL DISCLOSURE PROCESS, POTENTIAL CONFLICTS OF INTEREST OF INDIVIDUALS SERVING ON THE MIT EXECUTIVE COMMITTEE, ON THE CORPORATION OR AS OFFICERS ARE RAISED, CONSIDERED AND ADDRESSED ON AN AD HOC BASIS UNDER THE POLICY CONCERNING AVOIDANCE OF CONFLICTS OF INTEREST, IF A MATTER COMES BEFORE THE CORPORATION OR EXECUTIVE COMMITTEE THAT INVOLVES A PERSONAL OR BUSINESS OR OTHER FINANCIAL INTEREST OF A MEMBER OR OFFICER OF THE CORPORATION OR A MEMBER OR OFFICER OF THE CORPORATION OR A MEMBER OR OFFICER OF THE CORPORATION OR A MEMBER OR OFFICER OF THE CORPORATION OR A MEMBER OR OFFICER OR THE ORDORATION OR A MEMBER OR OFFICER OR THE ORPORATION OR A MEMBER OR HIS OR HER IMMEDIATE FAMILY, THE INDIVIDUAL IS REQUIRED TO DISCLOSE THE INTEREST, REFRAIN FROM PARTICIPATING IN THE DISCUSSION OF THE MATTER (EXCEPT AS NECESSARY TO ANSWER QUESTIONS ASKED BY THE OTHER CORPORATION OR EXECUTIVE COMMITTEE MEMBERS) AND REFRAIN FROM VOTING AND BEING PRESENT WHEN THE VOTE IS TAKEN IF THE MATTER INVOLVES ONGOING DECISION MAKING OR INVOLVEMENT, THE CORPORATION OF THE ANNUAL DISCLOSURES, THE OFFICERS' O |

| Return<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part VI, Line<br>15a Process<br>to establish<br>compensation<br>of top<br>management<br>official | THE SALARY SUBCOMMITTEE, A COMMITTEE DESIGNATED BY THE EXECUTIVE COMMITTEE OF THE MIT CORP ORATION, REVIEWS DATA ON AN ANNUAL BASIS REGARDING PAY COMPARISONS OF OTHER PEER INSTITUTI ONS AND SURVEY DATA COLLECTED BY WILLIS TOWERS WATSON UPON REVIEW AND DISCUSSION OF THE D ATA AND PERFORMANCE FEEDBACK BY THE SALARY SUBCOMMITTEE, NO MEMBER OF WHICH HAS A CONFLICT OF INTEREST, A COMPENSATION DECISION IS MADE THE COMMITTEE'S DELIBERATIONS ARE RECORDED IN A TIMELY MANNER IN THE MEETING MINUTES |

| Return<br>Reference  | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>15b Process<br>to establish<br>compensation<br>of other<br>employees | THE SALARY SUBCOMMITTEE, A COMMITTEE DESIGNATED BY THE EXECUTIVE COMMITTEE OF THE MIT CORP ORATION, REVIEWS DATA ON AN ANNUAL BASIS REGARDING PAY COMPARISONS OF OTHER PEER INSTITUTI ONS AND SURVEY DATA COLLECTED BY WILLIS TOWERS WATSON UPON REVIEW AND DISCUSSION OF THE D ATA AND PERFORMANCE FEEDBACK BY THE SALARY SUBCOMMITTEE, NO MEMBER OF WHICH HAS A CONFLICT OF INTEREST, A COMPENSATION DECISION IS MADE THE COMMITTEE'S DELIBERATIONS ARE RECORDED IN A TIMELY MANNER IN THE MEETING MINUTES |

Return Explanation

Reference

| Form 990,     | THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME |
|---------------|--|
| Part VI, Line | NTS ARE AVAILABLE ON MIT'S WEBSITE HTTP //WEB MIT EDU                                      |
| 19 Required   |  |
| documents     |  |
| available to  |  |
| the public    |  |

Return Explanation
Reference

balances

| Form 990,     | NET CHANGE IN LIFE INCOME FUNDS - 23154000, POSTRETIREMENT PLAN CHANGES OTHER THAN NET PER |
|---------------|--|
| Part XI, Line | IODIC BENEFIT COSTS - 383745000, OTHER CHANGES31926000,                                    |
| 9 Other       |  |
| changes in    |  |
| net assets or |  |
| fund          |  |

Return
Reference

Explanation

Explanation

Explanation

RELATIONSHIP

Form 990, Part ISRAEL RUIZ AND ALAN SPOON ARE MEMBERS OF THE BOARD OF FORTIVE CORPORATION
VI, Line 2 BUSINESS

| efile GRAPHIC print - De   | O NOT PROCESS                                    | As Filed Data -  |                |                            |           |  |                                   |                  |         |                                       |         | DLN: 93493                               | 134086                      | 289                |
|--|--|--|----------------|----------------------------|-----------|--|-----------------------------------|------------------|---------|---------------------------------------|---------|--|-----------------------------|--------------------|
| SCHEDULE R<br>(Form 990)   | Related Organizations and Unrelated Partnerships |  |                |                            |           |  |                                   |                  |         |                                       | 20      | 17                                       |                             |                    |
| Department of the Treasury<br>Internal Revenue Service           |  | <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.</li> <li>► Attach to Form 990.</li> <li>► Information about Schedule R (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.</li> </ul> |                |                            |           |  |                                   |                  |         |                                       |         | Open to                                  |                             |                    |
| Name of the organization<br>Massachusetts Institute of Technolog | av   |  |                |                            |           |  |                                   |                  | Emp     | loyer identif                         | ication | n number                                 |                             |                    |
|  |  |  |                |                            |           |  |                                   |                  | 04-2    | 103594                                |         |  |                             |                    |
|  | of Disregarded E                                 | intities Complete If th  | e organ        | ization answ               | ered "Yes | " on Form                                | 990, Part                         | IV, line 3       | 3.      |                                       |         |  |                             |                    |
| See Additional Data Table<br>Name, address, and                  | <b>(a)</b><br>d EIN (if applicable) of disr      | egarded entity   |                | (b)<br>Primary a           |           |  | c)<br>nicile (state<br>n country) | (d)<br>Total inc | ome     | <b>(e)</b><br>End-of-year as          | ssets   | <b>(f</b><br>Direct co<br>ent            | ntrolling                   |                    |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
| _  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
|  | <b>of Related Tax-Ex</b><br>npt organizations d  |  | Comple         | te if the org              | anızatıon | <br>answered                             | "Yes" on F                        | orm 990,         | Part I\ | <br>V, line 34 be                     | cause   | it had one or                            | more                        |                    |
| See Additional Data Table<br>Name, address, an                   | <b>(a)</b><br>Id EIN of related organizat        | ion  | Prima          | <b>(b)</b><br>ary activity | Legal dom | <b>c)</b><br>nicile (state<br>n country) | (d)<br>Exempt Cod                 |                  |         | (e)<br>harity status<br>on 501(c)(3)) | Di      | <b>(f)</b><br>rect controlling<br>entity | Section<br>(13) cor<br>enti | 512(b)<br>strolled |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
|  |  |  |                |                            |           |  |                                   |                  |         |                                       |         |  |                             |                    |
| For Paperwork Reduction Ac                                       | ct Notice, see the Inc                           | structions for Form 99   | <u> </u><br>0. |                            | Ca        | nt No 5013                               | <u> </u><br>35Y                   |                  |         |                                       | Sch     | edule R (Form                            | 990) 20                     | 17                 |

