For Paperwork Reduction Act Notice, see the separate instructions.

## Return of Organization Exempt From Income Tax

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

n 501(c), 527, or 4947(a)(1) or the Internal Revenue Code (except private foundations

▶ Do not enter social security numbers on this form as it may be made public.

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

2019

**DLN: 93493132027671**OMB No. 1545-0047

Open to Public

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

Interna	•	nue Service	F do to www.ms.g	Tor macractions	and the i	atest iiiioiii	ilationi		Inspection		
			ı alendar year, or tax year begi	nning 07-01-2019 , and end	ling 06-30	-2020					
		oplicable:	C Name of organization	, , , , , , , , , , , , , , , , , , ,			D Employ	er ident	ification number		
	dress o		Trustees of Tufts College				04-210	3634			
	ame cha itial ret	-	Doing business as				-				
		urri ı/terminated	Tufts University								
☐ Ar	nended	return	Number and street (or P.O. box if r 169 Holland Street Attn Tax Dept	nail is not delivered to street address	) Room/sui	te	E Telephor	ne numbe	er .		
□ Ap	plicatio	n pending	· ·				(617) 6	27-433	7		
			City or town, state or province, cou Somerville, MA 02144	intry, and ZIP or foreign postal code							
			<b>F</b> Name and address of princip	-1 - <i>66</i> :					2,683,417,405		
			Anthony P Monaco				is a group re	turn for	□Yes ☑No		
			169 Holland Street Attn Tax De Somerville, MA 02144	pt			rdinates? all subordina	tes			
I Ta	ıx-exen	npt status:				`´ inclu	ded?		☐ Yes ☐No		
7 10	labait.		w.tufts.edu	(insert no.) 4947(a)(1) or	LJ 52/		o," attacn a p exemption	•	e instructions)		
J W	epsit	e: F www	w.turts.edu			(-) 0100	p exemption	Humbe			
K For	m of or	ganization:	☑ Corporation ☐ Trust ☐ Ass	ociation Other ►		L Year of form	nation: 1852		e of legal domicile:		
	01 01	gamzadom.	— corporation — mase — nos	odddor 🗀 odrer P				MA			
P	art I	Sumi	<b>-</b>								
		,	scribe the organization's mission of and Research	or most significant activities:							
ıce	=	dacadon	and research								
nar	-										
Governance		Chack thi	s box 🕨 🗌 if the organization di	scentinued its enerations or disr	nacad of m	oro than 250	/ of its not :	accete.			
ဒိ			of voting members of the governi					3	41		
<b>ಸ</b> ರ ಬ	4	Number o	of independent voting members o	of the governing body (Part VI, lin	ne 1b) .			4	37		
Ige:	5	Total nun	nber of individuals employed in c	alendar year 2019 (Part V, line 2	2a)			5	12,387		
Activities &	6	Total num	nber of volunteers (estimate if ne	cessary)				6	0		
Ă	7a	Total unr		7a	-639,806						
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 39			•	7b	0		
						Pr	ior Year		Current Year		
Δi	1		ions and grants (Part VIII, line 1h	004	304,863,138						
Ravenue	1	-	service revenue (Part VIII, line 2g	752,115,							
æ	1		nt income (Part VIII, column (A),		•		147,745,				
	1		renue (Part VIII, column (A), lines				2,830, 1,234,322,		-20,238 1,118,552,829		
	+		enue—add lines 8 through 11 (m								
			nd similar amounts paid (Part IX, paid to or for members (Part IX, o	, ,,	•		179,451,	212	172,280,263		
			other compensation, employee b	,,,,,,	· ·		564,562,	046	581,390,829		
See			nal fundraising fees (Part IX, colu		,		1,281,	1,411,352			
Expenses	Ι.		raising expenses (Part IX, column (D),	,,,,,			1,201,	721	1,411,552		
표	1		penses (Part IX, column (A), lines				333,140,	398	331,448,095		
	1		enses. Add lines 13–17 (must eq		-		1,078,435,		1,086,530,539		
		•	less expenses. Subtract line 18 f	, , , , , ,			155,887,		32,022,290		
<u>≽</u> &			·			Beginning	of Current Y		End of Year		
Net Assets or Fund Balances		_									
Ass			ets (Part X, line 16)		•		3,756,859,		3,763,335,065		
E E	1		ilities (Part X, line 26)				1,084,203,		1,070,933,710		
			s or fund balances. Subtract line	21 from line 20	•		2,672,656,	4/4	2,692,401,355		
	art II r pena		<b>ature Block</b> erjury, I declare that I have exar	nined this return, including accor	mnanving	schedules an	d statement	s and t	 o the best of my		
know	ledge	and belie	f, it is true, correct, and complete								
any k	nowle	dge.									
		*****	k			20	21-05-12				
Sign	1	Signatu	ure of officer			Da	te				
Here	е	JAMES	M HURLEY VP FINANCE & TREASURER								
		17	r print name and title								
_		P	rint/Type preparer's name	Preparer's signature	Da	ate Ch	eck 🔲 if	PTIN			
Pai		<u> </u>	irmia nama			sel	f-employed				
	pare	FI	irm's name 🕨				m's EIN 🟲				
Use	On	ly 🕞	irm's address ▶			Ph	one no.				
May 1	the IR	S discuss	this return with the preparer sho	wn above? (see instructions) .				. 🗆	Yes 🗌 No		

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
-	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the	organization's mission	:			
SEE :	SCHEDULE O					
2	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	If "Yes," describe the	ese new services on So	hedule O.			
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sched	ule O.			
4	Section 501(c)(3) ar		ions are required	to report the amount	largest program services, as me of grants and allocations to other	
	(Code:	) (Expenses \$	551,768,792	including grants of \$	144,986,479 ) (Revenue \$	653,343,706 )
	See Additional Data					
4b	(Code:	) (Expenses \$	286,044,862	including grants of \$	27,293,784 ) (Revenue \$	98,583,746 )
	See Additional Data					
4c	(Code:	) (Expenses \$	86,285,255	including grants of \$	0 ) (Revenue \$	6,535,797 )
	See Additional Data					
4d	Other program servi	ices (Describe in Sched	dule O.)			
	(Expenses \$	ine	cluding grants of	\$	) (Revenue \$	)
4e	Total program ser	vice expenses ▶	924,098,9	09		

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules		V	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
_	Schedule A 📆	1		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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	5		
6	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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	<b>0</b> (2019)

Form	990 (2019)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	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	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\overline{\mathbf{V}}$
4.	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2,672  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
D	U Tomber of Forms w-20 included in fine 1a. Effect -0- if not applicable .			

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12,387							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes						
b	If "Yes," enter the name of the foreign country: ►HK , JA , KE , SL , SP , UG , UK , UV , CI , ET , FR , GM , GH								
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	AR). <b>5a</b>		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?	ition <b>6a</b>		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were <b>6b</b>							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services <b>7a</b>	Yes						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No					
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?	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 a required?	as <b>7g</b>							
h	Form <b>7h</b>								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	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.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	· 13a							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	excess 15	Yes						
16									

Form	990 (2019)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines ✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 41			
	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 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?			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 more members of the governing body?	7a		No
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 by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , LA , MA , MS , MT , ND , OK , WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  > James Walsh Executive Director & University Controller 169 Holland Street Somerville, MA 02144 (617) 627-3816			

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization or any related organization of from the organization of from the organization and related organizations organization and organization organization and organization organization organization organization organization organization organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estima amount o compen from	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

	990 (2019)														Page <b>8</b>	
Part	VI Section A. Officers, Dire	ectors, Trustees	, Key I	Empl	oye	es,	and	High	nest Co	mpens	ate	d Employees	(conti	nued)		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	οχ, ι n of or/t	t ch unle fice rust	<del>. ´</del>	son	Rep comp fro orga	(D) (E) ortable ensation m the from related nization organizations 2/1099- (W-2/1099-			5	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		ISC)		MISC)		related organizations		
See A	dditional Data Table															
													+			
													+			
													+			
1b S	ub-Total			<u>.                                    </u>	<u> </u>		<u> </u>						$\top$			
	otal from continuation sheets to						•			624.440			0		2.026.400	
2	otal (add lines 1b and 1c)  Total number of individuals (includ of reportable compensation from t		to thos				<b>▶</b>   e) who	rece		631,149 ore than		00,000	<u> </u>		2,026,198	
	<u> </u>		<u> </u>											Yes	No	
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedu</i>			ee, k	ey e •	mpl •	oyee,	or hi	ghest co	mpensa	ted •	employee on	3	Yes		
4	For any individual listed on line 1a organization and related organization individual											the	4	Yes		
5	Did any person listed on line 1a reservices rendered to the organizati									organization or individual for				163	No	
Se	ction B. Independent Contra	ictors												1		
1	Complete this table for your five hi from the organization. Report com												mpens	ation		
	. Nan	(A) ne and business addre	ess.	, ,							(B) Description of services			(( Compe		
CONSI	GLI CONSTRUCTION INC		:55							CONSTR		<u>'</u>			3,157,371	
	NNER STREET RD, MA 01757															
COLUN	IBIA CONSTRUCTION CO									CONSTR	RUCT	ION		14	,552,006	
	VERPARK DRIVE I READING, MA 018640220															
	ODORE BUILDERS									CONSTR	RUCT	ION		13	3,274,920	
400	YMAN STREET															
	IAM, MA 02451 ACILITY SERVICES INC									CLEANI	NG			12	2,107,150	
	rove St Ste 3-200 ndale, MA 02466															
	Brothers Inc									CONSTR	RUCT	ION		7	7,888,513	
	ommercial Street , MA 02109															
2 ⊤	otal number of independent contrac		not lim	ited t	o th	ose	listed	abov	ve) who i	receive	d mo	ore than \$100,00	00 of			
C	empensation from the organization	<b>–</b> 231												Form 99	<b>0</b> (2019)	

Form 9		(2019) Statement	of E	Pavanua						Page <b>9</b>
Pari	VIII				a respo	nse or note to any	line in this Part VIII			🗆
							<b>(A)</b> Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
4	18	a Federated campa	igns	5	1a			revenue		512 - 514
ons, Gifts, Grants Similar Amounts		<b>b</b> Membership dues	5.		<b>1</b> b					
وق	c Fundraising events 1c					484,735				
ifts, ar A	'	d Related organizations 1d								
	'	e Government grants			1e	158,806,346				
Contributions, and Other Sim	1	f All other contributio and similar amounts above	s not	included	1f	145,572,057				
di j	!	g Noncash contributio lines 1a - 1f:\$	ns in	ncluded in	1g	9,769,531				
Cont		<b>h Total.</b> Add lines :	1a-1	.f	•		304,863,138			
						Business Code	304,003,130			
	2a	INSTRUCTION				900099	653,343,706	653,343,706		
venue	ь	CLINICAL AND OTHER	R EDI	UCATION		541900	100,091,748	98,583,746	1,508,002	
<b>2</b> €	l c	AUXILLIARY ENTERPR	RISES	5		900099	7,837,484	6,535,797	1,301,687	
Program Service Revenue						900099				
	d	I								
	e	•								
							0	0	0	0
		All other program								
		<b>Total.</b> Add lines 2 Investment income				761,272,938				T
	s	similar amounts) .	٠		•	•	13,594,67	73	-4,146,624	17,741,297
		Income from invest			•	•	444.00	11		444,001
	3	Royalties	_	(i) Re		(ii) Personal	144,000	7.1		444,001
		Curan manta								
		<b>6a</b> Gross rents <b>6a</b> 1,541,86 <b>b</b> Less: rental			541,862		_			
	_	expenses	6b	1,	919,633					
	C	Rental income or (loss)	6с	_	377,771		0			
	c	Net rental income	or	(loss)			-377,77	1		-377,771
	_	C		(i) Secur	rities	(ii) Other				
	/a	a Gross amount from sales of assets other than inventory			,					
	ь	Less: cost or other basis and sales expenses	7b	1,562,	392,479					
	c	Gain or (loss)	7c	38	842,318					
	_	Net gain or (loss)			• •		38,842,31	.8	697,129	38,145,189
a)	8a	Gross income from fu	ındra							
E C		(not including \$contributions reported								
Şe,		See Part IV, line 18			8a	465,996 552,464				
Other Revenue	l	Less: direct expen Net income or (los			8b sing eve	•	-86,46	58		-86,468
	9a	Gross income from See Part IV, line 19			9a					
	l b	Less: direct expen	ses		9b					
	٥	Net income or (los	s) fr	rom gaming	activiti	es <b>&gt;</b>	_			
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a					
		Less: cost of good			10b					
	_	Net income or (los Miscellaneo			invent	ory ► Business Code				
	11						7			
	l b	)								
	٥	2								
	_	All other revenue						0 (		0
		Total. Add lines 1			. l	•				,
		! Total revenue. S						0		
		5154615	- "		•	· · · •	1,118,552,82	758,463,249	-639,806	55,866,248 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
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	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	24,704,568	24,704,568		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	142,198,439	142,198,439		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,377,256	5,377,256		
<b>4</b> Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,207,584	3,884,725	5,727,391	595,468
<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)	1,335,965	922,020	413,945	
<b>7</b> Other salaries and wages	454,063,511	377,667,935	61,667,692	14,727,884
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,280,374	26,929,084	5,188,420	1,162,870
9 Other employee benefits	52,920,023	43,315,715	7,251,750	2,352,558
<b>10</b> Payroll taxes	29,583,372	23,656,764	4,903,747	1,022,861
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	4,891,801	2,554,303	2,333,481	4,017
c Accounting	487,200		487,200	
<b>d</b> Lobbying	457,136		457,136	
e Professional fundraising services. See Part IV, line 17	1,411,352			1,411,352
f Investment management fees	4,298,731		4,298,731	_
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,419,267	35,636,544	10,711,455	71,268
12 Advertising and promotion	1,334,446	1,175,815	127,299	31,332
<b>13</b> Office expenses	57,819,397	37,091,726	19,799,402	928,269
14 Information technology	12,753,846	2,869,760	9,659,332	224,754
15 Royalties	760,379	760,379		
<b>16</b> Occupancy	48,107,261	46,682,021	1,015,617	409,623
<b>17</b> Travel	10,175,785	9,747,874	270,442	157,469
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	5,810,494	3,872,924	1,253,509	684,061
<b>20</b> Interest	30,788,833	29,873,919	649,940	264,974
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,769,755	62,845,073	1,367,262	557,420
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BOOKS, PERIODICALS & MEDIA	12,729,023	12,599,066	70,313	59,644
b SUBSIDIARY EXPENSE-TVETS	12,186,303	12,186,303		
c EQUIPMENT PURCHASES	8,369,383	8,268,252	101,131	
d GOODS AND SERVICES	5,904,051	5,898,290	2,720	3,041
e All other expenses	3,385,004	3,380,154	4,328	522

1,086,530,539

924,098,909

137,762,243

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).

24,669,387

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

42,936,372

106,252,925

21,179,992

43.079.468

1,695,198

3,944,224

1,135,100,368

1.686.851.442

617,437,285

23,838,530

81,019,261

3,763,335,065

168,836,167

53,090,016

735,035,536

109,782,911

1.070.933.710

1,322,472,313

1,369,929,042

2,692,401,355

3,763,335,065

Form 990 (2019)

4,189,080

(B)

End of year

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33

0 5

0 6

Beginning of year

40,492,664

109,670,444

14.137.569

44.060.800

1.142.467

2,720,572

1,104,535,774

1.765.983.550

546,585,734

31,461,185

96,068,866

3,756,859,625

188,223,397

51,030,493

748.279.252

4,031,399

92,638,610

1.084.203.151

1,341,595,254

1,331,061,220

2,672,656,474

3,756,859,625

Page 11

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

Cash-non-interest-bearing .

Savings and temporary cash investments	Г
Pledges and grants receivable, net	Г
Accounts receivable, net	

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use . .

10a 10b

2,028,874,330 893,773,962

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. 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 . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Assets

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

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

☐ Both consolidated and separate basis

Yes

Yes

Yes (2019)

2c

3a

3b

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

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.

Consolidated basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

#### **Additional Data**

**Software ID:** 19010655 Software Version: 2019v5.0

INSTRUCTION - DURING THE 2019-2020 ACADEMIC YEAR, THE FOLLOWING DEGREES WERE CONFERRED: 1,381 UNDERGRADUATE, 1,402 GRADUATE, 547 PROFESSIONAL

**EIN:** 04-2103634

#### Form 990 (2019)

Form 990, Part III, Line 4a:

AND 186 CERTIFICATE.