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. See Additional Data Table (b) (c) (d) (i) (k) (e) (f) (g) (ı) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization controlling income(related, total income end-of-year allocations? amount in box ownership activity domicile managing unrelated, 20 of (state entity assets Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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) (b) (c) (d) (e) (f) (h) (ı) (g) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

See Additional Data Table

| Pa         | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.   |            |     |    |
|------------|--|------------|-----|----|
|            | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |            | Yes | No |
| <b>1</b> D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  |            |     |    |
| а          | 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         | Yes |    |
| С          | Gift, grant, or capital contribution from related organization(s)  | 1c         | Yes |    |
|            | Loans or loan guarantees to or for related organization(s)   | 1d         | Yes |    |
| e          | Loans or loan guarantees by related organization(s)  | 1e         |     | No |
| f          | Dividends from related organization(s)   | 1f         | Yes |    |
| g          | Sale of assets to related organization(s)  | 1g         |     | No |
| h          | Purchase of assets from related organization(s)  | 1h         |     | No |
|            | Exchange of assets with related organization(s)  | 1i         |     | No |
| j          | Lease of facilities, equipment, or other assets to related organization(s)   | <b>1</b> j |     | No |
| k          | Lease of facilities, equipment, or other assets from related organization(s)   | 1k         |     | No |
|            | The state of the s | 1          |     | No |

Page 3

1s Yes

(d) Method of determining amount involved

Schedule R (Form 990) 2017

|   |  |    |     | i  |  |
|---|--|----|-----|----|--|
| f | Dividends from related organization(s)   | 1f | Yes |    |  |
| 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 | k Lease of facilities, equipment, or other assets from related organization(s)   |    |     |    |  |
|   | I Destination of a many and a many and a many and a many and a destination of a many and |    |     |    |  |

| g Sale of assets to related organization(s)  | 19         |     | NO |
|--|------------|-----|----|
| h Purchase of assets from related organization(s)  | 1h         |     | No |
| i Exchange of assets with related organization(s)  | <b>1</b> i |     | No |
| j Lease of facilities, equipment, or other assets to related organization(s)                     | 1j         |     | No |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         |     | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | 11         |     | No |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         | Yes |    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         |     | No |
| o Sharing of paid employees with related organization(s)   | 10         |     | No |
| p Reimbursement paid to related organization(s) for expenses                                     | 1p         | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                              | 1q         | Yes |    |
| r Other transfer of cash or property to related organization(s)                                  | 1r         | Yes | _  |

(b)

Transaction

type (a-s)

(c)

Amount involved

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

(a) Name of related organization

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

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

| - See manaced organization See manaced on a regarding exclusion |                                | , countries p                                 | a. c., c., 5,, p.s   |     |   |                                    |  |                                      |    |   |           |      |                                |
|---|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----|---|-----------|------|--------------------------------|
| <b>(a)</b><br>Name, address, and EIN of entity                  | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) |     | (e) e all partners section 501(c)(3) ganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? |    | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |           |      | (k)<br>Percentage<br>ownership |
|   |                                |   | 514)   | Yes | No  |                                    |  | Yes                                  | No |   | Yes       | No   |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    |   |           |      |                                |
|   |                                |   |  |     |   |                                    |  |                                      |    | Schedul   | e R (Forn | 1 99 | 0) 2017                        |

CORPORATE GOVERNANCE AND OPERATIONS ISSUES AS A CLASS B SHAREHOLDER, MIT IS NOT PERMITTED TO SELL ITS STOCK WITHOUT THE EXPRESS APPROVAL OF BOSE'S BOARD PUBLIC DISCLOSURE OF CERTAIN DETAILS ABOUT THE GIFT COULD PUT BOSE CORPORATION AT A COMPETITIVE IDISADVANTAGE \* \* SEVERAL IRS PRONOUNCEMENTS HAVE MADE IT CLEAR THAT THE FORM 990 IS NOT INTENDED TO PUT A DISCLOSED DONOR AT A POTENTIAL COMPETITIVE DISADVANTAGE

| Return Reference | Explanation  |
|------------------|--|
|                  | AS A RESULT OF MIT'S CONTROL OF AN ORGANIZATION THAT CONTROLS ANOTHER ORGANIZATION WHICH SERVES AS THE CENTRAL ORGANIZATION UNDER A GROUP EXEMPTION, MIT HAS RELATED ORGANIZATIONS THAT ARE SUBORDINATE ORGANIZATIONS INCLUDED IN A GROUP EXEMPTION PURSUANT TO IRS INSTRUCTIONS, THESE ORGANIZATIONS ARE NOT REQUIRED TO BE SEPARATELY LISTED ON SCHEDULE R |

Schedule R (Form 990) 2017

## **Additional Data**

**Software ID:** 17005876 **Software Version:** 2017v2.2

**EIN:** 04-2103594

Name: Massachusetts Institute of Technology

| Form 990, Schedule R, Part I - Identification of Disregarded Entities                                   |                                |  |                            |                           |  |  |  |  |  |  |  |
|---|--------------------------------|--|----------------------------|---------------------------|--|--|--|--|--|--|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity  | <b>(b)</b><br>Primary Activity | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | <b>(d)</b><br>Total Income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct Controlling<br>Entity |  |  |  |  |  |  |
| MIT Foundation (UK Limited)   | MIT Support                    | UK   | 824,593                    | 27,986                    | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 98-1192046 MIT Private Equity LLC 77 Massachusetts Avenue NE49-3142                                     | Investments                    | DE   | 0                          | 15,604                    | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02139<br>04-3490003  |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT Private Equity Management Company II LLC  1 Broadway 9th Floor c/o MIT                              | Investments                    | DE   | 0                          | 0                         | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>43-1964717   |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT Private Equity Management Company III LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142 | Investments                    | DE   | 0                          | 0                         | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 20-4639870 MIT Private Equity Management Company IV LLC   | Investments                    | DE   | 0                          | 0                         | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142  | Investments                    |  | v                          | Ů                         | Technology                                 |  |  |  |  |  |  |
| 26-1356780 MIT Private Equity Management Company LLC  | Investments                    | DE   | 244,268                    | 686,693                   | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142  |                                |  |                            |                           | Technology                                 |  |  |  |  |  |  |
| 04-3490002 PEF LLC 1 Broadway 9th Floor   | Investments                    | DE   | 400,798                    | 1,333,498                 | MIT Private Equity Fund III LP             |  |  |  |  |  |  |
| C/o MIT Cambridge, MA 02142 26-1424379  |                                |  |                            |                           |  |  |  |  |  |  |  |
| Blue Jay Associates LLC<br>1 Broadway 9th Floor   | Investments                    | DE   | 0                          | 0                         | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>04-2103594  |                                |  |                            |                           |  |  |  |  |  |  |  |
| Meadowlark Associates LLC<br>1 Broadway 9th Floor   | Investments                    | DE   | -35,455,392                | 75,612,166                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>04-2103594  |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT 130 Brookline LLC<br>1 Broadway 9th Floor<br>c/o MIT  | Real Estate                    | MA   | -3,180                     | 405                       | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4339718<br>MIT 351 Vassar LLC   | Real Estate                    | MA   | 10 300                     | 3 370 000                 | Managar Institute of                       |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142  | Real Estate                    | MA   | -19,399                    | 3,270,000                 | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 46-4168318 MIT 12 Emily Street LLC  | Real Estate                    | MA   | -1,815                     | 199                       | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142  |                                |  | ·                          |                           | Technology                                 |  |  |  |  |  |  |
| 46-4268263<br>MIT 170171 Sidney LLC   | Real Estate                    | MA   | 175,995                    | 540,750                   | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142  |                                |  |                            |                           | Technology                                 |  |  |  |  |  |  |
| 46-4653513  MIT 181 Massachusetts Avenue Fee Owner LLC 1 Broadway 9th Floor                             | Real Estate                    | MA   | 10                         | 196                       | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>81-4347511  |                                |  |                            |                           | , , , , , , , , , , , , , , , , , , ,      |  |  |  |  |  |  |
| MIT 281-295 Albany Street LLC<br>1 Broadway 9th Floor<br>c/o MIT  | Real Estate                    | MA   | -3,190                     | 199                       | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4307186   |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT 289 Massachusetts Avenue Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT                           | Real Estate                    | MA   | -3,011                     | 202                       | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-1170989   |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT 300 Third LLC<br>1 Broadway 9th Floor<br>c/o MIT  | Real Estate                    | MA   | 1,131,426                  | 0                         | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4480264   |                                |  |                            |                           |  |  |  |  |  |  |  |
| MIT 415 Main Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT                                    | Real Estate                    | MA   | 10                         | 202                       | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-1153762<br>MIT 620 Memorial LLC   | Real Estate                    | MA   | -1,077                     | 201                       | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor c/o MTT Cambridge, MA 02142  | The Lotter                     | 170  | -1,0//                     | 201                       | Technology                                 |  |  |  |  |  |  |
| 46-4238931 MIT 636 Putnam Avenue LLC  | Real Estate                    | MA   | 0                          | n                         | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT   |                                |  | v                          |                           | Technology                                 |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-5619441   |                                |  |                            |                           |  |  |  |  |  |  |  |

| Form 990, Schedule R, Part I - Identification of Disregarded Entities  |                                |  |                     |                                  |  |  |  |  |  |  |  |
|--|--------------------------------|--|---------------------|----------------------------------|--|--|--|--|--|--|--|
| (a) Name, address, and EIN (If applicable) of disregarded entity   | <b>(b)</b><br>Primary Activity | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | (d)<br>Total Income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct Controlling<br>Entity |  |  |  |  |  |  |
| MIT 650 Main Street LLC<br>1 Broadway 9th Floor<br>c/o MIT   | Real Estate                    | MA   | 0                   | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>04-2103594<br>MIT 770790 Memorial LLC<br>1 Broadway 9th Floor                         | Real Estate                    | MA   | 0                   | 0                                | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>46-4667544   |                                |  |                     |                                  | -  |  |  |  |  |  |  |
| MIT 840 Main Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                  | Real Estate                    | MA   | -3,003              | 202                              | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 47-4957426 MIT 99 Erie LLC 1 Broadway 9th Floor c/o MIT  | Real Estate                    | MA   | 0                   | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142 46-4550283  MIT One Broadway Fee Owner LLC 1 Broadway 9th Floor                          | Real Estate                    | MA   | -11,631             | 2,339                            | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>46-4562852   | Deal February                  | MA   |                     | 121 225 000                      |  |  |  |  |  |  |  |
| MIT Real Estate LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                                | Real Estate                    | МА   | 0                   | 121,325,000                      | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-0643869 MIT West 300 Block Mass Ave Fee Owner LLC 1 Broadway 9th Floor c/o MIT                            | Real Estate                    | MA   | 0                   | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4611506<br>MIT 882 Main Street Fee Owner LLC<br>1 Broadway 9th Floor               | Real Estate                    | MA   | -2,386              | 202                              | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| c/o MIT Cambridge, MA 02142 81-2999684 MIT 1010 Massachusetts Avenue Fee Owner LLC                           | Real Estate                    | MA   | -3,488              | 0                                | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4484968   |                                |  | 5,,55               | _                                | Technology                                 |  |  |  |  |  |  |
| MIT 1039 Massachusetts Avenue Fee Owner LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                | Real Estate                    | MA   | -3,485              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4457119  MIT 117 Waverly Street Fee Owner LLC 1 Broadway 9th Floor c/o MIT                                | Real Estate                    | МА   | -2,326              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-4676654<br>MIT 119 Pacific Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT | Real Estate                    | MA   | -3,021              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-4431009<br>MIT 139 Main Street Fee Owner LLC                                       | Real Estate                    | MA   | -2,247              |                                  | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4763660   |                                |  |                     |                                  | Technology                                 |  |  |  |  |  |  |
| MIT 142 Waverly Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4361993 | Real Estate                    | MA   | -3,021              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| MIT 187 Sidney Street Fee Owner LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                        | Real Estate                    | МА   | -2,326              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| MIT 22 Magazine Street Fee Owner LLC  1 Broadway 9th Floor c/o MIT   | Real Estate                    | MA   | -3,021              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-3420155<br>MIT 233 Massachusetts Avenue Fee Owner LLC<br>1 Broadway 9th Floor      | Real Estate                    | MA   | -3,021              | 0                                | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>81-4402096   |                                |  |                     |                                  | 2.   |  |  |  |  |  |  |
| MIT 38 Henry Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                  | Real Estate                    | MA   | -2,325              | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4736181  MIT 589 Putnam Avenue Fee Owner LLC 1 Broadway 9th Floor c/o MIT                                 | Real Estate                    | MA   | 0                   | 0                                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-5179715<br>MIT 600 Main Street Fee Owner LLC                                       | Real Estate                    | MA   | -8,991              | 0                                | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-5094585   |                                |  |                     |                                  | Technology                                 |  |  |  |  |  |  |