Name: Trustees of Tufts College

# RESEARCH -THERE WERE 2,167 GOVERNMENT AND 932 NON-GOVERNMENT GRANTS ACTIVE IN FISCAL YEAR 2020. SPONSORED RESEARCH AT TUFTS WAS PERFORMED IN THE MEDICAL, DENTAL, AND VETERINARY SCHOOLS AS WELL AS IN THE BASIC SCIENCE DEPARTMENTS OF ARTS & SCIENCE & ENGINEERING. RESEARCH IS ALSO BEING PERFORMED AT THE USDA HUMAN NUTRITION RESEARCH CENTER ON AGING. ALSO, CLINICAL AND OTHER RESEARCH ACTIVITIES INCLUDE 30 CLINICS THAT ARE OPERATED BY THE DENTAL AND VETERINARY SCHOOLS TO TRAIN STUDENTS AND SUPPORT THEIR RESEARCH. OTHER EDUCATIONAL ACTIVITIES INCLUDE, AMONG

OTHERS, VETERINARY SCHOOL NEWSLETTERS AND CONTINUING EDUCATION PROGRAMS FOR HEALTH SCHOOL PROFESSIONALS.

Form 990, Part III, Line 4b:

#### Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES - ACTIVITIES PRIMARILY CONSIST OF SERVICES FOR STUDENTS, INCLUDING STUDENT HOUSING, DINING SERVICES AND HEALTH SERVICES. DURING THE 2020 FISCAL YEAR THERE WERE 43 RESIDENCE HALLS HOUSING 3,623 STUDENTS. APPROXIMATELY 4,854 MEAL PLANS WERE SOLD TO STUDENTS EACH

SEMESTER.

(C)
Position (do not check more **(F)** Estimated (A) (B) (D) (E) Name and Title Average Reportable Reportable than one box, unless person compensation compensation amount of other hours per

and Independent Contractors

Trustee - Vice Chair - End Date 11/02/2019

Peter R Dolan

Ankur A Sahu

Betsy Busch

Brian J McCarthy

Christopher J McKown

Trustee

Trustee

Trustee

Trustee

Trustee - Chairman

	week (list any hours	1	oth a direct		rust	,		from the organization (W-	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	ı u	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Anthony P Monaco	60.0	x		x				1,095,391	0	182,580	
Trustee & University President	1.0			<u> </u>				1,050,051		102,000	
Daniel J Doherty III	3.0	x		x				0	0	0	
Trustee - Vice Chair - End Date 11/2/2019	0	'		``							
Jeannie H Diefenderfer	3.0	v		v				0	0	0	

Daniel J Doherty III	3.0		x		0		
Trustee - Vice Chair - End Date 11/2/2019	0	^	^		0	9	
Jeannie H Diefenderfer	3.0		х		0	0	
Trustee - Vice Chair	0	^			0	0	
Jeffrey M Moslow	3.0						
Trustee - End Date 11/2/2019, Trustee - Vice Chair	1.0	Х	Х		0	0	

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Trustee - vice Chair - Life Date 11/2/2019	0						
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Trustee - Vice Chair	0						
Jeffrey M Moslow	3.0						
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- Start Date 11/2/2019	1.0						
	2.0						

Trustee - Vice Chair - End Date 11/2/2019	0						
Jeannie H Diefenderfer	3.0	V	,				
Trustee - Vice Chair	0	^	^		0	0	0
Jeffrey M Moslow	3.0						
Trustee - End Date 11/2/2019, Trustee - Vice Chair - Start Date 11/2/2019	1.0	Х	Х		0	0	0
Jonathan M Tisch	3.0						
		Х	X		0	0	0

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

organization and related organizations

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

	any hours		direct			ee)	•	organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Cristiana Falcone Sorrell	3.0	х						0		_
Trustee - Start Date 11/2/2019	0	_ ^						0		0
David B Rone	3.0	l								_
Trustee	0	X								0
Diana V Lopez	3.0									

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and Independent Contractors

Diana V Lopez

Diane S Hessan

Dina A Al-Tayeb

Douglas Rachlin

E Michael Fung

Elizabeth Cochary Gross

Elyse A Newhouse

Hugh R Roome III

Trustee - End Date 11/2/2019

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

(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 week (list from the from related compensation director/trustee) any hours organization (Worganizations from the 2/1099-MISC) (W- 2/1099-

Officer

Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

Former

organization and

related

organizations

MISC)

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

	any hours for related organizations below dotted line)
James J Wong	3.0
Trustee - End Date 11/2/2019	0
Janis A Savin-Williams	3.0

Trustee

Trustee

John J Bello

John R Ball

Jonathan M Pruzan

Kalahn Taylor-Clark

Katherine A Kaplan

Kenneth C Fan

Laurie A Gabriel

Trustee

Trustee

Trustee

Trustee - End Date 11/2/2019

Trustee - Start Date 11/2/2019

Trustee - Start Date 11/2/2019

Trustee - End Date 11/2/2019

John H deJong

and Independent Contractors

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

organization and related organizations

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

	week (list any hours		oth a direct	uste	,		from the organization (W-	from related organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Lisa S Anderson	3.0	1						
Trustee	0	X					0	
Lori Roth	3.0							

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and Independent Contractors

Trustee - Start Date 11/2/2019

Trustee - Start Date 11/2/2019

Maria A Oquendo

Maria T Madison

Mariann A Youniss

Mark D Goodman

Michael A Karsch

Michael S Gordon

Neal B Shapiro

Peter H Kamin

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

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

organization and related organizations

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315,044

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71,293

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

	any hours	(	direct	or/ti		,		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Peter M Fasolo	3.0									
Trustee - Start Date 11/2/2019	0	×						U	0	
Rebecca J Neary	3.0	l								
Trustee - Start Date 11/2/2019	0	X							0	
Dalast B. Characalla	3.0									

and Independent Contractors

Trustee - End Date 11/2/2019

Trustee - Start Date 11/2/2019

Theodore R Tye

Tina H Surh

Barbara Stein

VP Operations

Trustee

		•	(a)		anted			
Peter M Fasolo	3.0					0	0	
Trustee - Start Date 11/2/2019	0	Х				U	0	
Rebecca J Neary	3.0					0	0	
Trustee - Start Date 11/2/2019	0	X				0	0	
Robert R Gheewalla	3.0							
Trustee	0	X				U	0	

		X			l	0	l o	1 0
Trustee - Start Date 11/2/2019	0							
Rebecca J Neary	3.0							
Trustee - Start Date 11/2/2019	0	X				0	0	0
Robert R Gheewalla	3.0							
Trustee	0	X				0	0	0
Sam W Ho	3.0	V				0	0	
Trustee - Start Date 11/2/2019	О	^				0	0	0
Steven E Karol	3.0							
		X	1	l		0	0	0

Trustee - Start Date 11/2/2019	0						
Robert R Gheewalla	3.0	Х			0	0	0
Trustee	0	^			Q	0	0
Sam W Ho	3.0	V					
Trustee - Start Date 11/2/2019	0	Х			0	o o	U
Steven E Karol	3.0						
Trustee	0	Х			0	0	Ü
Steven M Galbraith	3.0				0	0	0

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Trustee - Start Date 11/2/2019	0							
Steven E Karol	3.0							
		Χ				0	<b>l</b> 0	0
Trustee	0							
Steven M Galbraith	3.0							
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Trustee - End Date 11/2/2019	0							
	2.0							

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Steven E Karol	3.0	_			_	_	
Trustee	0	_ ^				١	
Steven M Galbraith	3.0	V			0	0	
Trustee - End Date 11/2/2019	0	_ ^			0	٥	
Teri C Volpert	3.0						

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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 week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the

and Independent Contractors

Mary R Jeka

Michael A Baenen

Michael Rodman

Michael W Howard

Nadine Aubry

7/1/2019

VP - University Relations

See Schedule O for Title

VP Communications & Marketing

Executive VP - Start Date 7/1/2019

Provost and Senior Vice President - Start Date

	any nours	'	airect	OF/ t	ruste	ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Christopher M Sedore	40.0									
VP - Information Technology, CIO - Start Date 8/5/2019	0			X				184,684	0	33,274
Elizabeth Mcclain	40.0			х				186,477	0	39,719
Associate Treasurer	0.3							, i		ĺ
Eric C Johnson	40.0			х				478,284	0	78,498
VP - University Advancement				^`				470,201		, 0,150

8/5/2019	0						
Elizabeth Mcclain	40.0						Γ
			Х		186,477	0	ĺ
Associate Treasurer	0.3						Ĺ
Eric C Johnson	40.0						Γ
	•••••		Х		478,284	0	ĺ
VP - University Advancement	0						l
James M Hurley	40.0						Γ
,			Х		376,906	0	l

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Eric C Johnson	40.0		ν,		.=		
VP - University Advancement	0		Х		478,284	U	
James M Hurley	40.0		Х		376.906	0	
CFO,VP-Finance & Treasurer - Start Date 1/1/2020	3.0		^		370,900		
Julien C Carter	40.0						
VP - Human Resources - End Date 8/4/2019			Х		216,703	0	

VP - University Advancement	0						
James M Hurley	40.0		V		276.006		46.226
CFO,VP-Finance & Treasurer - Start Date 1/1/2020	3.0		×		376,906	U	46,326
Julien C Carter	40.0						
VP - Human Resources - End Date 8/4/2019	1.0		X		216,703	0	47,583

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446,057

203,309

247,642

283,445

500,992

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65,049

38,558

37,327

49,592

52,020

**(F)** Estimated (A) (B) (C) (D) (E) Name and Title Average Position (do not check more Reportable 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

and Independent Contractors

Dean of Engineering Joyce S Knoll

7/14/2019

Interim Dean Cummings School - End Date

	any hours	ı	direct			ee)	4	organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Paul J Tringale	40.0			x				169,956	0	105,869
Secretary of Corporation	0			^				109,930		103,003
Sara M Judge	40.0			x				0	0	0
VP Development - Start Date 6/23/2020	0			^						
Thomas S McGurty	40.0									

Sara M Judge	40.0							
VP Development - Start Date 6/23/2020	0		Х			0	0	
Thomas S McGurty	40.0							
VP - Finance & Treasurer - End Date 12/31/2019	3.0		Х			422,649	0	
Alastair E Cribb	40.0							
Dean Cummings School - Start Date 7/15/2019	0			Х		146,697	0	
Daniel Jav	40.0							

	0		l I					
Thomas S McGurty	40.0		x			422,649	0	81,025
VP - Finance & Treasurer - End Date 12/31/2019	3.0					422,649	0	81,023
Alastair E Cribb	40.0							
Dean Cummings School - Start Date 7/15/2019	0			Х		146,697	0	30,401
Daniel Jay	40.0							
Dean School for Graduate Biomedical Sciences	0			Х		253,150	0	41,487

58,366

45,086

	5.0						
Alastair E Cribb	40.0						
Dean Cummings School - Start Date 7/15/2019	0		Х		146,697	0	:
Daniel Jay	40.0						
Dean School for Graduate Biomedical Sciences	0		Х		253,150	0	,
Harris A Berman	40.0						
			Χ		400,290	0	(

	U						
Daniel Jay	40.0		<		252.450		44 407
Dean School for Graduate Biomedical Sciences	0		X		253,150	0	41,487
Harris A Berman	40.0						
Dean Medical School - End Date 12/31/2019	0.0		Х		400,290	0	64,886
	40.0						

Huw Thomas	40.0		×		438 330	0	50 783
Dean Medical School - End Date 12/31/2019	0.0		^`		400,230		04,000
Harris A Berman	40.0		x		400,290	0	64,886
Dean School for Graduate Biomedical Sciences	0						

			Х		400,290	0	
Dean Medical School - End Date 12/31/2019	0.0						
Huw Thomas	40.0						
Dean Dental School - End Date 6/30/2019	0		Х		438,330	0	

40.0

James M Glaser	40.0						
Dean Arts & Sciences	0		Х		373,074	0	64,707
Jianmin Qu	40.0						

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401,119

192,189

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0

(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 week (list is both an officer and a from the from related compensation director/trustee) organization (Wany hours organizations from the

and Independent Contractors

Professor & Chair

TRYFAN D EVANS

Deborah T Kochevar

Jean E Avers

Date 8/27/2018

Linda M Abriola

DIRECTOR OF INVESTMENTS

SEE SCHEDULE O FOR TITLE

Chief Investment Officer - End Date 4/12/2020

Interim Provost & Sr VP - End Date 6/30/2019

Interim VP - Communications & Marketing - End

Sally Dungan

	any nours	(	irect	or/ti				organization (W-	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Nadeem Karimbux	40.0				×			331,706	0	68,317	
Dean Dental School - Start Date 7/1/2019	0				``				_		
Peter W Bates	40.0										
Dean ad interim Medical School - Start Date 1/1/2020	0				X			129,769	0	27,513	
Constantinos Laskarides	40.0					,		472.454		45.604	
Associate Professor	0					X		472,151	U	45,684	
Dariush Mozaffarian	40.0							429 245	0	65.016	
Dean Friedman School						X		428,245	٠ ا	65,016	

Dean ad interim Medical School - Start Date 1/1/2020	0		^		129,769	U	
Constantinos Laskarides	40.0						
				Х	472,151	0	
Associate Professor	0						
Dariush Mozaffarian	40.0						
				Х	428,245	0	
Dean Friedman School	0						
Maria Papageorge	40.0						
, , ,				Х	495,298	0	

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Constantinos Laskarides	40.0						
Associate Professor	0			X	472,151	0	2
Dariush Mozaffarian	40.0			,,	420.245		
Dean Friedman School	0			×	428,245	U	(
Maria Papageorge	40.0			,,			

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690,889

447,231

404,841

188,631

310,185

57,882

152,250

113,207

59,213

32,576

67,223

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and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other hours per than one box, unless person compensation compensation ensation

	week (list any hours		oth ar direct			and a e)		from the organization (W-	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Cēl.	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Naomi Rosenberg	40.0									

...... 108,506 DEAN BIOMEDICAL SCIENCES - End Date

291,309

40.0

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6/30/2017

Patricia L Campbell

Executive VP, End Date 5/31/2019

8,849

44,039

efil	e GR	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493132027671			
SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019			
		f the Treasury	► Go to <u>www.irs</u>	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.  Open to Public Inspection							
Nam	e of th	nue Service he organiza ufts College	tion				Employer identific	<u> </u>			
		uits College					04-2103634				
	rt I		for Public Charity Stati				See instructions.				
	rganız		a private foundation because	•			(A)(!)				
1		,	onvention of churches, or as								
2	<b>✓</b>		scribed in <b>section 170(b)(</b>		,						
3		·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5		_	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives at (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. So					ege or university or a			
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).				
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a				
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization integrated. The organization	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter			· · · · · · · · · · · ·	-		<u> </u>				
g	Provi	de the follow	ing information about the su	pported organization(	s).						
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))			(vi) Amount of other support (see instructions)				
					Yes	No					
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9				

Page 2

	If the organization faile	d to qualify unde	er the tests listed	below, please of	complete Part II	I.)	
S	Section A. Public Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not	260,031,001	301,578,645	266,524,449	331,631,004	304,378,403	1,464,143,50
2	include any "unusual grant.") 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	<b>Total.</b> Add lines 1 through 3	260,031,001	301,578,645	266,524,449	331,631,004	304,378,403	1,464,143,50
5	The portion of total contributions by		, ,	, ,	· /	, ,	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5						1,464,143,50
5	from line 4.  Section B. Total Support						
	Calendar year	(-) 2015	(1-) 2016	(-) 2017	(4) 2010	(-) 2010	(6) T-+-!
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	260,031,001	301,578,645	266,524,449	331,631,004	304,378,403	1,464,143,50
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,145,285	11,006,835	16,553,225	19,609,307	15,580,535	72,895,18
9	 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income. Do not include gain or loss from the sale of capital	0	0	0	0	0	
11	assets (Explain in Part VI.) <b>Total support.</b> Add lines 7  through 10						1,537,038,68
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	2,701,427,54
13	First five years. If the Form 990 is f	or the organization	n's first, second, thi	rd, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	anization,
	check this box and <b>stop here</b>	-			•		
S	Section C. Computation of Publ						-
	Public support percentage for 2019 (I			olumn (f))		14	95.26 %
	Public support percentage for 2018 S					15	95.37 %
	33 1/3% support test—2019. If th						
	and stop here. The organization qua 33 1/3% support test—2018. If t	lifies as a publicly :	supported organiza	tion			. ▶ ☑
C	box and <b>stop here.</b> The organizatio	_		•		•	
17a	is 10% or more, and if the organization in Part VI how the organization meets	st—2019. If the or on meets the "facts	ganization did not o s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and <b>stop he</b>	and line 14 <b>re.</b> Explain	🕨 🗀
b	organization	est—2018. If the o ization meets the "	rganization did not facts-and-circumst	check a box on lii ances" test, check	ne 13, 16a, 16b, c this box and <b>sto</b> p	r 17a, and line here.	▶□
4.0	supported organization			_		. ,	▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
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						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	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 <b>Part VI</b> .	11c		
S	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	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?  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				
_		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	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 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) 1 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 d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 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) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 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 4 5 5 Income tax imposed in prior year 6 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

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.							
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide						
9 Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	Underdistributions						
		110 2013	Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013				

details in <b>Part VI</b> ). See instructions		(	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

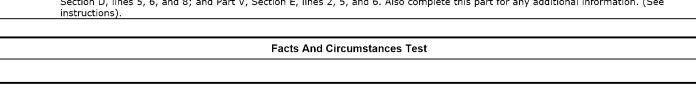
a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

#### **Additional Data**



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



### **Political Campaign and Lobbying Activities**

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

DLN: 93493132027671

☐ Yes

☐ Yes

☐ No

☐ No

Inspection

Department of the Treasury Internal Revenue Service

EZ)

3

1 2

3

4a

1 2

3

Part I-C

If "Yes," describe in Part IV.