| orm 990, Schedule R, Part I - Identification of Disregarded Entities                                     |                                |   |                     |                           |   |  |  |  |  |  |  |
|--|--------------------------------|---|---------------------|---------------------------|---|--|--|--|--|--|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity   | <b>(b)</b><br>Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct Controlling<br>Entity    |  |  |  |  |  |  |
| MIT 7 Landsdowne Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142          | Real Estate                    | MA  | 0                   | 0                         | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| 81-5259291 MIT 75 Hamilton Street Fee Owner LLC 1 Broadway 9th Floor c/o MIT                             | Real Estate                    | MA  | -2,445              | 0                         | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-5130627  |                                |   |                     |                           |   |  |  |  |  |  |  |
| MIT 782 Main Street Fee Owner LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142 81-4380573           | Real Estate                    | MA  | -3,021              | 8                         | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| MIT Purrington Street Fee Owner LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                    | Real Estate                    | MA  | 0                   | 0                         | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| MIT West 300 Block JV LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                              | Real Estate                    | MA  | 0                   | 0                         | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| 04-2103594  12 Emily Street Leasehold LLC  1 Broadway 9th Floor c/o MIT                                  | Real Estate                    | MA  | 2,201,945           | 34,000,000                | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4257627  |                                |   |                     |                           |   |  |  |  |  |  |  |
| 281-295 Albany Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142            | Real Estate                    | MA MA   | 1,391,125           | 14,550,544                | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| 46-4298517  424-456 Massachusetts Avenue Leasehold LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142 | Real Estate                    | MA  | 299,098             | 12,100,000                | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| 46-4509441 610 Main Street North Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142          | Real Estate                    | MA  | 11,548,789          |                           | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| 46-4624112 610 Main Street South Leasehold LLC   | Real Estate                    | MA MA   | 9,463,943           | 200 137 484               | Massachusetts Institute of                    |  |  |  |  |  |  |
| 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142 46-3904926  | incui Estate                   |   | 3,163,313           | 255,157,161               | Technology                                    |  |  |  |  |  |  |
| 610-700 Main Garage Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142              | Real Estate                    | MA  | 0                   | 0                         | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| 46-3997167 620 Memorial Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                   | Real Estate                    | MA  | 3,442,745           | 54,425,514                | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| 46-4249493 700 Main Street Leasehold LLC 1 Broadway 9th Floor c/o MIT                                    | Real Estate                    | MA  | 5,148,200           | 135,261,774               | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-3910601<br>MIT 128 Sidney Leasehold LLC  | Real Estate                    | MA  | 2 171 104           | 40.300.000                | Massachusetts Institute of                    |  |  |  |  |  |  |
| 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142 46-4318943  | Real Estate                    | MA  | 2,171,194           | 40,200,000                | Technology                                    |  |  |  |  |  |  |
| MIT 148 Sidney Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                   | Real Estate                    | MA  | 747,088             | 12,300,000                | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| 46-4350211 MIT 149 Sidney Leasehold LLC 1 Broadway 9th Floor c/o MIT                                     | Real Estate                    | MA  | 1,892,527           | 32,500,000                | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>46-4419735  |                                |   |                     |                           |   |  |  |  |  |  |  |
| MIT 17 Tudor Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                     | Real Estate                    | MA MA   | 462,743             | 3,816,505                 | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| 81-1419417 MIT 181 Massachusetts Avenue Leasehold LLC 1 Broadway 9th Floor c/o MIT                       | Real Estate                    | MA  | 4,373,628           | 114,130,000               | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>47-5534204<br>MIT 289 Massachusetts Avenue Leasehold LLC<br>1 Broadway 9th Floor  | Real Estate                    | MA  | 158,888             | 7,090,000                 | Massachusetts Institute of Technology         |  |  |  |  |  |  |
| C/o MIT<br>Cambridge, MA 02142<br>81-2439067   |                                |   |                     |                           | <u>,                                     </u> |  |  |  |  |  |  |
| MIT 415 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT                                     | Real Estate                    | MA  | 5,870,498           | 128,000,000               | Massachusetts Institute of<br>Technology      |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-1136944  |                                |   |                     |                           |   |  |  |  |  |  |  |

| form 990, Schedule R, Part I - Identification of Disregarded Entities                                     |                             |   |                            |                           |  |  |  |  |  |  |  |
|---|-----------------------------|---|----------------------------|---------------------------|--|--|--|--|--|--|--|
| (a) Name, address, and EIN (If applicable) of disregarded entity  | <b>(b)</b> Primary Activity | (c) Legal Domicile (State or Foreign Country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct Controlling<br>Entity |  |  |  |  |  |  |
| MIT 424-456 Massachusetts Avenue LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142            | Real Estate                 | MA  | -3,687                     | 198                       | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 46-4493299 MIT 840 Main Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142             | Real Estate                 | MA  | -5,791                     | 5,550,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-2421079 MIT One Broadway LLC   | Real Estate                 | MA  | 10,619,785                 | 321,000,000               | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>46-4581832                                      |                             |   |                            |                           | Technology                                 |  |  |  |  |  |  |
| MIT 882 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-2972818 | Real Estate                 | MA  | -48,660                    | 1,290,000                 | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| MIT 130 Brookline Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                 | Real Estate                 | МА  | 2,023,673                  | 25,557,437                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-1727616  MIT 1010 Massachusetts Avenue Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142  | Real Estate                 | MA  | 887,969                    | 20,940,000                | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 81-4469185  MIT 1039 Massachusetts Avenue Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142  | Real Estate                 | MA  | 378,171                    | 9,700,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4444669 MIT 119 Pacific Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142          | Real Estate                 | MA  | 86,067                     | 4,184,700                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4417032  MIT 142 Waverly Street Leasehold LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142        | Real Estate                 | MA  | -257,193                   | 9,350,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4324924 MIT 233 Massachusetts Avenue Leasehold LLC   | Real Estate                 | MA  | 86,185                     | 4,740,000                 | Massachusetts Institute of                 |  |  |  |  |  |  |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4398640                                      |                             |   | ,                          | , ,                       | Technology                                 |  |  |  |  |  |  |
| MIT 782 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142               | Real Estate                 | МА  | -17,981                    | 8,400,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4368863 MIT 117 Waverly Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142          | Real Estate                 | MA  | -107,388                   | 10,680,000                | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| 81-4682284  MIT 187 Sidney Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142          | Real Estate                 | MA  | -38,240                    | 1,080,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-5075628  MIT 38 Henry Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142            | Real Estate                 | MA  | -61,649                    | 2,680,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4750562  MIT 600 Main Street Leasehold LLC  1 Broadway 9th Floor c/o MIT Cambridge, MA 02142           | Real Estate                 | MA  | -379,350                   | 33,300,000                | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-5115630  MIT 75 Hamilton Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142         | Real Estate                 | MA  | 87,992                     | 1,980,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-5146006  MIT Purrington Street Leasehold LLC 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142          | Real Estate                 | MA  | 0                          | 0                         | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| MIT 139 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142               | Real Estate                 | MA  | 0                          | 6,625,144                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| 81-4781556 MIT 589 Putnam Avenue Leasehold LLC 1 Broadway 9th Floor c/o MIT                               | Real Estate                 | MA  | 12,285                     | 1,380,000                 | Massachusetts Institute of<br>Technology   |  |  |  |  |  |  |
| Cambridge, MA 02142<br>81-5189010<br>MIT 128 Sidney SPE LLC<br>1 Broadway 9th Floor                       | Real Estate                 | MA  | -2,396                     | 2,339                     | Massachusetts Institute of Technology      |  |  |  |  |  |  |
| c/o MIT<br>Cambridge, MA 02142<br>46-4329881  |                             |   |                            |                           |  |  |  |  |  |  |  |