SCHEDULE C (Form 990 or 990-

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Trustees of Tufts College 04-2103634 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

Volunteer hours for political campaign activities (see instructions) ......

Enter the amount of any excise tax incurred by the organization under section 4955 .....

Enter the amount of any excise tax incurred by organization managers under section 4955 ......

Was a correction made?

Enter the amount directly expended by the filing organization for section 527 exempt function activities .....

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

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?

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....

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

Complete if the organization is exempt under section 501(c)(3).

4	Did the filing organization file <b>For</b>	m 1120-POL for this year?			☐ Yes ☐ No	
5	Enter the names, addresses and e organization made payments. For of political contributions received fund or a political action committe	Also enter the amount				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
1						
2						
3						
4						_
5						
6						
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 500845 Schedule C (	Form 990 or 990-EZ) 2019	Ī

	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
а	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	250.
_	Subtract line 1g from line 1a. If zero or less, ent	,	230,000	250,
	,			
ı	Subtract line 1f from line 1c. If zero or less, enter -0			
j	If there is an amount other than zero on either I section 4911 tax for this year?		☐ Yes ☐ No	

250,000

(e) Total

4,000,000

6,000,000

2,096,530

1,000,000

1,500,000

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

# columns below. See the separate instructions for lines 2a through 2f.)

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

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

1,000,000

552,156

250,000

**(b)** 2017

1,000,000

536,814

250,000

(c) 2018

1,000,000

550,424

250,000

(d) 2019

1,000,000

457,136

250,000

Schedule C (Form 990 or 990-EZ) 2019

(a) 2016

Return Reference

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b	)
ctivit		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
•					
	tIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti	on Ye	s N
art			r secti		s N
art	501(c)(6).		r secti	Ye	s N
Part	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		E	1 Ye	s N
Part	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		 [	Ye 1 2 3	
art	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	 r secti	Ye 1 2 3 on 501	
art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TITI-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	 (5), o	 r secti	Ye 1 2 3 on 501	
art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TITI-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Ye 1 2 3 on 501	
art	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A	 r secti	Ye 1 2 3 on 501	
art	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A 1 2a 2b	 r secti	Ye 1 2 3 on 501	
art art	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), o III-A  1  2a  2b  2c	 r secti	Ye 1 2 3 on 501	
art arb c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  EIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b	 r secti	Ye 1 2 3 on 501	
Part	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A 1 2a 2b 2c 3	 r secti	Ye 1 2 3 on 501	
art arb c	Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A  1  2a  2b  2c	 r secti	Ye 1 2 3 on 501	

Explanation

### **TY 2019 Affiliated Group Schedule**

Name: Trustees of Tufts College

**EIN:** 04-2103634

**Software ID:** 19010655 **Software Version:** 2019v5.0

Affiliated Group Business Name: Trustees of Tufts College

Address. Either US or Foreign Type: 169 Holland Street Attn Tax Dept

Somerville, MA 02144

EIN: 04-2103634

Electing Organization Checkbox: **✓** 

Total Grassroots Lobbying:

Total Direct Lobbying: 457,136 **Total Lobbying Expenditures:** 457,136

1,061,404,016 Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures: 1,061,861,152 **Lobbying Nontaxable Amount:** 1,000,000 250,000 **Grassroots Nontaxable Amount:** 

**Tot Lobbying Grassroot Minus Non** 

Tx:

Tot Lobby Expend Mns Lobbying Non

0 Share Of Excess Lobbying:

THE OMIDYAR-TUFTS MICROFINANCE FUND Affiliated Group Business Name:

169 HOLLAND STREET ATTN TAX DEPT Address. Either US or Foreign Type:

SOMERVILLE, MA 02144

0

0

04-3828582 EIN:

Electing Organization Checkbox: П

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0 Other Exempt Purpose Expenditures: 836,000

Total Exempt Purpose Expenditures: 836,000 **Lobbying Nontaxable Amount:** 150,400

37,600 Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non n Tx:

Tot Lobby Expend Mns Lobbying Non Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name:	TUFTS SHARED SERVICES INC
Address. Either US or Foreign Type:	171 HARRISON STREET BOX 821
Address. Either 65 of Foreign Type.	BOSTON, MA 02111
EIN:	23-7000827
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	29,596,267
Total Exempt Purpose Expenditures:	29,596,267
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	TUFTS VETERINARY EMERGENCY TREATMENT SPECIALTIES INC
Address. Either US or Foreign Type:	200 WESTBORO ROAD NORTH GRAFTON, MA 01536
EIN:	04-3430674
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	12,482,188
Total Exempt Purpose Expenditures:	12,482,188
Lobbying Nontaxable Amount:	774,109
Grassroots Nontaxable Amount:	193,527
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Crown Business Name	WALNUT LITE DOODEDTIES CODD
Affiliated Group Business Name:	WALNUT HILL PROPERTIES CORP
Address. Either US or Foreign Type:	PO BOX 53 TUFTS UNIVERSITY BRANCH MEDFORD, MA 02155
EIN:	04-3419100
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,970,884
Total Exempt Purpose Expenditures:	2,970,884
Lobbying Nontaxable Amount:	298,544
Grassroots Nontaxable Amount:	74,636
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	TUFTS GLOBAL INC
Address. Either US or Foreign Type:	169 HOLLAND STREET ATTN TAX DEPT SOMERVILLE, MA 02144
EIN:	47-4543971
Electing Organization Checkbox:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	968,330
Total Exempt Purpose Expenditures:	968,330
Lobbying Nontaxable Amount:	170,250
Grassroots Nontaxable Amount:	42,562
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493132027671

OMB No. 1545-0047

# **Supplemental Financial Statements**

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

Attach to Form 990.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization stees of Tufts College		Employer identification number
iru	stees or Turts College		04-2103634
Pā	ort I Organizations Maintaining Donor Advi		s or Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year	(a) beneficially sea famas	(b) rands and coner decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor	 radvised funds are the
	organization's property, subject to the organization's ex		
5	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpo:	
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) $\qed$ Preservation of	an historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the	form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated	by the organization during the
1	Number of states where property subject to conservation	on easement is located 🕨	
5	Does the organization have a written policy regarding tl	ne periodic monitoring, inspection, handli	ng of violations,
	and enforcement of the conservation easements it hold	5?	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing con	servation easements during the year
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?		n 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the		opense statement, and
Pa:	the organization's accounting for conservation easemen rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research	in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:		
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$ 204,626
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other similar assets for f	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

Pari		Organizations M	aintaining Col	lections of	Art, Histo	orical T	reas	ures, or	Other	Similar As	sets (cont	inued)	
3		the organization's acq (check all that apply):		n, and other r	ecords, chec	ck any o	f the f	ollowing tl	hat are a	significant u	se of its col	lection	
а	<b>✓</b>	Public exhibition			d	<b>√</b>	Loar	n or excha	ange prog	rams			
b	<b>✓</b>	Scholarly research			е		Othe	er					
С	<b>✓</b>	Preservation for future	e generations										
4	Provid Part X	de a description of the	organization's col	lections and e	explain how t	they fur	ther th	ne organiz	ation's ex	empt purpo	se in		
5		g the year, did the org s to be sold to raise fur									✓ Yes	□ N	lo
Par	t IV	Escrow and Cust Complete if the or X, line 21.			on Form 99	90, Par	t IV, I	line 9, or	reporte	d an amou	nt on Forn		
1a		e organization an agent led on Form 990, Part									Yes	☑ N	lo
b	If "Vo	es," explain the arrange	ement in Part VIII	and complete	a the followin	na table		Г		Δι	mount		_
C		ning balance				-		}	1c	Al	vant		_
d	-	ions during the year .							1d				_
е		butions during the year							1e				_
f		g balance							1f				_
2a		ne organization include						_	ccount lia	hility2	V v	N	_
_		_								•		□ N	10
b	rt V	s," explain the arrange		. Check here	ir the explan	ation na	is beei	n provided	in Part 7	(111			
ΓŒ	IU V	Complete if the or		ered "Yes"	on Form 99	90. Par	t IV. I	line 10.					
		· ·	<u> </u>	(a) Current		) Prior ye		(c) Two ye	ears back	(d) Three yea	rs back (e)	Four yea	rs back
1a	Beginn	ing of year balance .		1,909,6	07,240	1,893,03	35,025	1,77	4,579,213	1,593,2	241,500	1,622,	017,188
b	Contrib	outions		· ·	69,988		39,320		0,995,244	·	997,700		019,248
c	Net inv	estment earnings, gair	ns, and losses	50,4	24,668	60,49	7,350	16	4,783,768	224,	381,646	-18,	477,039
d	Grants	or scholarships	•	24,4	58,128	23,46	52,024	2	3,224,991	24,	501,160	20,	620,349
		expenditures for facilitions of the second s	es	27,2	59,879	47,85	6,371	4	8,773,468	65,2	273,324	9,	664,425
f	Admini	strative expenses .			10,117		6,060		5,324,741	·	267,149	6,	033,123
g	End of	year balance		1,937,2	73,772	1,909,60	7,240	1,89	3,035,025	1,774,	579,213	1,593,	241,500
2	Provid	de the estimated perce	ntage of the curre	ent year end b	palance (line	1g, colu	umn (a	a)) held as	s:				
а	Board	l designated or quasi-e	endowment 🟲	40.1 %									
b	Perma	anent endowment ►	39.3 %										
c	Temp	orarily restricted endo	wment ► 20	.6 %									
_		ercentages on lines 2a	•	•									
3a		nere endowment funds dization by:	not in the posses	sion of the or	ganization tl	hat are l	held ai	nd admini:	stered for	r the		Yes	No
	_	related organizations									3a(i)	103	No
	(ii) re	elated organizations .									3a(ii)		No
b		s" on 3a(ii), are the re			quired on Sc	hedule i	R? .				3b		
4	Descr	ibe in Part XIII the inte	ended uses of the	organization'	s endowmer	nt funds.							
Par	t VI	Land, Buildings,								_			
		Complete if the or											
	Descri	ption of property	(a) Cost or oth (investme		( <b>b)</b> Cost or oth	ner dasis	(otner)	(c) Acci	urnulated d	epreciation	(a) B	ook valu	e 
<b>1</b> a	Land					75,8	303,681	1				75	5,803,681
b	Buildin	gs				1,708,6	67,854	1	7	746,543,834		962	2,124,020
c	Leaseh	old improvements											
А	Equipm	aont				244 4	102 795	<u>,  </u>		147 230 128		9	7 172 667

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

1,135,100,368

				Page 3
	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990. Part IV line 1	L1b.See Form 990	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method	d of valuation:
(1) Financial	(including name of security)  derivatives	439,854,623	Cost or end-or-	year market value F
	eld equity interests			
(A) Other Inv	restments	10,150,209		F
(B) Common	Trust Equity Index Funds	435,284,385		F
(C) Private Ed	quities	522,938,030		F
(D) Real Esta	te	123,503,002		F
(E) Funds He	ld Under Bond Agreements	11,399		F
(F) Natural R	esources	103,408,377		F
(G) Non-Marl	ketable Credit	51,701,417		F
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	1,686,851,442		
Part VIII	Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	l1c. See Form 990, I	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Column	(b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets.	Tarres 000 Bank IV line 4	1	
	Complete if the organization answered 'Yes' on F  (a) Description		Iu. See Form 990, Par	(b) Book value
(1)				
(2)				
(3)				
(4)				
(4) (5) (6)				
(5)				
(5) (6) (7)				
(5) (6)				
(5) (6) (7) (8) (9)	nn (b) must equal Form 990, Part X, col.(B) line 15.)			
(5) (6) (7) (8) (9)  Total. (Column	nn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.	Towns 000 Park IV line 1	10 00 116 500 50000	<u> </u>
(5) (6) (7) (8) (9) Total. (Column				990, Part X, line 25. <b>(b)</b> Book
(5) (6) (7) (8) (9)  Total. (Column Part X	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of		1e or 11f.See Form	990, Part X, line 25.
(5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) Interest F	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) Interest F (3) Government	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of ncome taxes		1e or 11f.See Form	990, Part X, line 25. (b) Book value
(5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal in (2) Interest F (3) Government (4)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9) Total. (Column Action 1) Part X  1. (1) Federal in (2) Interest F (3) Government (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal in (2) Interest F (3) Government (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal in (2) Interest F (3) Government (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9) Total. (Column 1) (1) Federal in (2) Interest F (3) Government (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763
(5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federal in (2) Interest F (3) Government (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of Income taxes Rate Agreements		1e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book value  91,232,763

2

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2019

Page 4

-117,334,449

1,119,875,027

-1,322,198

1,118,552,829

982,795,697

42,447,925

940,347,772

146,182,767

1.086.530.539

Schedule D (Form 990) 2019

### Donated services and use of facilities . . . . . 2b b 2c d -130,171,951

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

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

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

Other (Describe in Part XIII.) е

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other losses . . . . . .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . . .

2d

2a 2b

2c

2d

4a

4b

Explanation

2a

4a 4b

2e 3 -1,322,198 4c

2e

3

4c

5

12,837,502

42,447,925

146,182,767

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

**Software ID:** 19010655 Software Version: 2019v5.0

**EIN:** 04-2103634

Name: Trustees of Tufts College

Supp	lemen	tal In	iform	ıatı

**STATEMENTS** 

Schedule D, Part XI FINANCIAL

Return Reference Explanation

ion

Supplemental Information	
Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE ART COLLECTIONS AT THE UNIVERSITY ENTAIL PAINTINGS, DISPLAYS, BOOKS AND HISTORICAL ART IFACTS WHICH ARE PUT INTO USE WITHIN THE ORGANIZATIONS INSTRUCTION AND ACADEMIC RESEARCH A REA. THESE COLLECTIONS HELP TO FURTHER OUR EXEMPT PURPOSE BY ENRICHING THE STUDENTS WHICH ENCOURAGES LEARNING AND PROVIDES OPPORTUNITIES THAT ALLOW FOR RESEARCH INTO SPECIFIC ART D ISCIPLINES. FURTHER, THE VARIOUS ART COLLECTIONS BECOME PART OF THE UNIVERSITY ART GALLERY AND ARE DISPLAYED PERIODICALLY DURING ART SHOWS, LECTURE-SERIES AND EXHIBITS AND PROMOTIO NS.

Supplemental Information	
Return Reference	Explanation
, · · · · · · · · · · - · ·	TUFTS UNIVERSITY IS THE FISCAL AGENT FOR NUMEROUS UNIVERSITY SPONSORED ACTIVITIES. THE UNIVERSITY HOLDS THESE FUNDS, BUT DOES NOT OWN THEM. AS A RESULT OF THIS ARRANGEMENT THE UNIVERSITY RECORDS A LIABILITY FOLIAL TO THE FUNDS BEING HELD IN ESCROW

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE TRUSTEES OF TUFTS COLLEGE HAS INTENDED USES FOR THE ORGANIZATIONS' ENDOWMENT FUNDS BY PROVIDING RESOURCES TO MAINTAIN REAL ESTATE WITH CAPITAL IMPROVEMENTS AND ENHANCEMENTS; SU PPORTING ACADEMIC AND RESEARCH OPERATIONS; PROVIDING FINANCIAL SUPPORT AND SCHOLARSHIPS FOR STUDENTS AND SUSTAINING FUNDING FOR FUTURE FINANCIAL OBLIGATIONS OF THE UNIVERSITY.

Constituted To Constitute

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	US GAAP requires Trustees of Tufts College (The University) to evaluate tax positions take n by the University and recognize a tax liability (or asset) if the University has taken a n uncertain position that more likely than not would not be sustained upon examination by the IRS. The University has analyzed the tax positions taken and has concluded that as of June 30, 2020, there are no significant uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial st

atements.