| Form 990, Schedule R, Part I - Identification of Disregarded Ent          | tities                         | ı  | I                          | ı                         | 1  |
|---|--------------------------------|--|----------------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity          | <b>(b)</b><br>Primary Activity | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct Controlling<br>Entity |
| MIT 148 Sidney SPE LLC  | Real Estate                    | MA   | -2,413                     | 2,339                     | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT   |                                |  |                            |                           | Technology                                 |
| Cambridge, MA 02142<br>46-4400934   |                                |  |                            |                           |  |
| MIT 149 Sidney SPE LLC 1 Broadway 9th Floor c/o MIT                       | Real Estate                    | MA   | -2,396                     | 2,339                     | Massachusetts Institute of Technology      |
| Cambridge, MA 02142<br>46-4439009   |                                |  |                            |                           |  |
| MIT 640 Memorial SPE LLC<br>1 Broadway 9th Floor                          | Real Estate                    | MA   | 10                         | 197                       | Massachusetts Institute of<br>Technology   |
| c/o MIT<br>Cambridge, MA 02142  |                                |  |                            |                           |  |
| 46-4596884<br>610 Main Street South Trustee LLC                           | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                    |                                |  |                            |                           | Technology                                 |
| 81-4640391<br>610-700 Main Garage Trustee LLC                             | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                    |                                |  |                            |                           | Technology                                 |
| 81-4652351<br>700 Main Street Trustee LLC                                 | Real Estate                    | MA   | 0                          | n                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor c/o MIT Cambridge, MA 02142                          | The Later                      | 1"   |                            | Ů                         | Technology                                 |
| 81-4626823 610 Main Street North Trustee LLC                              | Real Estate                    | MA   | 0                          | n                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT   |                                |  |                            |                           | Technology                                 |
| Cambridge, MA 02142<br>81-4652351<br>MIT 22 Magazine Street Leasehold LLC | Real Estate                    | MA   | 232,598                    | 8 805 000                 | Massachusetts Institute of                 |
| 1 Broadway 9th Floor c/o MIT  | Real Estate                    | MA   | 232,396                    | 8,893,000                 | Technology                                 |
| Cambridge, MA 02142<br>81-3433185   |                                |  |                            |                           |  |
| 650 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT          | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of Technology      |
| Cambridge, MA 02142<br>81-4613270   |                                |  |                            |                           |  |
| MIT East 300 Block JV LLC<br>1 Broadway 9th Floor                         | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of Technology      |
| c/o MIT<br>Cambridge, MA 02142  |                                |  |                            |                           |  |
| 04-2103594 MIT 252 Albany Street Fee Owner LLC                            | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                    |                                |  |                            |                           | Technology                                 |
| 81-4703355 MIT 252 Albany Street Leasehold LLC                            | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT   |                                | , ",   | _                          |                           | Technology                                 |
| Cambridge, MA 02142<br>81-4711384   |                                |  |                            |                           |  |
| MIT 8 Carleton Street LLC<br>1 Broadway 9th Floor<br>c/o MIT              | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of<br>Technology   |
| Cambridge, MA 02142<br>46-4523741   |                                |  |                            |                           |  |
| MIT Cambridge Real Estate LLC<br>1 Broadway 9th Floor                     | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of Technology      |
| c/o MIT<br>Cambridge, MA 02142<br>81-2653478                              |                                |  |                            |                           |  |
| MIT Site N LLC 1 Broadway 9th Floor                                       | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of<br>Technology   |
| c/o MIT Cambridge, MA 02142   |                                |  |                            |                           |  |
| 04-2103594 MIT Site P LLC   | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142                    |                                |  |                            |                           | Technology                                 |
| 04-2103594 MIT Site Q LLC   | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT   |                                | 170  |                            |                           | Technology                                 |
| Cambridge, MA 02142<br>04-2103594   | De-15 to                       | 144  | -                          | -                         | Managhuan T. I. C.                         |
| MIT Site S LLC<br>1 Broadway 9th Floor<br>c/o MIT                         | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of Technology      |
| Cambridge, MA 02142<br>47-4560662   |                                |  |                            |                           |  |
| 134 Massachusetts Avenue Fee Owner LLC<br>1 Broadway 9th Floor            | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of<br>Technology   |
| c/o MIT<br>Cambridge, MA 02142  |                                |  |                            |                           |  |
| 46-4682035<br>MIT 177 Massachusetts Avenue LLC                            | Real Estate                    | MA   | 0                          | 0                         | Massachusetts Institute of                 |
| 1 Broadway 9th Floor<br>c/o MIT   |                                |  |                            |                           | Technology                                 |
| Cambridge, MA 02142<br>46-4289160   |                                |  |                            |                           |  |

Form 990, Schedule R, Part I - Identification of Disregarded Entities (a)
Name, address, and EIN (if applicable) of disregarded entity

MIT 640 Memorial Leasehold LLC

MIT 730 Main Street Leasehold LLC

MIT 750 Main Street Leasehold LLC

1 Broadway 9th Floor

Cambridge, MA 02142 46-1548002

1 Broadway 9th Floor

Cambridge, MA 02142 81-4571861

1 Broadway 9th Floor

Cambridge, MA 02142 81-4544139

c/o MIT

c/o MIT

c/o MIT

| MIT 730 Main Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4583846      | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
|--|-------------|----|---|---|--|
| MIT 750 Main Street Fee Owner LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4562956      | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
| Tech Square JV LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>20-5242541                     | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
| 134 Massachusetts Avenue Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>46-4695223 | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
| 177 Massachusetts Avenue Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>46-4279029 | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
| MIT 238 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4497262      | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |
| MIT 326-336 Main Street Leasehold LLC<br>1 Broadway 9th Floor<br>c/o MIT<br>Cambridge, MA 02142<br>81-4514745  | Real Estate | МА | 0 | 0 | Massachusetts Institute of<br>Technology |

(b)

Primary Activity

(c)

Legal Domicile

(State

or Foreign Country)

MΑ

MΑ

MΑ

0

0

0

**(e)** End-of-year

assets

(d)

Total income

**(f)** Direct Controlling

Entity

0 Massachusetts Institute of

0 Massachusetts Institute of

0 Massachusetts Institute of

Technology

Technology

Technology

Real Estate

Real Estate

Real Estate

| Form 990, Schedule R, Part II - Identification of Re<br>(a)               | lated Tax-Exempt Organiz | ations<br>(c)                                   | (d)                    | (e)   | (f)                          | 1 4 | <b>J</b> )            |
|---|--------------------------|---|------------------------|---|------------------------------|-----|-----------------------|
| Name, address, and EIN of related organization                            | Primary activity         | Legal domicile<br>(state<br>or foreign country) | Exempt Code<br>section | Public charity status (if section 501(c) (3)) | Direct controlling<br>entity |     | n 512<br>13)<br>olled |
|   |                          |   |                        |   |                              | Yes | No                    |
|   | RESEARCH                 | MA  | 501(c)(3)              | 7   | MIT                          | Yes |                       |
| 12 EMILY STREET<br>SUITE 2<br>CAMBRIDGE, MA 02139<br>47-4830465           |                          |   |                        |   |                              |     |                       |
|   | EDUCATION                | MA  | 501(c)(3)              | 7   | MIT                          | Yes |                       |
| 77 MASSACHUSETTS AVENUE<br>NE49-3142<br>CAMBRIDGE, MA 02139<br>81-2731492 |                          |   |                        |   |                              |     |                       |
|   | EDUCATION                | MA  | 501(c)(3)              | 10  | TECHNOLOGY REVIEW            | Yes |                       |
| ONE MAIN STREET<br>13th Floor<br>CAMBRIDGE, MA 02142<br>04-2921492        |                          |   |                        |   |                              |     |                       |
|   | RESEARCH                 | MA  | 501(c)(3)              |   | NA                           |     | No                    |
| 100 BIGELOW STREET<br>HOLYOKE, MA 01040<br>45-2257442                     |                          |   |                        |   |                              |     |                       |
|   | RADIO                    | MA  | 501(c)(3)              | 10  | MIT                          | Yes |                       |
| 3 AMES STREET<br>CAMBRIDGE, MA 02142<br>23-7154684                        |                          |   |                        |   |                              |     |                       |
|   | PUBLICATION              | MA  | 501(c)(3)              |   | MIT                          | Yes |                       |
| ONE MAIN STREET<br>13TH FLOOR<br>CAMBRIDGE, MA 02142<br>95-4893200        |                          |   |                        |   |                              |     |                       |
|   | RESEARCH                 | MA  | 501(c)(3)              |   | NA                           |     | No                    |
| 100 BIGELOW STREET<br>HOLYOKE, MA 01040<br>27-3014805                     |                          |   |                        |   |                              |     |                       |
|   | MIT SUPPORT              | MA  | 501(c)(3)              |   | MIT                          | Yes |                       |
| 77 MASSACHUSETTS AVENUE<br>NE49-3142<br>CAMBRIDGE, MA 02139<br>04-2748895 |                          |   |                        |   |                              |     |                       |
|   | TITLE HOLD               | MA  | 501(c)(2)              |   | MIT                          | Yes |                       |
| 1 BROADWAY<br>9th FLOOR<br>CAMBRIDGE, MA 02142<br>27-0565900              |                          |   |                        |   |                              |     |                       |
|   | HEALTH BEN               | MA  | 501(c)(3)              |   | MIT                          | Yes |                       |
| 77 MASSACHUSETTS AVENUE<br>NE49-3142<br>CAMBRIDGE, MA 02139               |                          |   |                        |   |                              |     |                       |
| 04-3177556  | REAL ESTATE              | MA  | 501(c)(3)              |   | MIT                          | Yes |                       |
| 77 MASSACHUSETTS AVENUE<br>NE49-3142<br>CAMBRIDGE, MA 02139<br>04-3397800 |                          |   |                        |   |                              |     |                       |
| 0.1 3337000   | EDUCATION                | MA  | 501(c)(3)              |   | NA                           |     | No                    |
| 141 PORTLAND STREET<br>9th FLOOR<br>CAMBRIDGE, MA 02139<br>46-0807740     |                          |   |                        |   |                              |     |                       |

| Form 990, Schedule R, P   | art III - Identific            | ation of                             | Related Orga                                | nizations Tax  | able as a Partn                 | ership                                 |                                  |                 |  |                  |                                   |                                |
|---|--------------------------------|--------------------------------------|---|--|---------------------------------|--|----------------------------------|-----------------|--|------------------|-----------------------------------|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization  | <b>(b)</b><br>Primary activity | (c) Legal Domicile (State or Foreign | (d)<br>Direct<br>Controlling<br>Entity      | (e) Predominant income(related, unrelated, excluded from tax under | (f)<br>Share of total<br>Income | (g)<br>Share of end-of-<br>year assets | <b>(h</b><br>Dispropr<br>allocat | tionate         | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | Gen<br>o<br>Mana | i)<br>eral<br>or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|   |                                | Country)                             |   | sections<br>512-514)   |                                 |  | Vaa                              | N-              |  | V                | N.                                |                                |
| Alchemy Plan (Cambridge) LP   | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | 7,997,225                       | 2,072,525                              | Yes                              | <b>No</b><br>No |  | Yes              | No                                | 99 %                           |
| 98-0203250  |                                |                                      |   |  | 7.404.227                       | 67.005.662                             |                                  |                 |  |                  |                                   | 100.0/                         |
| Boulderado BOC LP  874 Walker Road Suite C c/o United Corporate Services Dover, DE 19904 82-4399258 | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | -7,194,337                      | 67,805,663                             |                                  | No              |  |                  | No                                | 100 %                          |
| Cassini Partners LP  1 Broadway 9th Floor Cambridge, MA 02142                                       | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | 8,927,591                       | 177,927,591                            |                                  | No              |  |                  | No                                | 99 %                           |
| 82-3143653<br>Cassini GP LLC  | Investments                    | DE                                   | Massachusetts                               | Excluded   | 0                               | 0                                      |                                  | No              |  |                  | No                                | 100 %                          |
| 1 Broadway<br>9th Floor<br>Cambridge, MA 02142<br>04-2103594  |                                |                                      | Institute of<br>Technology                  |  |                                 |  |                                  |                 |  |                  |                                   |                                |
| Galileo TM LLC  | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | 15,304,610                      | 156,994,283                            |                                  | No              |  |                  | No                                | 99 %                           |
| 99-0376894<br>Hephaestus Energy Fund LP<br>10000 Memorial Drive<br>Suite 550                        | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | -9,251,274                      | 327,908,605                            |                                  | No              | -17,300,721  |                  | No                                | 100 %                          |
| Houston, TX 77024<br>36-4747789   |                                |                                      |   |  |                                 |  |                                  |                 |  |                  |                                   |                                |
|   | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | 1,460,965                       | 192,002,798                            |                                  | No              |  |                  | No                                | 95 %                           |
| New York, NY 10019<br>47-4243976  |                                |                                      |   |  |                                 |  |                                  |                 |  |                  |                                   |                                |
| Leviathan Real Estate<br>Partners LLC<br>250 First Avenue<br>Suite 200                              | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | -424,821                        | 658,921                                |                                  | No              |  |                  | No                                | 83 %                           |
| Needham, MA 02494<br>47-3349186   |                                |                                      |   |  |                                 |  |                                  |                 |  |                  |                                   |                                |
| MD Investors Value Fund One Fawcett Place Greenwich, CT 06830 30-0615514                            | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | 35,715,836                      | 249,945,498                            |                                  | No              |  |                  | No                                | 99 %                           |
| Magnolia BOC I LP  1209 Orange Street c/o Corporation Trust Center Wilmington, DE 19801 82-4397267  | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | 13,300                          | 100,653,050                            |                                  | No              |  |                  | No                                | 100 %                          |
| Mallard Fund LP  2000 McKinney Avenue Suite 2125 Dallas, TX 75201                                   | Investments                    |                                      | Meadowlark<br>Associates LLC                | Excluded   | -35,455,392                     | 75,612,166                             |                                  | No              | -323,951   |                  | No                                | 100 %                          |
| 20-8974201  Merckx Capital Partners LP  One Maritime Plaza  | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | 9,221,521                       | 134,516,737                            |                                  | No              |  |                  | No                                | 83 %                           |
| Suite 2020<br>San Francisco, CA 94111<br>36-4711803   |                                |                                      |   |  |                                 |  |                                  |                 |  |                  |                                   |                                |
| MFPLA LP PO Box 194170 San Francisco, CA 94119 45-3203773   | Investments                    |                                      | MIT Investments<br>2010 LP                  | Excluded   | 40,760,352                      | 261,806,826                            |                                  | No              |  |                  | No                                | 89 %                           |
| MIT Investments 2009 LP  77 Massachusetts Avenue NE49-3142 Cambridge, MA 02139 27-0896088           | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | 90,178,359                      | 437,406,429                            |                                  | No              | 9,937,697  | Yes              |                                   | 92 %                           |
| MIT Investments 2010 LP  77 Massachusetts Avenue NE49-3142 Cambridge, MA 02139 27-0542081           | Investments                    |                                      | Massachusetts<br>Institute of<br>Technology | Excluded   | 562,745,939                     | 8,895,742,003                          |                                  | No              | -18,131,205  | Yes              |                                   | 100 %                          |