Supplemental Information	
Return Reference	Explanation
	Consolidated entities revenue - 15454390 Change in split interest agreement745904 Tuit ion discount144531377 Investment in Tufts Shared Services, Inc349060

upplemental Information	
Return Reference	Explanation
schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Rental expense netted with rental income2421125 Inter-departmental requisition revenue - 1651390 Fundraising expense netted with Fundraising income552463

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Supplemental Information	
Return Reference	Explanation
Other expenses in audited	Rental expense netted with rental income - 1919633 Inter-departmental requisition revenue - 501491 Consolidated entities expenses - 16364650 Cumulative effect of account change SFA S 158 - 793889 Change in fair value of interest rate agreements - 22315799 Fundraising exp ense netted with fundraising income - 552463

upplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not n audited financial statements	Consolidated entities expenses - 1651390 Tuition discount - 144531377

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132027671 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Trustees of Tufts College 04-2103634 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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? 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," 3 Νo 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h No 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

**Explanation** 

**Return Reference** 

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THE TRUSTEES OF TUFTS COLLEGE (THE "UNIVERSITY") IS COMMITTED TO PROVIDING EQUAL OPPORTUNITIES AND STRIVES TO BUILD A COMMUNITY WHERE ALL PROSPECTIVE AND CURRENT STUDENTS, FACULTY AND STAFF RESPECT THE RIGHTS OF OTHERS. AS SUCH THE UNIVERSITY MAINTAINS NONDISCRIMINATORY POLICIES AND PROCEDURES WHICH HAVE BEEN LOCATED ON OUR OFFICE OF EQUAL OPPORTUNITY (OEO) INTERNET LANDING PAGE https://oeo.tufts.edu/policies-procedures/non-discrimination-statement/ WHICH PROVIDES A NONDISCRIMINATION STATEMENT WITH INSIGHTS ABOUT TUFTS NONDISCRIMINATORY CULTURE. THIS INFORMATION IS ALSO ACCESSABLE, VIA THE UNIVERSITY INTERNET HOMEPAGE, https://www.tufts.edu/. GIVEN THE RECENT IRS CHANGES AND MODIFICATIONS TO IRS REVENUE PROCEDURE 75-50, 1975-2 C.B.587, TO MAINTAIN AND MEET THE PUBLICITY REQUIREMENTS OF OUR RACIALLY NONDISCRIMINATORY POLICY USING TECHNOLOGY ADVANCES AND PURSUANT TO IRS REV. PROC. 2019-22, I.R.B. 1260, THE UNIVERSITY HAS MADE CURRENT ENHANCEMENTS TO ITS INTERNET HOMEPAGE TO DISCLOSE AN EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT FOR ALL VISITORS TO VIEW JUST BY SCROLLING ON THE MAIN HOMEPAGE. THESE UPDATES TO THE HOMEPAGE ALIGN WITH SECTION 4.03 OF IRS REV. PROC. 2019-22.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	TRUSTEES OF TUFTS COLLEGE RECEIVES FINANCIAL AID AND ASSISTANCE FROM MANY GOVERNMENT AGENCIES. DURING THE FISCAL YEAR, ASSISTANCE WAS RECEIVED IN THE FORM OF HEALTH PROFESSIONS LOAN AND SCHOLARSHIP FUNDS; PELL GRANTS; SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS; FEDERAL WORK STUDY FUNDS AND CARES ACT FUNDING. ADDITIONALLY, STUDENTS CURRENTLY ENROLLED AT THE UNIVERSITY ALSO RECEIVE LOAN FUNDS THROUGH THE FEDERAL DIRECT LOAN PROGRAM AND RECEIVE GRANTS AND FELLOWSHIPS AWARDS FROM A VARIETY OF FEDERAL AGENCIES SUCH AS THE NSF, THE NIH, THE VA, NASA AND THE CARES ACT. ALSO, DURING THE PANDEMIC, AS PART OF THE CARES ACT LEGISLATION, FEDERAL FUNDING HAS BEEN MADE AVAILABLE TO SUPPORT OUR MOST NEEDIEST STUDENTS WITH EMERGENCY SUPPORT AS WELL AS FOR THE UNIVERSITY, FOR UNEXPECTED EXPENSES RELATED TO THE DISRUPTION

OF CAMPUS CLOSURES CAUSED BY COVID-19.

SCHEDULE F	State	ment of A	Activities (	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comple	ete if the organiz	zation answered "'  Attach to gov/Form990 for it	5, or 16.	2019 Open to Public Inspection		
nternal Revenue Service							<u> </u>
Name of the organization Frustees of Tufts College						Employer ider	itification number
						04-2103634	
<b>Part I General Inf</b> Form 990, Page 1			Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
1 For grantmakers.	Does the org	ganization mai	ntain records to	substantiate the amoun	t of its gr	ants and	
				stance, and the selection	riteria	used	
to award the grants	or assistanc	e?					☑ Yes 🗌 No
2 For grantmakers. I outside the United S		Part V the orga	anization's proce	dures for monitoring the	e use of it	s grants and ot	her assistance
3 Activites per Region.	(The following	g Part I, line 3 t	able can be dupli	cated if additional space i	s needed.)	)	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe icific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				,			
3a Sub-total	n sheets to	10	10				589,941,508
Part I		0					3,206,108
c Totals (add lines 3a a	nd 2h)	10	10		I		593,147,616

Cat. No. 50082W Schedule F (Form 990) 2019

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

(b) IRS code

(c) Region

(d) Purpose of

1 (a) Name of

(i) Method of

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

(f) Manner of

(g) Amount

(h) Description

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

(e) Amount of

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

26 Schedule F (Form 990) 2019

Schedule F (Form 990) 2019							Page <b>3</b>
Part IIII Grants and Oth				<b>ed States.</b> Complete i	f the organization an	swered "Yes" on Form !	990, Part IV, line 16.
Part III can be d	uplicated if addit	ional space is n	eeded.	,	,	_	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
		I		I		School	dule F (Form 990) 2019

Sche	dule F (Form 990) 2019		Page <b>4</b>
Pai	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; don't 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; don't file with Form 990).	<b>⊻</b> Yes	□No

Schedule F (Form 990) 2019 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 990 Schedule F, Supplemental Information Return Explanation Reference DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES Schedule F. Part I, Line 2 FOR MONITORING THE USE OF GRANT FUNDS AND ASSISTANCE OUTSIDE THE UNITED STATES. FOR FELLOWSHIPS, PRIZES AND

Schedule F,
Part I, Line 2
Procedures for
monitoring use
of grant funds

DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES
FOR MONITORING THE USE OF GRANT FUNDS AND ASSISTANCE OUTSIDE THE UNITED STATES. FOR FELLOWSHIPS, PRIZES AND
STIPENDS, PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES-ACCOUNTS PAYABLE DEPARTMENT. THE PROCESS
REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC DOCUMENTATION AND AUTHORIZATIONS ARE
NECESSARY IN ORDER TO PROCESS A PAYMENT. FOR INTERNATIONAL PROJECT ADVANCES, A MAJORITY OF THE PAYMENTS ARE
WIRED DIRECTLY TO A DESIGNATED FOREIGN BANK ACCOUNT. THE UNIVERSITY HAS REPRESENTATIVES IN THE SPECIFIC REGION
WHO MAINTAIN THE CASH FOR EXPENDITURES AND THEIR INTENDED PURPOSES. FOR SCHOLARSHIPS, ALL FOREIGN ADDRESS
STUDENTS ARE PROVIDED WITH A CHECK PAYMENT THAT IS PROCESSED FROM THE ACCOUNTS PAYABLE DEPARTMENT. THE
FINANCIAL AID OFFICE ADMINISTERS THE LISTING OF PAYEES AND THE FINANCIAL SERVICES OFFICE RECORDS THE TRANSACTIONS
AFTER ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED. FOR SUBCONTRACT RESEARCH GRANTS, A PRINCIPAL
INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES. ALL OF THESE
PROCEDURES ENSURE THAT GRANT FUNDS USED OUTSIDE THE UNITED STATES ARE BEING PROPERLY MONITORED.

## 990 Schedule F, Supplemental Information

Return Reference

Schedule F, Part I,	DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL
Line 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AND ASSISTANCE OUTSIDE THE UNITED STATES. FOR
PROCEDURES	FELLOWSHIPS, PRIZES AND STIPENDS, PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES-ACCOUNTS PAYABLE
FOR MONITORING	DEPARTMENT. THE PROCESS REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC
USE OF GRANT	DOCUMENTATION AND AUTHORIZATIONS ARE NECESSARY IN ORDER TO PROCESS A PAYMENT. FOR INTERNATIONAL PROJECT
FUNDS	ADVANCES, A MAJORITY OF THE PAYMENTS ARE WIRED DIRECTLY TO A DESIGNATED FOREIGN BANK ACCOUNT. THE
	UNIVERSITY HAS REPRESENTATIVES IN THE SPECIFIC REGION WHO MAINTAIN THE CASH FOR EXPENDITURES AND THEIR
	INTENDED PURPOSES. FOR SCHOLARSHIPS, ALL FOREIGN ADDRESS STUDENTS ARE PROVIDED WITH A CHECK PAYMENT THAT
	IS PROCESSED FROM THE ACCOUNTS PAYABLE DEPARTMENT. THE FINANCIAL AID OFFICE ADMINISTERS THE LISTING OF
	PAYEES AND THE FINANCIAL SERVICES OFFICE RECORDS THE TRANSACTIONS AFTER ALL REQUIRED DOCUMENTATION HAS
	BEEN RECEIVED. FOR SUBCONTRACT RESEARCH GRANTS, A PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS
	OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES. ALL OF THESE PROCEDURES ENSURE THAT GRANT FUNDS USED
	OUTSIDE THE UNITED STATES ARE BEING PROPERLY MONITORED.

Explanation

## **Additional Data**

Greenland)

East Asia and the Pacific

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 04-2103634

Name: Trustees of Tufts College

Program

Program

Study-Abroad Education

322,114

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and	5	6	Program Services	Study-Abroad Education	3,950,011

2 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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) South America 1 |Program Services Study-Abroad Education 231,088 Program Sub-Saharan Africa 1 Program Services Study-Abroad Education 197,040 Program

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 region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 27,765 0 |Grantmaking Caribbean 690,881 East Asia and the Pacific 0 |Grantmaking

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 region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 1.710.306 0 |Grantmaking Greenland) Middle East and North Africa 224,810 0 |Grantmaking

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 region agents in service(s) in region region services, grants to recipients located in the region) 68,068 North America (Canada & 0 |Grantmaking Mexico only) Russia and Neighboring States 224,028 0 |Grantmaking

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 reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America 0 | Grantmaking 190,842 South Asia 0 Grantmaking 517,710

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 in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 1.722.845 0 |Grantmaking Central America and the 0 Investments 472,846,000 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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 0 Investments 95,495,000 Greenland) North America (Canada & 0 Investments 11,523,000 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 for region offices in the employees or in region (by type) (i.e., is a program service, fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa 2.341.000 0 IInvestments Central America and the 0 Program Services Travel for Mission Related 65,010 Caribbean Activities

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 region agents in service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific 0 Program Services Travel for Mission Related 89,859 Activities Europe (Including Iceland and 0 | Program Services Travel for Mission Related 400,886 Greenland) Activities

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 region agents in service(s) in region region services, grants to recipients located in the reaion) Middle Fast and North Africa 0 Program Services Travel for Mission Related 17,114 Activities North America (Canada & 0 | Program Services Travel for Mission Related 47,519 Mexico only) Activities

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 region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and Neighboring States 0 Program Services Travel for Mission Related 17,508 Activities South America 0 | Program Services Travel for Mission Related 22,934 Activities

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 region agents in service(s) in region region services, grants to recipients located in the reaion) South Asia 0 Program Services Travel for Mission Related 34,150 Activities Sub-Saharan Africa 0 | Program Services Travel for Mission Related 165.972 Activities

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 in region (by type) (i.e., offices in the employees or is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 0 | Fundraising 289 Europe (Including Iceland and 0 Fundraising 2,689 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 region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 0 | Fundraising 308 North America (Canada & 0 Fundraising 672 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 reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) South America 0 | Fundraising 198

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 (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subcontract 91,634 Wire Africa Research Grant Sub-Saharan Subcontract 61.788 Wire Africa Research Grant

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 (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia Subcontract 24,991 | Wire Research Grant Sub-Saharan Subcontract 15.142 Wire Africa Research Grant

(i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (a) Name of (d) Purpose of (e) Amount of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 35,370 Check Subcontract |Europe l(Includina Research Grant Iceland and Greenland)

25.355 Check

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

Subcontract

Research Grant

North America

(Canada &

Mexico only)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (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) 378,781 |Check Subcontract Europe (Including Research Grant Iceland and Greenland) 441.372 Wire Europe Subcontract

(Including

lIceland and (Greenland

(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 (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subcontract 12,623 Wire |Europe (Includina Research Grant Iceland and Greenland)

5.461 Check

Middle East and

North Africa

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

Subcontract

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 (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Subcontract 156,856 Wire the Pacific Research Grant 37.080 Check Europe Subcontract l(Includina Research Grant

Iceland and Greenland)

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 (g) Amount of valuation (d) Purpose of | (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and 201,063 Wire Subcontract the Pacific Research Grant Sub-Saharan 45,198 Wire Subcontract lAfrica Research Grant

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 (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subcontract 99,974 Wire Africa Research Grant East Asia and 44,269 Wire Subcontract the Pacific Research Grant

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 (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Subcontract 58,063 Wire |Europe (Includina Research Grant Iceland and Greenland)

11.344 Wire



South Asia

Subcontract Research Grant

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 20,000 Wire Subcontract Europe (Includina Research Grant Iceland and Greenland) 19.164 Wire Europe Subcontract

(Includina Research Grant

Iceland and (Greenland

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Subcontract 144.245 Wire Africa Research Grant Russia and Subcontract 19.110 Wire Neighboring Research Grant

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

States

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Subcontract 37,484 Wire the Pacific Research Grant East Asia and Subcontract 80,538 Wire

Ithe Pacific

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 (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) Sub-Saharan Subcontract 275,862 Wire Africa Research Grant Middle East 107,441 Wire, Check Subcontract land North Research Grant

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash non-cash (book, FMV, organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Subcontract 55,000 Wire the Pacific Research Grant East Asia and Subcontract 12,375 Wire

Ithe Pacific

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (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 organization and EIN(if grant cash grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan 29,198 Wire Subcontract

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 (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Fellowships 4,928 Electronic Funds Central America Transfer and the Caribbean Fellowships 16 76,154 Check, Electronic East Asia and Funds Transfer 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 (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Fellowships 78.467 Electronic Funds lEurope Transfer (Including lIceland and Greenland) Fellowships 40,619 Electronic Funds Middle East and Transfer 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) Fellowships 26.087 Electronic Funds North America Transfer (Canada & Mexico only) Fellowships 25.517 Electronic Funds Russia and Transfer 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 (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Fellowships 8,611 Electronic Funds South America lTransfer Fellowships 16 87,533 | Electronic Funds South Asia lTransfer

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (g) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Fellowships 10 36,445 Electronic Funds Sub-Saharan lTransfer Africa International 71,544 Wire, Electronic Sub-Saharan Program Advances Funds Transfer 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 (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) Scholarships 22,730 Check, Electronic Central America Funds Transfer and the Caribbean Scholarships 24 Check, Electronic 88.837 East Asia and Funds Transfer the Pacific

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 (g) Description of (h) Method of (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance FMV, appraisal, assistance other) Scholarships 38 497,106 Check, Electronic Europe Funds Transfer (Includina Iceland and Greenland) Scholarships 19.190 Check, Electronic Middle East and Funds Transfer North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships 14,586 Check, Electronic North America Funds Transfer (Canada & Mexico only) Scholarships 63,312 Check, Electronic Russia and Funds Transfer 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) Scholarships 19 181,931 Check, Electronic South America Funds Transfer 29 Scholarships 252,377 Check, Electronic South Asia Funds Transfer

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) Scholarships 48 696,289 Check, Electronic Sub-Saharan Funds Transfer Africa Student Prizes Check, Electronic Central America Funds Transfer and the Caribbean

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (e) Manner of cash (f) Amount of (g) Description of (h) Method of (d) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Prizes 8,300 Check, Electronic East Asia and Funds Transfer the Pacific 280 Electronic Funds Student Prizes Europe Transfer (Including 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 (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Prizes 1,200 Electronic Funds Middle East and lTransfer North Africa Student Prizes Electronic Funds South America lTransfer

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 (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Prizes 4,316 Check, Electronic South Asia Funds Transfer Student Prizes Electronic Funds Sub-Saharan lTransfer 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 (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Stipends 200 Electronic Funds East Asia and lTransfer the Pacific Student Stipends 5,181 Electronic Funds South Asia lTransfer

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) Student Stipends 31,675 Wire Sub-Saharan Africa Subcontract 93,237 Wire lEurope Research Grants l(Includina Iceland and Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (d) Amount of (e) Manner of cash (q) Description of (h) Method of (b) Region (c)Number (f) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Subcontract 50,900 Wire Middle East and Research Grants North Africa Subcontract 116.089 Wire Russia and Research Grants Neiahborina 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) Subcontract 38,268 Wire South Asia Research Grants Subcontract 120.313 Wire Sub-Saharan Research Grants Africa