| Form 990, Schedule R, Pa  | art III - Identifica           | 1   | Related Organi                              | izations Taxal   | ole as a Partne                 | ership  | ı                         | ı       | 1  | . ر                             |                            |                                |
|---|--------------------------------|---|---|--|---------------------------------|---|---------------------------|---------|--|---------------------------------|----------------------------|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization  | <b>(b)</b><br>Primary activity | (c) Legal Domicile (State or Foreign Country) | (d)<br>Direct<br>Controlling<br>Entity      | (e) Predominant Income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total<br>Income | <b>(g)</b><br>Share of end-of-<br>year assets | (h<br>Dispropr<br>allocat | tionate | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j<br>Gen<br>o<br>Mana<br>Parti | eral<br>r<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
| MIT Private Equity Fund II LP   | Investments                    |   | MIT Private                                 | Excluded   | 1,254,253                       | 8,352,920                                     |                           | No      | 1,341  |                                 | No                         | 38 %                           |
| 77 Massachusetts Avenue<br>NE49-3142<br>Cambridge, MA 02139<br>45-0480232                                   |                                |   | Equity II LLC                               |  |                                 |   |                           |         |  |                                 |                            |                                |
| MIT Private Equity Fund III LP<br>77 Massachusetts Avenue<br>NE49-3142<br>Cambridge, MA 02139<br>20-4640729 | Investments                    | DE  | MIT Private<br>Equity III LLC               | Excluded   | 2,062,067                       | 23,470,968                                    |                           | No      | -82,116  |                                 | No                         | 28 %                           |
| MIT Private Equity Fund IV LP<br>77 Massachusetts Avenue<br>NE49-3142<br>Cambridge, MA 02139<br>26-1349728  |                                |   | MIT Private<br>Equity IV LLC                | Excluded   | 2,185,479                       | 8,620,277                                     |                           | No      | 679,703  |                                 | No                         | 27 %                           |
| MIT Private Equity Fund LP 77 Massachusetts Avenue NE49-3142 Cambridge, MA 02139 04-3490004                 | Investments                    | DE  | MIT Private<br>Equity LLC                   | Excluded   | 345,008                         | 2,608,133                                     |                           | No      | 47,191   |                                 | No                         | 34 %                           |
| MIT Private Equity II LLC 77 Massachusetts Avenue NE49-3142 Cambridge, MA 02139 75-3066771                  | Investments                    | DE  | Massachusetts<br>Institute of<br>Technology | Excluded   | 6,357                           | 121,592                                       |                           | No      | 7  | Yes                             |                            | 100 %                          |
| MIT Private Equity III LLC 77 Massachusetts Avenue NE49-3142 Cambridge, MA 02139 20-4639783                 | Investments                    | DE  | Massachusetts<br>Institute of<br>Technology | Excluded   | 15,647                          | 242,804                                       |                           | No      |  | Yes                             |                            | 100 %                          |
| MIT Private Equity IV LLC<br>77 Massachusetts Avenue<br>NE49-3142<br>Cambridge, MA 02139<br>26-1356668      | Investments                    | DE  | Massachusetts<br>Institute of<br>Technology | Excluded   | 17,302                          | 106,033                                       |                           | No      | 5,382  | Yes                             |                            | 100 %                          |
| Mudita Archimedes LP 535 Pacific Avenue 4th Floor San Francisco, CA 94133 81-3445986                        | Investments                    | DE  | MIT Investments<br>2010 LP                  | Excluded   | -6,917                          | 101,509,220                                   |                           | No      |  |                                 | No                         | 99 %                           |
| NMSF LP<br>1209 Orange Street<br>c/o Corporation Trust Center<br>Wilmington, DE 19801<br>81-4521893         | Investments                    |   | MIT Investments<br>2010 LP                  | Excluded   | 264,380                         | 20,357,972                                    |                           | No      |  |                                 | No                         | 99 %                           |
| Northaven Partners III LP<br>275 Madison Avenue<br>6th Floor<br>New York, NY 10016<br>13-3908626            | Investments                    | NY  | Massachusetts<br>Institute of<br>Technology | Excluded   | 1,817,770                       | 3,568,505                                     |                           | No      |  |                                 | No                         | 63 %                           |
| Premia Fund I LLC<br>811 Hamilton Street<br>Redwood City, CA 94063<br>47-3300238                            | Investments                    | DE  | MIT Investments<br>2010 LP                  | Excluded   | 2,819,809                       | 9,262,011                                     |                           | No      |  |                                 | No                         | 56 %                           |
| Standard Partners Fund LP<br>309 Hawthorne Place<br>Lawrenceville, NJ 08648<br>37-1762191                   | Investments                    | ĽΝ  | MIT Investments<br>2010 LP                  |  | -169,017                        | 10,964,913                                    |                           | No      |  |                                 | No                         | 69 %                           |
| Wexford MIT Energy II LP<br>411 West Putnam Avenue<br>Suite 125<br>Greenwich, CT 06830<br>76-0787877        | Investments                    | СТ  | Massachusetts<br>Institute of<br>Technology | Excluded   | 168,675                         | 6,488,042                                     |                           | No      | 24,894   |                                 | No                         | 91 %                           |
| Wexford MIT Energy LP<br>411 West Putnam Avenue<br>Suite 125<br>Greenwich, CT 06830<br>80-0057801           | Investments                    | СТ  | Massachusetts<br>Institute of<br>Technology | Excluded   | -51,348                         | 767,623                                       |                           | No      | 24,992   |                                 | No                         | 67 %                           |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a)
Name, address, and EIN of related organization **(b)** Primary activity (c) Legal domicile (d)
Direct controlling
entity (e)
Type of entity
(C corp, S corp, **(f)** Share of total