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

DLN: 93493132027671

**Employer identification number** 

2019

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

rustees of Tufts College						04-2103634	
<b>Part I</b> Fundraising Activities. Complet Form 990-EZ filers are not require	_			ered "Yes" on Fo	orm 990,	Part IV, line 1	17.
Indicate whether the organization raised fund	s through any	y of the fo	ollowin	g activities. Check	all that ap	ply.	
a 🗹 Mail solicitations		e	· 🗸	Solicitation of non-	-governm	ent grants	
<b>b</b> Internet and email solicitations		f	<b>✓</b>	Solicitation of gove	ernment g	rants	
c  Phone solicitations		g	<b>✓</b>	Special fundraising	g events		
d 🗹 In-person solicitations							
Did the organization have a written or oral ag or key employees listed in Form 990, Part VI							es 🗆 No
b If "Yes," list the 10 highest paid individuals o to be compensated at least \$5,000 by the organization.		draisers)	pursua	ant to agreements	under whi	ch the fundraise	eris
Name and address of individual or entity (fundraiser)	fundrai custo cont	) Did ser have ody or rol of outions?		Gross receipts rom activity	or re fundra	nount paid to etained by) iser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
RUFFALO NOEL LEVITZ LLC 65 KIRKWOOD NORTH ROAD SW  CEDAR RAPIDS, IA 52404	DOR Yes	No No		630,776		512,191	118,58
otal		. ▶		630,776		512,191	118,58
3 List all states in which the organization is regist licensing.	cered or licens	sed to soli	icit con	tributions or has b	l een notifi	ed it is exempt f	rom registration or

CA, CO, CT, DE, DC, FL, GA, AL, HI, ID, IL, IN, IA, KS, KY, LA, ME, AK, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, AZ, RI, SC, SD, TN, TX, UT, VT, VA, AR, WA, WV, WI, WY

	dule G (Form 990 or 990-EZ) 2019  rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	n 990-EZ, lines 1 and (	6b. List events with
	gross receipts greater triair \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		SMFA ART SALE			col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
<u>e</u>					
enc					
Revenue					
_					
	1 Gross receipts	950,731			950,731
	2 Less: Contributions	484,735			484,735
	3 Gross income (line 1 minus line 2)	465,996	0	(	465,996
	4 Cash prizes	403,990	υ		0
	5 Noncash prizes				
ses	<u>'</u>	0			0
Direct Expenses	_	1,077			1,077
쬤	7 Food and beverages	20,267			20,267
ਲ੍ਹ	8 Entertainment	0			0
ă	9 Other direct expenses	531,120			531,120
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			552,464
	11 Net income summary. Subtract line 10	from line 3, column (d)		<b>&gt;</b>	-86,468
Pai	<b>Gaming.</b> Complete if the orga	anization answered "Ye	s" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
<b>a</b> )	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
eve					
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Direct Expense					
盔	3 Noncash prizes				
<b>6</b>	4 Rent/facility costs				
ā	5 Other direct expenses				
	·	☐ Yes %	☐ Yes %	Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	l	_	<u> </u>	_	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organizati	on conducts gaming activ	itios		
a	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				∐ Yes

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity 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 organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·   Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

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

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493132027671

Open to Public Inspection

nternal Revenue Service							
Name of the organization  Frustees of Tufts College						Employer identific	ation number
Trustees of Turts conege						04-2103634	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	•	_	-				
Part II Grants and Other that received more	<b>Assistance to Dom</b> than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>Enter total number of section</li><li>Enter total number of othe</li></ul>		<del>-</del>					130
5 Litter total number of othe	i organizations liste	u iii tile lille I table .	<u> </u>				9

(Form 990)

Department of the

Treasury

(5) CARES ACT ASSISTANCE

(5)

Part III can be duplicated if additional space is needed (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book. (f) Description of noncash assistance (a) Type of grant or assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) SCHOLARSHIPS 137,580,795 6072 (2) FELLOWSHIPS 645 2,530,744 595 609.136 (3) STUDENT & FACULTY PRIZES (4) STUDENT STIPENDS 478 410,122

> 871 1,067,642

(6)

# (7)

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

#### Explanation **Return Reference** DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES FOR MONITORING THE USE OF Procedures for monitoring use of DEPARTMENT. THE PROCESS REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC DOCUMENTATION AND AUTHORIZATIONS ARE NECESSARY IN ORDER TO PROCESS A PAYMENT. A MAJORITY OF PAYMENTS ARE MADE VIA CHECK, FOR DOMESTIC SCHOLARSHIPS, THE FINANCIAL AID OFFICE

Schedule I, Part I, Line 2 grant funds.

U.S. GRANT FUNDS AND ASSISTANCE. FELLOWSHIPS, PRIZES AND STIPEND PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES AND ACCOUNTS PAYABLE (FAO) MAINTAINS AN INDEPENDENT FINANCIAL AID ACCOUNTING SYSTEM. THE FAO ADMINISTERS THE LISTING OF AWARD RECIPIENTS AND RECONCILES, ON A MONTHLY BASIS, THE CORRESPONDING EXPENSES WITH THE UNIVERSITY GENERAL LEDGER SYSTEM. THE CASH GRANTS ARE ALSO REFLECTED ON EACH INDIVIDUAL STUDENT ACCOUNT. THE FINANCIAL SERVICES OFFICE INDEPENDENTLY RECORDS THE TRANSACTIONS AFTER ALL REQUIRED SYSTEM-FEED DOCUMENTATION HAS BEEN RECEIVED. ADDITIONALLY, ALL FEDERAL SCHOLARSHIP ACTIVITIES ARE MONITORED SEPARATELY BY THE SPONSORED ACCOUNTING DEPARTMENT (SPA). FOR SUBCONTRACT RESEARCH GRANTS, THE UNIVERSITY MAINTAINS A SPONSORED RESEARCH ACCOUNTING (SPA) DEPARTMENT WHICH HAS FINANCIAL OVERSIGHT FOR ALL GRANT AND CONTRACT ACTIVITY. THE PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES. SPECIFIC GRANT-RELATED EXPENDITURE ACTIVITIES ARE PROCESSED BY THE UNIVERSITY ACCOUNTS PAYABLE DEPARTMENT. SUB-RECIPIENT MONITORING: A PRINCIPAL INVESTIGATOR (PI) NEGOTIATES SUBCONTRACTS WITH SUB-RECIPIENTS THROUGH THE OFFICE OF THE VICE PROVOST. WHEN AN AGREEMENT IS FULLY EXECUTED, IT MUST BE SUBMITTED TO THE OFFICE OF SPONSORED PROGRAMS ACCOUNTING (SPA) ALONG WITH A COMPLETED CONSULTANT PAYMENT FORM. ANY ISSUES REGARDING SUB-RECIPIENT PERFORMANCE ARE REPORTED TO THE OFFICE OF THE VICE PROVOST AND SPA. ALSO, SPA IS RESPONSIBLE FOR ENSURING THAT ALL SUB-RECIPIENTS ARE IN COMPLIANCE WITH OMB CIRCULAR A-133 REQUIREMENTS. CARES ACT ASSISTANCE: AS A RESULT OF THE COVID 19 PANDEMIC AND THE CARES ACT LEGISLATION, WHICH WAS PASSED IN EARLY 2020 BY CONGRESS, HIGHER EDUCATION INSTITUTIONS WERE ELIGIBLE TO RECEIVE STUDENT AID RELIEF FUNDING. TRUSTEES OF TUFTS COLLEGE (TUFTS) APPLIED FOR RELIEF FUNDS AND WAS AWARDED SUCH FUNDS VIA OUR FEDERAL GRANT/SPONSORED ACCOUNTING OFFICE. THE TOTAL FY20 FEDERAL AWARD RECEIVED WAS \$1,067,642 (FOR 871 STUDENTS) AND WAS DISTRIBUTED ACROSS ALL UNIVERSITY SCHOOLS AND ACCOUNTED FOR VIA OUR SPONSORED ACCOUNTING OFFICE USING SEPARATE SCHOOL DEPARTMENT ID'S. THE UNIVERSITY BURSAR'S OFFICE WAS USED TO FACILITATE THE CARES ACT AWARD PAYMENTS. THESE EMERGENCY FINANCIAL AID GRANT FUNDS WERE DISTRIBUTED TO STUDENT APPLICANTS USING THEIR STUDENT ACCOUNTS FOR UNEXPECTED EXPENSES RELATED TO THE DISRUPTION OF CAMPUS OPERATIONS DUE TO THE CORONAVIRUS. THE BURSARS OFFICE SENT FUNDS TO FAFSA ELIGIBLE STUDENTS WITHIN THE UNITED STATES AND HAVE BEEN CAPTURED ON SCHEDULE I. THE MAXIMUM ALLOWABLE AWARDS PROVIDED WERE FOR UP TO \$1,800 PER STUDENT. ALL PAYMENTS WERE MADE DIRECTLY TO STUDENT ACCOUNTS VIA DIRECT DEPOSIT, WHEN AVAILABLE. Schedule I (Form 990) 2019

### **Additional Data**

(a) Name and address of

Research In the Behavioral

1400 Crystal Drive 10th Floor Arlington, VA 222023289

Sciences

Software ID: 19010655
Software Version: 2019v5.0
EIN: 04-2103634
Name: Trustees of Tufts College

**(b)** EIN

(c) IRC section

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

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
33Sigma Learning Labs 22 College Ave Arlington, MA 02474	47-1956657	501(C)(3)	34,899				SUBCONTRACT GRANT AWARD
American Institute for	25-0965219	501(C)(3)	109,004				SUBCONTRACT GRANT

(e) Amount of non- (f) Method of valuation

(d) Amount of cash

(h) Purpose of grant

AWARD

(g) Description of

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Anlar II C 46-2794792 FOR PROFIT 39.313 SUBCONTRACT GRANT laward

1560 Wilson Blvd Ste 250 Arlinaton, VA 222092453

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

PO Box 876011

Tempe, AZ 852876011

Arizona State Univ 86-0196696 501(C)(3) 300.046 SUBCONTRACT GRANT

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government ISUBCONTRACT GRANT

27-0307838 501(C)(3) 95.253 Auburn University 208 M White Smith Hall laward Auburn, AL 368495110

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

PO Box 84391 Seattle, WA 981245691

Battelle Pacific Northwest 31-4379427 501(C)(3) 60.682 SUBCONTRACT GRANT Division laward

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NTRACT GRANT

IAWARD

PO Box 301207 Dallas, TX 75303	Baylor College of Medicine PO Box 301207 Dallas, TX 75303	74-1613878	501(C)(3)	7,810				SUBCON <sup>T</sup> AWARD
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141.015

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

501(C)(3)

Baystate Medical Center

Dorchester, MA 02241

2 Morrissev Blvd

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Both Israel Descendes Medical 04-2102001 E01(C)(2) 205 714 SUBCONTRACT GRANT

Center 330 Brookline Ave Boston, MA 02215	04-2103001	301(0)(3)	203,714		AWARD
Boston CollegeTrustees of	04-2103545	501(C)(3)	79,235		SUBCONTRACT GRANT

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

140 Commonwealth Ave

Chestnut Hill, MA 02467

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

laward

Boston Medical Center 660 Harrison Ave Boston, MA 02118	04-3314093	501(C)(3)	7,088		SUBCONTRACT GRANT AWARD
Boston University	04-2103547	501(C)(3)	155,325		SUBCONTRACT GRANT

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

Grants Receivables PO Box

New York, NY 100878763

28763

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

Brandeis University 415 South St MS 110 Waltham, MA 024549110	04-2103552	501(C)(3)	41,961		SUBCONTRACT GRANT AWARD
Bridgewater State University	04-3010428	501(C)(3)	11,378		SUBCONTRACT GRANT

Fiscal Affairs Rm 109 131 IAWARD Summer St

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

Bridgewater, MA 02325

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 04-2312909 SUBCONTRACT GRANT

Brigham & Women's Hospital 501(C)(3) 338.949 BWH - Research Finance laward Boston, MA 022413887

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

Cambridge, MA 02142

Broad Institute IncThe 26-3428781 501(C)(3) 56,604 SUBCONTRACT GRANT 415 Main St IAWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

Brookings Institution 1775 Massachusetts Ave NW Washington, DC 200362103	53-0196577	501(C)(3)	12,356		SUBCONTRACT GRANT AWARD
Brown University Business Service Center Box	05-0258809	501(C)(3)	298,916		SUBCONTRACT GRANT AWARD

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

1997

Providence, RI 02912

(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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Child Trends Inc 13-2982969 501(C)(3) 43.154 ISUBCONTRACT GRANT

	 ==:(=\(=\		_	
Bethesda, MD 208143666				
1200W				
7315 Wisconsin Ave Ste				AWARD

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

PO Box 414413

Boston, MA 022414413

Children's Hospital Boston 501(C)(3) 168.378 ISUBCONTRACT GRANT 04-2774441

(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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Chinese Progressive 04-2631569 E01(C)(2) 21 022 ISUBCONTRACT GRANT

Association Inc	01 2031303	301(0)(3)	21,000		AWARD
28 Ash St Boston, MA 021111517					
Cleveland Clinic FoundationThe	34-0714585	501(C)(3)	723,898		SUBCONTRACT GRANT

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

Cleveland, OH 441935012

PO Box 931562

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IAWARD

ClimateWorks Foundation	26-2303250	501(C)(3)	21,231		SUBCONTRACT GRANT
235 Montgomery St Ste 1300					AWARD
San Francisco, CA 941043123					

104.011

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

501(C)(3)

College of William and Mary

Bursars Office PO Box 8795

Williamsburg, VA 231878795

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government NTRACT GRANT

Colorado State University 2002 Campus Delivery Fort Collins, CO 805232002	84-6000545	501(C)(3)	250,632		SUBCONT AWARD

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

Sponsored Projects Finance

New York, NY 100879789

Columbia UniversityTrustees of 13-5598093 501(C)(3) 78.749 ISUBCONTRACT GRANT

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 33-1009098 FOR PROFIT 62.264 ConvergeOne Systems ISUBCONTRACT GRANT

Integration Inc laward PO Box 207480 Dallas, TX 753207480 112.624 ISUBCONTRACT GRANT

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

Cornell University 15-0532082 501(C)(3) PO Box 22

Ithaca, NY 148510022

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NTRACT GRANT

Dartmouth College 11 Rope Ferry Rd 6210 Hanover, NH 037551404	02-0222111	501(C)(3)	98,233		SUBCONT AWARD

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

585 Massachusetts Ave Ste 4

Cambridge, MA 02139

Dimagi Inc 83-0343298 FOR PROFIT 45.312 SUBCONTRACT GRANT

(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 if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

Dudley Street Neighborhood Initiative 550 Dudley St Roxbury, MA 02119	04-2859066	501(C)(3)	31,156		SUBCONTRACT GRANT AWARD
FHI Solutions	45-2462813	FOR PROFIT	16.971		SUBCONTRACT GRANT

Lut Solutions 43-2402013 LOK PROLLI 10,9/1 1825 Connecticut Ave NW Ste IAWARD

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

680

Washington, DC 200095724

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

Fox Chase Cancer Center 23-2003072 501(C)(3) 85.076 SUBCONTRACT GRANT 333 Cottman Ave C227 laward Philadelphia, PA 19111

Fuller Theological Seminary 95-1699394 501(C)(3) 54.133 SUBCONTRACT GRANT

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

180 N Oakland Ave

Pasadena, CA 91101

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1593913 501(C)(3) 37.866 Geneva FoundationThe ISUBCONTRACT GRANT

PO Box 84212 laward Seattle, WA 981245512 George Washington 53-0196584 501(C)(3) 51.113 SUBCONTRACT GRANT

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

Philadelphia, PA 191829896

UniversityThe laward GCAS PO Box 829896

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government TRACT GRANT

IAWARD

Georgia Tech Research Corp PO Box 100117 Atlanta, GA 30384	58-0603146	501(C)(3)	192,592		SUBCONTR AWARD
Global Food & Nutrition Inc	52-1931539	FOR PROFIT	112.011		SUBCONTR

112.011

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

Washington, DC 20005

1300 L St NW 920

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 04-2103580 501(C)(3) 450.043 SUBCONTRACT GRANT Harvard University

31.912

laward

IAWARD

SUBCONTRACT GRANT

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

501(C)(3)

PO Box 415649

1 World Ave

Boston, MA 022415649
Heifer International

Little Rock, AR 72202

(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 if applicable grant cash non-cash assistance or assistance or government assistance other)

Helen Keller International Inc 352 Park Ave South Ste 1200 New York, NY 10010	13-5562162	501(C)(3)	77,566		SUBCONTRACT GRANT AWARD
International Food Policy Research Inst	52-1041632	501(C)(3)	188,930		SUBCONTRACT GRANT AWARD

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

1201 Eye St NW Washington, DC 20005

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NTRACT GRANT

IAWARD

Jackson Lab     01-0211513     501(C)(3)     22,431       PO Box 90260     Chicago, IL 606960260     0	SUBCON <sup>-</sup> AWARD
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694.503

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

501(C)(3)

Johns Hopkins University

Central Lockbox

Chicago, IL 60693

(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 assistance other) KUMC Research Institute Inc. 48-1108830 501(C)(3) 43.579 ISUBCONTRACT GRANT

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

Mall Rd

Burlington, MA 01805

3901 Rainbow Blvd Mail-Stop 1039 Kansas City, KS 66160	10 110000	302(0)(0)	13,373		AWARD
Lahey Hospital & Medical Center Research Administration 41	04-2704686	501(C)(3)	15,128		SUBCONTRACT GRANT AWARD

(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 or assistance organization grant cash or government assistance other) Lawyers Committee For Civil 52-0799246 501(C)(3) 10.725 SUBCONTRACT GRANT Rights Under laward 1500 K St NW Ste 900

Washington, DC 200051205 95-2138184 51.618

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

1124 W Carson St Bldg J-3 Torrance, CA 90502

Los Angeles Biomedical 501(C)(3) SUBCONTRACT GRANT Research Institute IAWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 01-0238552 501(C)(3) 419.211 Maine Medical Center ISUBCONTRACT GRANT

One Riverfront Plaza laward Scarborough, ME 04074 Maine Organic Farmers & 01-6048322 501(C)(3) 8.221

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

Unity, ME 04988

SUBCONTRACT GRANT Gardeners Assoc laward PO Box 170

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government ACT GRANT

IAWARD

Mass Eye and Ear Infirmary MEEI Research Bank of America NA Boston, MA 022412356	04-2103591	501(C)(3)	8,815		SUBCONTRAC AWARD
Mass General Hospital	04-2697983	501(C)(3)	327,752		SUBCONTRAC

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

Boston, MA 022413829

Research Finance

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

IAWARD

Mass Institute of Technology NE49-3077 77 Massachusetts	04-2103594	501(C)(3)	1,453,573		SUBCONTRACT GRANT AWARD
Ave					//////
Cambridge, MA 02139					

49.025

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

501(C)(3)

MDI Biological Laboratory

Salisbury Cove, ME 04672

PO Box 35

(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 or assistance organization grant cash or government assistance other) Medical College of Wisconsin 39-0806261 501(C)(3) 250,745 SUBCONTRACT GRANT Accounts Bossiyable BO Boy IVMVDD

26509 Milwaukee, WI 532260509					AWARD
Metropolitan Area Planning Council	04-2472296	501(C)(3)	21,692		SUBCONTRACT GRANT AWARD

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

60 Temple Place Ste 600 Boston, MA 02111

(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 or assistance organization grant cash or government assistance other) 04-2868893 501(C)(3) 63.930 SUBCONTRACT GRANT MGH Institute of Health

laward

ProfessionThe laward 399 Revolution Dr 7th Fl Ste 745 Somerville, MA 021451444

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

PO Box 172470

Bozeman, MT 597172470

501(C)(3) Montana State University 81-6010045 15.332 ISUBCONTRACT 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Museum of Science 04-2103916 501(C)(3) 40.739 SUBCONTRACT GRANT Science Park laward Boston, MA 021141099

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

30 F 33rd St

New York, NY 10016

Natl Kidney Foundation Inc 13-1673104 501(C)(3) 9.924 SUBCONTRACT 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

LAWARD

New York Academy of Medicine 1216 Fifth Ave New York, NY 10029	13-1656674	501(C)(3)	25,105		SUBCONTRACT GRANT AWARD
11011 10111,7111 20025					

34.746

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

501(C)(3)

New York Medical College

40 Sunshine Cottage Rd

Valhalla, NY 10595

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IAWARD

New York Road Runners Inc	13-2949483	501(C)(3)	7,627		SUBCONTRACT GRANT
156 W 56th St					AWARD
New York, NY 10019					

46.487

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

501(C)(3)

New York University

New York, NY 10003

105 E 17th 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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Northeastern University 04-1679980 501(C)(3) 427.845 ISUBCONTRACT GRANT

Research Finance 360 Huntington Ave Boston, MA 02115			,.		AWARD
Northwestern University	36-2167817	501(C)(3)	107,012		SUBCONTRACT GRANT

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

Research Sponsored Programs

Evanston, IL 602081112

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government RANT

Oregon State University 312 Kerr Administration Bldg Corvallis, OR 973312140	93-6001786	501(C)(3)	67,938		SUBCONTRACT GRANT AWARD
Parlance Corp	04-3334185	FOR PROFIT	40.740		SUBCONTRACT GRANT

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

400 W Cummings Pk Ste 200

Woburn, MA 01801

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government ONTRACT GRANT

IAWARD

Pine Manor College	04-2321292	501(C)(3)	30,371		SUBCO
400 Heath St					AWARD
Chestnut Hill, MA 024672332					

16.210

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

501(C)(3)

Princeton University

701 Carnegie Center

Princeton, NJ 08540

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

LAWARD

Purdue University 23510 Network Pl Chicago, IL 606731235	35-6002041	501(C)(3)	137,636		SUBCONTRACT GRANT AWARD

76.715

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

501(C)(3)

RAND Corporation

1776 Main St PO Box 2138

Santa Monica, CA 904072138

(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 or assistance organization grant cash or government assistance other) Regents of the University of 41-6007513 501(C)(3) 87.909 SUBCONTRACT GRANT Minnesota laward NW 5957 PO Box 1450

IAWARD

383.408

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

501(C)(3)

Minneapolis, MN 554855957 Rensselaer Polytechnic

110 8th St Proctors Bldg Troy, NY 121803590

Institute

(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 or assistance organization grant cash or government assistance other) Research Fndn for the State 14-1368361 501(C)(3) 25.000 SUBCONTRACT GRANT Univ of NY laward

PO Box 9 Albany, NY 122010009 Research Foundation of City of 13-1988190 501(C)(3) 24.452

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

New York, NY 10036

SUBCONTRACT GRANT New York IAWARD 230 West 41st St 7th Fl

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government TRACT GRANT

IAWARD

Research Triangle Institute Post Office Box 900002	56-0686338	501(C)(3)	16,749		SUBCONTF AWARD
					AWAILD
Raleigh, NC 276759000					1

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

Roque Farm Corps

Ashland, OR 97520

PO Box 533

03-0529330

501(C)(3) 5.775

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government ONTRACT GRANT

IAWARD

Rowan University 201 Mullica Hill Rd	22-2764819	501(C)(3)	12,669		SUBCON
Glassboro, NJ 08028					

349,498

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

501(C)(3)

36-2174823

Rush University

1700 West Van Buren St

Chicago, IL 606123833

(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 if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) Rutgers The State University of 22-6001086 501(C)(3) 42.198 ISUBCONTRACT GRANT

Schenens Eve Research	04-2129889	501(C)(3)	57 318		SUBCONTR
NJ 33 Knightsbridge Road Piscataway, NJ 088543925					AWARD

PO Box 412360 Boston, MA 022412360

CONTRACT GRANT 301(0)(3) Institute Inc IAWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Contable Callaga 04 1042040 E01/C1/21 40 720 ISUBCONTRACT GRANT

204 College Hall Northampton, MA 01063	04-1843040	501(C)(3)	49,/38		AWARD
Somerville Trans Equity	20-1875025	501(C)(3)	38,592		SUBCONTRACT GRANT

laward Partnership Inc 51 Mt Vernon Street

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

Somerville, MA 02145

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Somerville City of 04-6001414 Gov't 36,766
93 Highland Ave
Somerville, MA 02143
Somerville, MA 02143

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

San Francisco, CA 941444253

Somerville, MA 02143

Stanford University 94-1156365 501(C)(3) 173,617

PO Box 44253

AWARD

SUBCONTRACT GRANT AWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Tolcom Billing & Management 59-3828470 EOD DDOETT 22 800l ISUBCONTRACT GRANT

IAWARD

releasing a rianagement	33 3020 170	1011110111	,000			1000001111
Solutions LL						AWARD
1600 Boston-Providence Hwy Walpole, MA 02081						

6.250

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

FOR PROFIT

Telsery LLC

Cromwell, CT 064161035

7 Progress Dr

(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 or assistance organization grant cash or government assistance other) Texas A&M Health Science 31-1702109 501(C)(3) 265 381 ISUBCONTRACT GRANT

laward

Center COM 400 Harvey Mitchell Pkwy College Station, TX 778454375			,		AWARD
Tides Center	94-3213100	501(C)(3)	71,732		SUBCON

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

San Francisco, CA 94129

1012 Torney Ave

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 75-3065445 501(C)(3) 151.814 Translational Genomics ISUBCONTRACT GRANT

Research Institut laward 445 N 5th St Ste 600 Phoenix, AZ 85004

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

Boston, MA 02111

Tufts Medical Center 04-3400617 501(C)(3) 8.855.137 ISUBCONTRACT GRANT 750 Washington St Box 817 IAWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government NTRACT GRANT

Tulane University 1555 Poydras St Ste 805	23-7113317	501(C)(3)	17,861		SUBCON- AWARD
New Orleans, LA 70112					

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

25 W 45th St 6FL

New York, NY 100364902

Turnaround for Children inc 06-1495529 501(C)(3) 323,152 SUBCONTRACT 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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

 Tuskegee University
 63-0288878
 501(C)(3)
 5,342
 SUBCONTRACT GRANT AWARD

 1200 W Montgomery Rd Tuskegee, AL 36088
 71-6056774
 501(C)(3)
 20,072
 SUBCONTRACT GRANT

 Univ of Arkansas
 71-6056774
 501(C)(3)
 20,072
 SUBCONTRACT GRANT

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

Treasurers Office PO Box 1404

Fayetteville, AR 727021404

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Univ of California Davis 94-6036494 501(C)(3) 61.377 ISUBCONTRACT GRANT

University of California West Sacramento, CA 957989062		,,,,			AWARD
Univ of CaliforniaRegents of the	94-6002123	501(C)(3)	123,314		SUBCONTRACT GRANT AWARD

2195 Hearst Ave MC Berkeley, CA 947201103

(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 or assistance organization grant cash or government assistance other) Universe Goorgia Possarch 59-1252140 E01/C)/2) 126 607 ISUBCONTRACT GRANT

LAWARD

Foundation Inc 310 E Campus Rd Athens, GA 30602	30-1333149	301(0)(3)	130,037		AWARD
Univ of North Carolina at	56-6001393	501(C)(3)	209,723		SUBCONTRACT GRANT

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

Chapel Hill

Office of Sponsored Research Atlanta, GA 303842420

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 95-6006145 501(C)(3) 9.016 University of California Regents ISUBCONTRACT GRANT CASFS 1156 High St laward

Santa Cruz, CA 95064 University of California San 95-6006144 501(C)(3) 145.453

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

La Jolla, CA 920930009

SUBCONTRACT GRANT Dieao laward 9500 Gilman Dr MC 0009

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

University of Cape Town 13-3202349 501(C)(3) 22,883 SUBCONTRACT GRANT AWARD New York, NY 100225501

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

Storrs, CT 062691133

New York, NY 100225501

University of Connecticut 06-0772160 501(C)(3) 13,064

Vice President for Research

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government University of Connecticut 52-1725543 501(C)(3) 22,949 SUBCONTRACT GRANT

University of Florida	F0 (0000F2	E04(C)(2)	12.044		CURCONTR
263 Farmington Ave Farmington, CT 06030					
Health Center					AWARD

Gainesville, FL 32611

ISUBCONTRACT GRANT University of Florida 59-6002052 501(C)(3) 13.8441 PO Box 113001 IAWARD

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

University of Georgia UGA Research Foundation Inc Athens, GA 30602	58-6001998	501(C)(3)	546,725		SUBCONTRACT GRANT AWARD
University of Houston	74-6041411	501(C)(3)	149,969		SUBCONTRACT GRANT

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

Treasurers Office PO Box 988

Houston, TX 770010988

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government University of Idaho 82-6000945 501(C)(3) 62.546 ISUBCONTRACT GRANT

875 Perimeter Dr Moscow, ID 838443020		===(=)(=)	,-		AWARD
University of Illinois	37-6000511	501(C)(3)	21,248		SUBCONTRA

Chicago, IL 606731283

RACT GRANT Grants Contracts 28395 IAWAKD Network Pl

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

IAWARD

University of Maryland	31-1678679	501(C)(3)	262,096		SUBCONTRACT GRANT
220 Arch St					AWARD
Baltimore, MD 21201					

168,307

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

501(C)(3)

University of Massachusetts

Boston, MA 021253300

UMass Boston

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government EQ 00344EQ E04(6)(3) 44 457

PO Box 405803 Atlanta, GA 303845803	59-0624458	501(C)(3)	44,437		AWARD
University of MichiganRegents	38-6006309	501(C)(3)	121,797		SUBCONTRACT GRANT

of the IAWARD Box 223131

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

Pittsburgh, PA 152512131

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

University of Missouri PO Box 807012 Kansas City, MO 641807012	43-6003859	501(C)(3)	61,972		SUBCONTRACT GRANT AWARD
University of Northern Iowa	42-6004333	501(C)(3)	44,411		SUBCONTRACT GRANT

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

Office of Business Operations

Cedar Falls, IA 506140008

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government University of 23-1352685 E01(C)(2) 56 076 ISUBCONTRACT GRANT

Offiversity of	23 1332003	301(0)(3)	30,070		JODGON
PennsylvaniaTrustees					AWARD
PO Box 785541					
Philadelphia, PA 191785541					

Pittsburgh, PA 152620001

University of Pittsburgh 25-0965591 501(C)(3) 88.826 SUBCONTRACT GRANT 500 Ross St 154-0455 IAWARD

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government University of Tennessee 62-6047697 501(0)(3) 6 795 ISUBCONTRACT GRANT

210 Student Services Knoxville, TN 379960105	02 00 17 037	301(0)(3)	3,733		AWARD
University of Texas	74-1761309	501(C)(3)	42,706		SUBCONTR AWARD

Dallas, TX 753031418

TRACT GRANT IAVVANL Support

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government University of Texas at Austin 74-6000203 45.953 SUBCONTRACT GRANT

501(C)(3) PO Box 7159 laward Austin, TX 787137159

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

El Paso, TX 799680697

University of TexasEl Paso 74-1587488 501(C)(3) 11.748

SUBCONTRACT GRANT 500 W University Ave

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 87-6000525 501(C)(3) 57.500 University of Utah ISUBCONTRACT GRANT 201 S Presidents Cir laward

201 S Présidents Cir
Salt Lake City, UT 841129020

University of Vermont 03-0179440 501(C)(3) 78,923

Subcontract Grant AWARD

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

Administration

Burlington, VT 054050160

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

12455 Collections Dr

Chicago, IL 60693

University of Virginia PO Box 400195 Charlottesville, VA 229044195	54-6001796	501(C)(3)	31,255		SUBCONTRACT GRANT AWARD
University of Washington	91-6001537	501(C)(3)	245,740		SUBCONTRACT GRANT

IAWARD

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

University of Wisconsin Office For Research Milwaukee, WI 532780538	39-6006492	501(C)(3)	299,771		SUBCONTRACT GRANT AWARD
US Dept of Agriculture	41-0696271	501(C)(3)	20,785		SUBCONTRACT GRANT

laward

USDA NFC FMMI COD

St Louis, MO 631799000

Collections

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government NTRACT GRANT

Vanderbilt University PO Box 401591 Nashville, TN 372401591	62-0476822	501(C)(3)	70,843		SUBCONTRACT GRANT AWARD
Vaxess Technologies Inc	46-0612554	FOR PROFIT	60.276		SUBCONTRACT GRANT

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

46-0612554 Vaxess Technologies Inc 790 Memorial Dr

Cambridge, MA 021394648

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

Vilicus Farms 23856 Rd 265 N Havre, MT 59501	29-3783106	FOR PROFIT	10,010		AWARD
Wake Forest University Health	22-3849199	501(C)(3)	196,620		SUBCONTRACT GRANT

laward Sciences Medical Center Blvd

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

WinstonSalem, NC 27157

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government

IAWARD

Washington State University PO Box 641025 Pullman, WA 991641025	91-6001108	501(C)(3)	134,723		SUBCONTRACT GRANT AWARD

135,408

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

501(C)(3)

Washington University

700 Rosedale Ave CB1034

St Louis, MO 631121408

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government Weill Medical College of Cornell 13-6094042 501(0)(3) 5 615 ISUBCONTRACT GRANT

IAWARD

Univ 575 Lexington Ave New York, NY 10022	13 3371311	301(0)(0)	3,023		AWARD
Wellesley College	04-2103637	501(C)(3)	61,842		SUBCONTRACT GRANT

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

106 Central St

Wellesley, MA 021818203

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 71-0603560 501(C)(3) 14.687 Winrock International ISUBCONTRACT GRANT