| Form 990, Schedule R, Part IV - I   |                      |   | 1   | 1 -   |                                 | 1                                     |                                | 1                                      |                       |
|---|----------------------|---|---|---|---------------------------------|---------------------------------------|--------------------------------|--|-----------------------|
| (a) Name, address, and EIN of related organization  | (b) Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d) Direct controlling entity               | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>Income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i<br>Sectio<br>(b)(<br>contri<br>enti | n 512<br>13)<br>olled |
| ABG Capital 4th Floor Raffles Tower co Apex Fund Services Mauritius Ltd Cybercity, Ebene 72201 MP   | Investments          | MP  | MIT Investments<br>2010 LP                  | C Corporation                                 | 11,304,551                      | 473,253,821                           | 100 %                          | Yes                                    |                       |
| Admetos Assets Limited<br>Trident Trust Co BVI Ltd<br>Trident Chambers PO Box 146<br>Road Town, Tortola<br>VI                             | Investments          | VI  | MIT Investments<br>2010 LP                  | C Corporation                                 | -292,476                        | 27,547,972                            | 100 %                          | Yes                                    |                       |
| Aperimus Offshore Fund Ltd<br>75 Fort Street<br>PO Box 1350<br>Georgetown, Grand Cayman KY11108<br>CJ                                     | Investments          | CJ  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | -9,080,491                      | 109,559,382                           | 100 %                          | Yes                                    |                       |
| AtomVest Offshore Fund Limited<br>190 Elgin Avenue<br>Georgetown, Grand Cayman KY19007<br>CJ  | Investments          | CJ  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 7,224,063                       | 51,199,801                            | 82 %                           | Yes                                    |                       |
| Bose Corporation<br>The Mountain<br>Framingham, MA 01701<br>04-2655386  | Product Development  | MA  | N/A   | C Corporation                                 |                                 |                                       |                                | Yes                                    |                       |
| Foxhaven Capital (Offshore) Ltd<br>PO Box 309 Ugland House<br>c/o Maples Corporate Services Ltd<br>Georgetown, Grand Cayman KY11104<br>CJ | Investments          | CJ  | MIT Investments<br>2010 LP                  | C Corporation                                 | 19,507,833                      | 142,148,923                           | 58 %                           | Yes                                    |                       |
| Gaoling Feeder II PO Box 908 GT Mary Street c/o Walkers Corporate Services Ltd Georgetown, Grand Cayman KY19005 CJ                        | Investments          | CJ  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 85,049,826                      | 813,080,735                           | 100 %                          | Yes                                    |                       |
| Granular Fund Limited PO Box 309 Ugland House c/o Maples Corporate Services Ltd Georgetown, Grand Cayman KY11104 CJ                       | Investments          | CJ  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 0                               | 15,585,700                            | 94 %                           | Yes                                    |                       |
| Hyde Park Capital Limited   | Investments          | UK  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | -1,338,792                      | 26,217,049                            | 100 %                          | Yes                                    |                       |
| MIT EndowmentPatron Scotland LP<br>50 Lothian Road Festival Square<br>Edinburgh, Midlothian EH39BY<br>UK                                  | Investments          | UK  | MITPatron GP<br>Limited                     | C Corporation                                 | -2,774,214                      | 3,512,746                             | 100 %                          | Yes                                    |                       |
| MIT India Trust   | Investments          | IN  | Massachusetts<br>Institute of<br>Technology | Trust   | 0                               | 1,456                                 | 100 %                          | Yes                                    |                       |
| MIT Patron GP Limited<br>50 Lothian Road Festival Square<br>Edinburgh, Midlothian EH39BY<br>UK  | Investments          | UK  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 0                               | 0                                     | 100 %                          | Yes                                    |                       |
| MIT Press Limited (UK)  | Publication          | UK  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 218,544                         | 1,709,243                             | 100 %                          | Yes                                    |                       |
| Protego Blocker LLC<br>77 Massachusetts Avenue<br>NE49-3142<br>Cambridge, MA 02139<br>81-1672568  | Investments          | МА  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | -519                            | 32,810                                | 100 %                          | Yes                                    |                       |
| Singapore-MIT Alliance for Research & Technology (SMART)  | Research             | SN  | Massachusetts<br>Institute of<br>Technology | C Corporation                                 | 69,058,081                      | 37,343,691                            | 100 %                          | Yes                                    |                       |

(b) (d) (e) (f) (g) (h) (i) (a) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income assets ownership (state or foreign or trust) controlled country) entity? Yes No Trust Terra Australis Property Fund II Investments AS Massachusetts 1,650,020 13,471,137 82 % Yes Institute of Technology

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

Investments

Investments

Investments

04-6854498

MIT Charitable Remainder Trusts (391)

MIT Pooled Income Funds (3)

Perpetual Trusts (19)

| The Engine Accelerator Inc<br>501 Massachusetts Avenue<br>Cambridge, MA 02139<br>81-4518296 | Innovation Support |    | Massachusetts<br>Institute of<br>Technology | C Corporation | 2,751,818 | 3,104,804 | 100 % | Yes |  |
|---|--------------------|----|---|---------------|-----------|-----------|-------|-----|--|
| MIT Charitable Lead Trust (1)   | Investments        | MA | N/A   | Trust         |           |           |       |     |  |

Trust

Trust

Trust

N/A

IN/A

N/A

MΑ

MΑ

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ABG Capital S 15,527,348 CASH Alchemy Plan (Cambridge) LP 5,438,031 CASH Α Alchemy Plan (Cambridge) LP В 154,675 CASH Alchemy Plan (Cambridge) LP S 8,365,829 CASH Aperimus Offshore Fund Ltd В 22,000,000 CASH Bose Corporation F 6,765,467 CASH Boulderado BOC LP В CASH 75,000,000 Cassini Partners LP В 169,000,000 CASH Galileo TM LLC Α 291,151 CASH Gaoling Feeder II S 300,000,000 CASH Granular Fund Limited В 15,000,000 CASH Hephaestus Energy Fund LP CASH Α 5,200 Hephaestus Energy Fund LP S 40,000,000 CASH Hyde Park Capital Limited В 6,745,784 CASH Ithuba Investments LP CASH Α 1 s Ithuba Investments LP CASH 3,204,363 Leviathan Real Estate Partners LLC Α -424,821 CASH Leviathan Real Estate Partners LLC В CASH 750,000 Lord Foundation of Massachusetts Inc С 2,280,000 CASH Lord Foundation of Massachusetts Inc R CASH 1,185,165 MD Investors Value Fund Α 692,790 CASH

В

S

Α

Α

104,873,758

6,542,000

338,835

385,492

CASH

CASH

CASH

CASH

Magnolia BOC I LP

MFPLA LP

Merckx Capital Partners LP

Massachusetts Institute of Technology Welfare Benefit Plans Trust

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) MFPLA LP S 110,000,000 CASH MIT International Inc В 250,000 CASH MIT International Inc D 800,000 CASH 13,232,000 MIT International Inc S CASH MIT Press Limited (UK) S 299,090 CASH MIT Private Equity Fund II LP Α 46,067 CASH MIT Private Equity Fund II LP S CASH 2,447,893 MIT Private Equity Fund III LP Α 231,091 CASH MIT Private Equity Fund III LP В 540,891 CASH MIT Private Equity Fund III LP S 5,430,235 CASH MIT Private Equity Fund IV LP Α 49,086 CASH MIT Private Equity Fund IV LP В 1,194,588 CASH MIT Private Equity Fund IV LP S 4,120,839 CASH MIT Private Equity Fund LP Α 4,544 CASH MIT Private Equity Fund LP S 1,409,852 CASH MIT Private Equity II LLC Α 227 CASH MIT Private Equity II LLC S 12,138 CASH MIT Private Equity III LLC Α 1,753 CASH MIT Private Equity III LLC В 4,105 CASH MIT Private Equity III LLC S CASH 41,215 MIT Private Equity IV LLC Α 388 CASH MIT Private Equity IV LLC В 12,572 CASH MIT Private Equity IV LLC S CASH 32,625

С

Α

3,882,450

338

CASH

CASH

MIT Real Estate Foundation Inc

Mudita Archimedes LP

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved Mudita Archimedes LP 28,036,800 CASH В NMSF LP Α 84,707 CASH NMSF LP CASH В 20,000,000 Northaven Partners III LP s 700,000 CASH Premia Fund I LLC Α -223,348 CASH Premia Fund I LLC В 2,513,966 CASH Premia Fund I LLC S 4,732,375 CASH Protego Blocker LLC В 33,266 CASH Singapore-MIT Alliance for Research & Technology М 6,102,519 CASH Singapore-MIT Alliance for Research & Technology 4,790,514 CASH Q Standard Partners Fund LP Α 2,835 CASH Technology Review Inc 4,062,791 CASH D Technology Review Inc Ρ 1,879,707 CASH Terra Australis Property Fund II В 3,165,594 CASH Terra Australis Property Fund II S 967,614 CASH

D

Α

Α

Α

В

2,675,000

140,356

3,211

1,557

5,000,000

CASH

CASH

CASH

CASH

CASH

The Engine Accelerator Inc

Wexford MIT Energy II LP

Oceanlink Partners Fund LP

Oceanlink Partners Fund LP

Wexford MIT Energy LP