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

350 Duncan Dr Providence, RI 02906

(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 if applicable arant cash non-cash assistance or assistance assistance other) or government

laward

Xerces SocietyThe 501(C)(3) 9.973 51-0175253 ISUBCONTRACT GRANT 628 NE Broadway St Ste 200

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

Portland, OR 972321324

efil	e GRAI	PHIC pr	int - DO NOT PROCESS	As Filed D	ata	n - DLN: 93	49313	32027	7671
Sch	edul	e J	C	ompens	ati	on Information o	MB No.	1545-	0047
(Fori	n 990)			Compe	ensa	rustees, Key Employees, and Highest	20	11(	
			➤ Complete if the org	ganization a	nsw	ered "Yes" on Form 990, Part IV, line 23. to Form 990.	<b>20</b>		•
•	tment of th	ne Treasury	► Go to <u>www.irs.go</u>				Open i	to Pul	
Nar	ne of the	e organiza				Employer identifica			
Trus	tees of Tu	ufts College	9			04-2103634			
Pa	rt I	Questic	ons Regarding Compensa	tion		[1.500.00]			
								Yes	No
1a						the following to or for a person listed on Form relevant information regarding these items.			
		First-class	or charter travel	[	<b>✓</b>	Housing allowance or residence for personal use			
			companions		_	Payments for business use of personal residence			
			nification and gross-up payment	_	_	Health or social club dues or initiation fees			
	ш	Discretion	ary spending account	נו	<b>✓</b>	Personal services (e.g., maid, chauffeur, chef)			
b						follow a written policy regarding payment or re? If "No," complete Part III to explain	1b	Yes	
2						r allowing expenses incurred by all	2	Yes	
	airecto	rs, truste	es, officers, including the CEO/	executive Dire	ector	, regarding the items checked on Line 1a?			
3						d to establish the compensation of the			
						ot check any boxes for methods CEO/Executive Director, but explain in Part III.			
		•	-		_				
		•	ation committee ent compensation consultant		_ ✓	Written employment contract Compensation survey or study			
		•	of other organizations	_	_	Approval by the board or compensation committee			
			-	_					
4		the year, I organiza		990, Part VII,	, Sec	tion A, line 1a, with respect to the filing organization or a			
а	Receive	e a sever	ance payment or change-of-con	trol payment?	?.		4a		No
b			r receive payment from, a supp				4b	Yes	
c	Particip	oate in, or	r receive payment from, an equ	ity-based com	npen	sation arrangement?	4c		No
	If "Yes	" to any c	of lines 4a-c, list the persons an	d provide the	арр	licable amounts for each item in Part III.			
	Oul., E	01(-)(2	\ F01(-\(4\)4 F01(-\(20\)	\		west somelate lines F O			
5			), 501(c)(4), and 501(c)(29)			he organization pay or accrue any			
•			ontingent on the revenues of:		uiu c	The organization pay of accrac any			
а	The or	ganizatior	1?				5a	Yes	
b	Any re	- lated orga	anization?				5b		No
	If "Yes	," on line	5a or 5b, describe in Part III.						-
6			ed on Form 990, Part VII, Section ontingent on the net earnings o		did t	he organization pay or accrue any			
а	The or	ganizatior	1?				6a		No
b		_					6b		No
		•	6a or 6b, describe in Part III.						
7						he organization provide any nonfixed t III	7	Yes	
8	subject	t to the in	nitial contract exception describe	ed in Regulation	ons :	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·		Va-	
9	If "Yes	" on line 8	8, did the organization also follo	w the rebutta	ble	presumption procedure described in Regulations section	9	Yes Yes	
For F	Panerwa	ork Redu	ction Act Notice, see the Ins	tructions fo	r Fo	rm 990. Cat. No. 50053T Schedule 3			2019

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.					vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•		

Schedule J. Part I. Line 1a First-class or charter travel

**Return Reference** 

Schedule J. Part I. Line 1a Travel for companions Schedule J, Part I, Line 1a Tax

Schedule J (Form 990) 2019

Schedule J. Part I. Line 1a Housing Schedule J, Part I, Line 1a Personal

services Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan

Schedule J. Part I. Line 5a Compensation contingent on revenues

Schedule J. Part I. Line 7 Non-fixed

Schedule J, Part I, Line 8 Payments on

contract that is subject to the initial

of the organization

contract exception

payments

IEXPENSE.

THESE INDIVIDUALS ARE FURTHER EXPLAINED ON SCHEDULE J. PART I. LINE 5(a) AND LINE 7.

TREATED AS TAXABLE COMPENSATION.

TWO FULL-TIME FACULTY MEMBERS OF TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE PARTICIPATE IN a GROUP DENTAL PRACTICE. CALLED TUFTS DENTAL ASSOCIATES (TDA), WHERE they PRACTICE DENTISTRY, AS MEMBERS OF TDA, they have A NON-FIXED PAYMENT INCENTIVE CONTRACT THAT IS PAID ANNUALLY

OVER 24 PAY PERIODS, which is BASED ON NET COLLECTIONS FOR the PRACTICE.

PURPOSE AND ARE NOT INCLUDED IN TAXABLE COMPENSATION

THREE OFFICERS received a signing bonus and two officers AND ONE KEY EMPLOYEE RECEIVED NON-FIXED PAYMENTS FOR EXTRAORDINARY JOB PERFORMANCE.

The Provost is serving under her initial contract. ALL DEANS OF EACH SCHOOL ARE SERVING UNDER THEIR INITIAL CONTRACTS.

THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN B(II). TWO INVESTMENT OFFICERS PARTICIPATED IN A DISCRETIONARY INCENTIVE PLAN

**Explanation** 

VARIOUS OFFICERS AND SENIOR STAFF TRAVEL ABROAD PERIODICALLY ON SCHOOL BUSINESS. THE AIRLINE ACCOMMODATIONS MAY INCLUDE FIRST-CLASS

THE UNIVERSITY PROVIDES HOUSECLEANING AS PERSONAL SERVICES TO THE PRESIDENT. The value of the services are included in taxable compensation and

AMOUNT IS REPORTED IN PART II, COLUMN B(ii). TRYFAN D. EVANS, DIRECTOR OF INVESTMENTS, PARTICIPATED IN AN EMPLOYEE INCENTIVE COMPENSATION

AND RECEIVED NON-FIXED PAYMENTS FOR INDIVIDUAL JOB PERFORMANCE AND FOR ACHIEVING CERTAIN GOALS AND OBJECTIVES. THESE AMOUNTS ARE A COMPONENT OF THE TOTAL REPORTABLE AMOUNTS AS EXPLAINED ON SCHEDULE J. LINE 4(B) AND ARE REPORTED IN SCHEDULE J. PART II. COLUMN B(II).

TWO AND THREE. THE ACTUAL INCENTIVE PAYOUTS ARE MADE IN THE QUARTER FOLLOWING THE CLOSE OF THE FISCAL YEAR TO WHICH THE INCENTIVE PAYMENT APPLIES. TOTAL CURRENT-YEAR EARNED INCOME DEFERRAL AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN C. AND AMOUNTS PAID TO

PLAN THAT IS BASED OFF OF JOB AND PORTFOLIO PERFORMANCE AND ALLOWS FOR UP TO 80% OF BASE SALARY EARNINGS. HE RECEIVED A PAYOUT AMOUNT OF \$165,907 IN 2019. THIS AMOUNT IS REPORTED IN PART II, COLUMN B(ii). FOR ALL INDIVIDUALS PARTICIPATING IN THE INCENTIVE COMPENSATION PLAN THE TERMS OF THE INCENTIVE PAYOUTS INCLUDE A VESTING SCHEDULE COVERING THREE YEARS WHICH ALLOW FOR 50% IN YEAR ONE AND 25% FOR YEARS

Schedule 1 (Form 990) 2019

grossed up. THE UNIVERSITY PROVIDES A DRIVER AND VEHICLE FOR THE PRESIDENT FOR CERTAIN UNIVERSITY EVENTS. NO AMOUNT OF THIS BENEFIT WAS SALLY DUNGAN, CHIEF INVESTMENT OFFICER - END DATE 4/12/2020, PARTICIPATED IN AN EMPLOYEE INCENTIVE COMPENSATION PLAN THAT IS BASED OFF OF JOB AND PORTFOLIO PERFORMANCE AND ALLOWS FOR UP TO 100% OF BASE SALARY EARNINGS. SHE RECEIVED A PAYOUT AMOUNT OF \$ 244,718 IN 2019. THIS

AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF TUFTS UNIVERSITY, THE UNIVERSITY PRESIDENT IS REQUIRED TO RESIDE ON CAMPUS. THE allowance or residence for personal use VALUE OF ON-CAMPUS HOUSING IS NOT INCLUDED IN TAXABLE COMPENSATION, BUT IS REFLECTED IN SCHEDULE J, PART II, COLUMN (D).

THE PRESIDENT TRAVELS FOR UNIVERSITY BUSINESS WITH HIS SPOUSE ON A LIMITED BASIS, SPOUSAL TRAVEL EXPENSES ARE FOR A BONA FIDE BUSINESS

SEATING WHEN THE TRAVEL IS FOR A PERIOD OF SIX HOURS OR MORE. DURING CALENDAR YEAR 2019. ONE OFFICER AND ONE KEY EMPLOYEE TRAVELED USING SUCH AIRLINE ACCOMMODATIONS, THE VALUE OF WHICH WAS NOT INCLUDED IN THEIR TAXABLE COMPENSATION AS THIS ACTIVITY WAS A BUSINESS

Page 3

THE UNIVERSITY MAY INDEMNIFY AND PROVIDE TAX GROSS- UP AMOUNTS TO REIMBURSE OFFICERS AND SENIOR MANAGEMENT EMPLOYEES WHERE

indemnification and gross-up payments ADDITIONAL PERSONAL INCOME TAXES ARE INCURRED FROM AN INCLUSION OF A TAXABLE FRINGE BENEFIT. DURING THE CALENDAR YEAR 2019, THREE OFFICERS RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, ALL OF WHICH WERE INCLUDED IN TAXABLE COMPENSATION TO THE EMPLOYEES. **Software ID:** 19010655 **Software Version:** 2019v5.0

**EIN:** 04-2103634

Name: Trustees of Tufts College

(A) Name and Title         (B) Breakdown of W-2 and/or 1099-MISC compensation         (C) Retirement and other deferred compensation         (D) Nontaxable benefits         (E) Tota (B)           I Anthony P Monaco         (i)         897,371         0         198,020         54,355         128,225           Trustee & University President         (i)         0         0         0         0         0           1 Patricia L Campbell         (i)         229,387         0         61,922         39,756         4,283           Executive VP, End Date 5/31/2019         (ii)         0         0         0         0         0           2 Deborah T Kochevar         (i)         378,418         0         26,423         35,355         23,858           Interim Provost & Sr VP - End Date 6/30/2019         (ii)         0         0         0         0         0           3 Jean E Ayers         (ii)         0         0         391         22,033         10,543           Interim VP - Communications & Marketing - End Date 8/2/2/2018         (ii)         0         0         0         0         0           VP - University Relations         (ii)         0         0         0         0         0         0           VP - University Relatio	l of columns (i)-(D) 1,277,971	(F) Compensation in column (B) reported as deferred on prior Form 990
Bonus & incentive compensation   C		reported as deferred on
Anthony P Monaco   (i)   897,371   0   198,020   54,355   128,225	1,277,971	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Trustee & University   (ii)		0
Patricia L Campbell	0	0
Executive VP, End Date   (ii)	335,348	0
2Deborah T Kochevar   (i)   378,418   0   26,423   35,355   23,858     Interim Provost & Sr VP - (ii)	0	
Interim Provost & Sr VP - End Date 6/30/2019	464,054	0
3   3   3   3   3   5   4   5   5   5   5   5   5   5   5	0	0
Communications & Marketing - End Date 8/27/2018  4Mary R Jeka (i) 440,060 0 5,997 54,355 10,694  VP - University Relations (ii) 0 0 0 0 0 0 0  5Thomas S McGurty (i) 416,865 0 5,784 54,355 26,670  VP - Finance & Treasurer - End Date 12/31/2019 (ii) 0 0 0 28,596 30,368 17,215  VP - Human Resources - End Date 8/4/2019 (ii) 0 0 0 0 0 0	221,207	0
VP - University Relations         (ii)         0         0         0         0         0         0           5Thomas S McGurty         (i)         416,865         0         5,784         54,355         26,670           VP - Finance & Treasurer - End Date 12/31/2019         (ii)         0         0         0         0         0         0           6Julien C Carter         (i)         188,107         0         28,596         30,368         17,215           VP - Human Resources - End Date 8/4/2019         (ii)         0         0         0         0         0	0	0
Columbia Strict   Columbia S	511,106	0
VP - Finance & Treasurer - End Date 12/31/2019         (ii)         0         0         0         0         0         0           6Julien C Carter         (i)         188,107         0         28,596         30,368         17,215           VP - Human Resources - End Date 8/4/2019         (ii)         0         0         0         0         0	0	0
End Date 12/31/2019 (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	503,674	0
6 Julien C Carter (i) 188,107 0 28,596 30,368 17,215 VP - Human Resources - End Date 8/4/2019 (ii) 0 0 0 0 0 0	0	0
End Date 8/4/2019 (") 0 0 0	264,286	0
7Michael A Baenen (i) 202,486 0 823 24,670 13,888	0	0
	241,867	0
See Schedule O for Title (ii) 0 0 0 0	0	0
<b>8</b> Paul J Tringale (i) 169,275 0 681 20,581 85,288	275,825	0
Secretary of Corporation (ii) 0 0 0 0	0	0
9Eric C Johnson         (i)         474,839         0         3,445         54,355         24,143	556,782	0
VP - University Advancement (ii) 0 0 0 0 0	0	0
<b>10</b> Elizabeth Mcclain (i) 179,971 6,126 380 21,404 18,315	226,196	0
Associate Treasurer (ii) 0 0 0 0 0	0	0
11Barbara Stein (i) 314,282 0 762 41,550 29,743	386,337	0
VP Operations (ii) 0 0 0 0	0	0
12Michael Rodman (i) 246,483 0 1,159 31,324 6,003	284,969	0
VP Communications & Marketing         (ii)         0         0         0         0         0         0	0	0
13Nadine Aubry (i) 324,423 175,000 1,569 40,819 11,201	553,012	0
Provost and Senior Vice President - Start Date 7/1/2019 0 0 0 0 0	0	0
14Michael W Howard (i) 274,357 0 9,088 36,480 13,112	333,037	0
Executive VP - Start Date 7/1/2019 0 0 0 0 0	0	0
15 James M Hurley (i) 317,674 57,082 2,150 35,355 10,971	423,232	0
CFO, VP-Finance & Treasurer - Start Date 1/1/2020 (ii) 0 0 0 0 0	0	0
16Christopher M Sedore         (i)         144,483         20,000         20,201         22,231         11,043	217,958	0
VP - Information Technology, CIO - Start Date 8/5/2019	0	0
17Naomi Rosenberg (i) 108,506 0 0 8,849 0	117,355	0
DEAN BIOMEDICAL SCIENCES - End Date 6/30/2017 (ii) 0 0 0 0 0	0	0
<b>18</b> Linda M Abriola (i) 307,259 0 2,926 35,355 31,868	377,408	0
SEE SCHEDULE O FOR (ii) 0 0 0 0	0	0
19Harris A Berman (i) 398,391 0 1,899 35,355 29,531	465,176	0
Dean Medical School - End Date 12/31/2019 (ii) 0 0 0 0 0 0		

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (F) Compensation in (C) Retirement and other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 21James M Glaser (i) 371,350 1,724 35,355 29,352 437,781 Dean Arts & Sciences 1Jianmin Qu 398,284 2,835 35,355 23,011 459,485 Dean of Engineering (ii) 2Huw Thomas (i) 432,363 5,967 35,355 15,428 489,113 Dean Dental School - End Date 6/30/2019 3Joyce S Knoll 191,021 1,168 23,261 21,825 237,275 Interim Dean Cummings (ii) School - End Date 7/14/2019 4Daniel Jay 236,724 15,000 27,780 1,426 13,707 294,637 Dean School for Graduate Biomedical Sciences 5Alastair E Cribb 141,974 (i) 4,723 177,098 18,954 11,447 Dean Cummings School -Start Date 7/15/2019 6Peter W Bates 128,112 1,657 17,091 157,282 10,422 Dean ad interim Medical (ii) School - Start Date 1/1/2020 7Nadeem Karimbux 330,210 1,496 35,355 32,962 400,023 Dean Dental School - Start Date 7/1/2019 8Sally Dungan (i) 440,075 244,718 125,355 140,950 6,096 26,895 843,139 Chief Investment Officer -End Date 4/12/2020 427,173 9Dariush Mozaffarian 35,355 1,072 29,661 493,261 Dean Friedman School (ii) 10Maria Papageorge 263,599 230,000 1,699 32,960 24,922 553,180 Professor & Chair 11TRYFAN D EVANS 280,907 165,907 417 113,038 169 560,438 89,215 DIRECTOR OF **INVESTMENTS** 

17,946

27,738

517,835

12Constantinos Laskarides

(ii)

Associate Professor

168,559

303,276

Schedule K

(Form 990)

Department of the Treasury

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

**Supplemental Information on Tax-Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

DLN: 93493132027671

OMB No. 1545-0047
2019

Open to Public Inspection

	ernal Revenue Service	▶G	o to <u>www.irs.gov/</u>	<i>Form</i> 990 for instruct	tions and th	e latest	information.						Inspect		
	ne of the organization stees of Tufts College									Employ	yer ident	tificatio	on numbe	r	
III	stees of furts conege									04-210	03634				
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price (f		(f) Description of purpose			(g) Defeased		<b>(h)</b> On behalf of issuer			Pool ncing
										Yes	No	Yes	No	Yes	No
A	MHEFA Series N	04-2456011	57586CV36	03-27-2008	140,6	00,000	REFUND ISSUE & 01/12/2006	DATED 08/05/	2004		Х		Х		Х
В	MHEFA Series M	04-2456011	57586ejt9	06-11-2009	66,5	48,467	REFUND ISSUE	DATED 04/01/	1998		Х		Х		Х
С	MHEFA SERIES G	04-2456011	57586EKD2	07-01-2009	27,9	00,000	REFUND ISSUE & 6/07/2001	S DATED 6/14/	4/1995 X			Х		Х	
D	MDFA Series P	04-3431814	57583r7l3	02-08-2011	50,5	32,192	REFUND ISSUE	DATED 04/03/	2001		Х		Х		Х
P	art II Proceeds	<b>I</b>													
						Α		В		С		_		D	
1	Amount of bonds retired .					29,300	,000	10,020,000			3,600,	000			
2	Amount of bonds legally defe						0	0							
3	Total proceeds of issue					140,600	,000	66,548,467		27,900,000			50,532,192		532,192
4	Gross proceeds in reserve fu						0	0							
5	Capitalized interest from pro-	ceeds					o	0							
6	Proceeds in refunding escrow	vs					o	0							
7	Issuance costs from proceed	S				600	,000	538,881							532,192
8	Credit enhancement from pro	oceeds					0	0							
9	Working capital expenditures	from proceeds					0	0							
10	Capital expenditures from pr	oceeds					0	0							
11	Other spent proceeds				140,000,000 66,009,586				27,900,000			50,000,000			
12							0	0							
13															
					Yes	No	Yes	No	Yes	s	No		Yes		No
14	Were the bonds issued as pa bonds (or, if issued prior to 2	rt of a current refunding 2018, a current refundin	g issue of tax-exemp	t	Х		х		Х				X		
15	Were the bonds issued as pa bonds (or, if issued prior to 2					х		Х			Х				X
16					Х		X		Х				Х		
17	Does the organization maintaproceeds?				Х		Х		Х				Х		
P	art III Private Business				•	•	•								
						A		В		С				D	
					Yes	No	Yes	No	Yes	s	No		Yes		No
1	Was the organization a partn financed by tax-exempt bond					Х									

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Was the hedge superintegrated? . . . . . .

hedge with respect to the bond issue?

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

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

Private Business Use (Continued)

Schedule K (Form 990) 2019

Part Ⅲ

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Part IV Arbitrage

		4	I	В		С	D		
	Yes	No	Yes	No	Yes	No	Yes	N	
that many vacuit in private business use of									

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Yes

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Yes

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Page 2

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Yes

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Schedule K (Form 990) 2019

BNY MELLON

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		4		В		C	l	)
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?	Х							

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Yes

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MELLON

DEUTSCHE BANK & BNY

Nο

Explanation

Yes

Χ

Yes

Nο

Yes

Χ

Nο

Page 3

D

No

Yes

Х

(GIC)? X

Deutsche Bank and Bank of America

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

SEVEN DEBT ISSUES ARE LISTED ON SCHEDULE K & MULTIPLE SCHEDULES ARE ATTACHED

Schedule K (Form 990) 2019

period?

Part V

Part VI

Schedule K, Part I

**Arbitrage** (Continued)

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

requirements of section 148? . . .

**Return Reference** 

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

Return Reference	Explanation
chedule K, Part IV, Line 3	
IDFA SERIES (MASTER LEASE	RATE IS VARIABLE FOR YEARS(S) 1 & 2 AND CONVERTS TO A FIXED RATE FOR THE REMAINDER OF THE TERM.
GREEMENT)	

ΜI

Return Reference	Explanation
Schedule K, Part I, Column (b) CUSIP #	MDFA SERIES (MASTER LEASE AGREEMENT) DOES NOT HAVE A CUSIP

Return Reference	Explanation
Schedule K, Part II, Line 11 ALL COLUMNS THAT ARE FROM REFUNDINGS	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
	SERIES 2011P IS A REFUNDING OF AN ISSUE DATED PRIOR TO 12/31/2002 AND THEREFORE IS EXEMPT FROM REPORTING ON PART III OF SCHEDULE K

Sch (D)

Return Reference	Explanation
II SERIES WITH 0 0%	WHILE THERE MAY BE LEASES, MANAGEMENT CONTRACTS, OR RESEARCH AGREEMENTS OCCURRING IN BOND FINANCED PROPERTY, DUE TO EQUITY CONTRIBUTIONS OR OTHER PRIVATE BUSINESS USE EXCEPTIONS, THE ARRANGEMENTS DO NOT GENERATE PRIVATE BUSINESS FOR THE CURRENT REPORTING PERIOD

ΑL

Return Reference	Explanation
Schedule K, Part III COLUMNS	BOTH SERIES M & SERIES G ARE REFUNDING'S OF AN ISSUES DATED PRIOR TO 12/31/2002 AND THEREFORE ARE
(B) & (C)	EXEMPT FROM REPORTING ON PART III OF SCHEDULE K

Return Reference	Explanation
	AS PART OF A REMEDIAL ACTION PROCEEDS FROM THE SALE OF A BOSTON BUILDING WERE USED TO RETIRE SERIES N DEBT.

Return Reference	Explanation
	AS PART OF A REMEDIAL ACTION, PROCEEDS FROM THE SALE OF BOSTON BUILDING WERE USED TO DEFEASE SERIES Q DEBT.

COL

Return Reference	Explanation
Schedule K, Part II, Line 3 COLUMN (C)	SERIES R ISSUED AT PAR AND DUE IN AUGUST, 2048

Return Reference	Explanation
Schedule K, Part II, Line 1 COLUMN B	ANNUAL PRINCIPAL PAY-DOWN AND RETIREMENT OF MULTIPLE BONDS

Return Reference	Explanation
Schedule K, Part II, Line 10 COLUMN (C)	SERIES R HAD FINAL SPEND-DOWN OF PROCEEDS ON PROJECTS

Return Reference	Explanation
Schedule K, Part II, Line 3 COLUMN C	THE DIFFERENCE IN SERIES R PROCEEDS IS ATTRIBUTABLE TO INVESTMENT EARNINGS

Return Reference	Explanation
	MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY MASSACHUSETTS DEVELOPMENT FINANCE AUTHORITY

Return Reference	Explanation
edule K, Part IV COLUMN LINE 2C	THE ARBITRAGE REBATE CALCULATION WAS PERFORMED ON 8/12/2020

Return Reference Explanation  ledule K, Part IV, Line 2c Issuer name: MDFA SERIES Q The calculation for computing no rebate due was performed on 08/12/2020			
edule K, Part IV, Line 2c LUMN A	Issuer name: MDFA SERIES Q The calculation for computing no rebate due was performed on 08/12/2020		

(b) Issuer EIN

bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . . . . .

Were the bonds issued as part of a current refunding issue of tax-exempt

(c) CUSIP #

DLN: 93493132027671

(f) Description of purpose

66,569

27,933,431

No

Χ

Χ

2016

Yes

Χ

Χ

**Supplemental Information on Tax-Exempt Bonds** 

explanations, and any additional information in Part VI.

(e) Issue price

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

2019

OMB No. 1545-0047

Open to Public Inspection

(i) Pool

No

Х

No

No

Employer identification number

384,520

33,932,709

No

Χ

Χ

2019

Yes

Χ

Χ

(h) On

04-2103634

(q) Defeased

Department of the Treasury Internal Revenue Service Name of the organization

**Bond Issues** 

(a) Issuer name

Schedule K

(Form 990)

Part I

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8

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14

Part 🏻

1

Trustees of Tufts College

▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

(d) Date issued

behalf of financing issuer Yes No Yes No Yes MDFA SERIES O 04-3431814 57583U4K1 02-26-2015 78,544,431 REFUND ISSUE DATED 11/13/2008 Χ & CONSTRUCT FACILITY MDFA SERIES (MASTER LEASE 04-3431814 03-17-2015 28,000,000 CONSTRUCT FACILITY Χ Χ AGRMNT) MDFA SERIES R 04-3431814 57584YNF2 12-13-2018 34,000,000 IMPROVEMENTS TO EXISTING Χ Χ BUILDINGS Part  ${f II}$ **Proceeds** C Α D 9,354,366 4,355,000 3 78,544,431 34,317,229 28,000,000 5 

Were the bonds issued as part of an advance refunding issue of taxable 15 16 Does the organization maintain adequate books and records to support the final allocation of 17

**Private Business Use** 

Α Yes Nο Yes No Yes No Yes Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Χ 

728,677

5,700,580

72.115.174

No

Χ

2016

Yes

Χ

Χ

Χ

D

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

hedge with respect to the bond issue?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

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

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

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 nongualified bonds of

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

Schedule K (Form 990) 2019

b

C

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8a

Part IV

b

C

Arbitrage

Page 2

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Χ

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Yes

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Yes

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No

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Yes

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No

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D

Schedule K (Form 990) 2019

No

Yes

Χ

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

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

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

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

requirements of section 148? . . .

	4				
Yes	No	Yes			
			and the second s	 	

Page 3

No

D

D

No

Yes

Yes

No

Yes

Χ

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

Yes

Χ

No

Yes

No

No

Yes

Χ

Nο

efile GRAPHI	C print - DO NO	OT PROCES	S As F	iled Data -					DL	.N: 93	4931	32027	671
Schedule L		Tran	sactio	ns with li	nterested Persons				OI	OMB No. 1545-0047			
(Form 990 or 990	-EZ) ► Comple	te if the orga	anization a	answered "Yes Bc, or Form 99 ch to Form 99	s" on Form 9 0-EZ, Part V	90, Part IV, li , line 38a or 4	ines 2	25a, 2	25b, 26	5,	<b>20</b>	19	ļ
Department of the Trea		Go to <u>www.ii</u>		<u>m990</u> for inst			forma	tion.		(		o Publ ection	
Name of the organization Name of the Organization								•	•	entifica	ation n	umber	
	ss Benefit Trai						(29)	_	nization				
	Name of disquali			Relationship be					escript		_	Correc	ted?
					organization			tr	ansacti	on	Ye	es I	No
4958 3 Enter the ar  Part II Loa Con report  (a) Name of	mount of tax incur mount of tax, if an ans to and/or in plete if the organ orted an amount or (b) Relationship with organization	From Interization answern Form 990, I	ested Pered "Yes" of Part X, line	bursed by the crsons. n Form 990-EZ, 5, 6, or 22	rganization .	88a, or Form 99	90, Pa	rt IV,	line 26	\$ \$ b; or if	(i)	anizatioi ) Writtei reement	n
						_				committee?			
			То	From			Yes	No	Yes	No	Yes	No	
Total .	<u> </u>				<u> </u> ▶ \$								
Part IIII Gra	nts or Assistaı	nce Benefit	_	ested Perso	ns.		<u> </u>						
Com (a) Name of inter		anization an  ) Relationship erested perso organizat	between on and the	(c) Amount		(d) Type	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assista	nce

(c) Amount of

**Explanation** 

(d) Description of transaction

(e) Sharing

Schedule L (Form 990 or 990-EZ) 2019

	person and the organization	transaction		of organization's revenues?	
				Yes	No
(-)	PARTNER IS SPOUSE OF CURRENT TRUSTEE	_, ,	INVESTMENT MANAGEMENT SERVICES		No
(2) Steven Block	Shouse of Current	257 476	Employment		No

(2) Steven Block	Spouse of Current Trustee	257,476	Employment	No
(3) A & A Metro Transportation	Brother of Current Trustee	696,982	Transportation Services	No
(4) Robert Ferrin	Spouse of V.P. of Finance & Treasurer	74,188	Employment	No

190,591 EMPLOYMENT (5) MORTON B ROSENBERG SPOUSE OF FORMER KEY EMPLOYEE

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

(b) Relationship

No Part V **Supplemental Information** 

**Return Reference** 

(a) Name of interested person

DLN: 93493132027671 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Trustees of Tufts College 04-2103634 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 204,126 Market value 1 Art—Works of art . . Χ Art-Historical treasures Art—Fractional interests Χ 130,566 Market value 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 184 9,813,783 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . Χ 500 Market value Χ 50,612 Market value 19 Food inventory . . . Χ 900,765 Market value 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 10 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Pag Pag (		
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.	
Return Reference	Explanation	
•	THE UNIVERSITY IS REPORTING THE NUMBER OF NON-CASH FISCAL YEAR CONTRIBUTIONS BASED ON EACH GIFT RECEIVED.	
parties used to solicit, process, or sell noncash contributions	Trustees of Tufts college "Tufts" engaged with the company Bidsquare for its annual Art Sale. Bidsquare is a third-party marketplace facilitator for online art sales and auctions. Bidsquare handles listing pieces of art on its website, hosting the "online sale" and processing sales transactions for a fee. Tufts engaged with Bidsquare this year due to the current COVID environment.	
	Schedule M (Form 990) (2019)	

## **Additional Data**

REDUCTION

Other ▶ (
SPORTS/CONCERT TICKETS )

		Software ID:	19010655	
		Software Version:	2019v5.0	
		EIN:	04-2103634	
		Name:	Trustees of Tufts College	
Part I, Lines 25-28				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ► ( EQUIPMENT )	X	13	60,505	Market value
Other ► ( GIFT CARDS )	X	1	200	Market value
Other ► ( DINNER EVENTS AND MEETINGS )	Х	4	5,858	Market value
Other ► ( DONATED TRAVEL EXPENSES )	X	4	1,289	Market value
Other ▶ ( CONTRIBUTION PORTION FROM THE SMFA ART SALE )	X	12	646,088	Market value
Other ► ( RENTAL EXPENSE	X	1	210,760	Market value

Χ

2,185 Market value

efile GRAPHI	print - DO NOT PROCESS As Filed Data -	DLN: 93493132027671	
SCHEDULE (Form 990 or 9 EZ)	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.  Action 1990 or 990 or 990 experience of the provide and the least information.		
ฟลกาย Betharofgan Trustees of Tufts Col 990 Schedule	ege .	oloyer identification number	
Return Reference	Explanation		
Form 990, Part I, Line 6 NUMBER OF VOLUNTEERS	EIR TIME, EXPERIENCE, AND EFFORTS TO THE UNIVERSITY. AS A RESULT OF HAVING SUCH A LARGE AU DIENCE OF VOLUNTEERS ACROSS OUR 3 CAMPUSES, THE ACCOUNTING PROCESS IS QUITE FRAGMENTED. TH		

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Tufts University is a student-centered research INSTITUTION dedicated to the creation and application of knowledge. With approximately 11,400 full-time students from 105 countries, we are committed to providing A transformative experiences for students and faculty in an inclusive and collaborative environment where creative scholars generate bold ideas, inno vate in the face of complex challenges and distinguish themselves as active citizens of the world. TUFTS UNIVERSITY'S FOCUS ON INNOVATION AND PROGRESSIVE THINKING TOOK ROOT AT ITS FOUNDING AS A LIBERAL ARTS COLLEGE IN 1852. TODAY, TUFTS UNDERGRADUATE, GRADUATE AND PROFE SSIONAL SCHOOLS ARE RECOGNIZED FOR THEIR DEDICATION TO EDUCATING NEW LEADERS FOR OUR CHANG ING WORLD AND TUFTS IS RECOGNIZED AMONGST THE MOST SELECTIVE ACADEMIC AND RESEARCH UNIVERS ITIES IN THE UNITED STATES. SUPERB TEACHING AND WORLD-CLASS RESEARCH EQUIP TUFTS GRADUATES TO ADDRESS MULTI-FACETED CHALLENGES AROUND THE GLOBE. CREATIVE CROSS-SCHOOL COLLABORATION S AND MULTIDISCIPLINARY CENTERS ENGAGE STUDENTS IN SEEKING SOLUTIONS TO COMPLEX ECONOMIC, HEALTH, POLITICAL AND ENVIRONMENTAL ISSUES EVEN BEFORE THEY GRADUATE. A GROWING NUMBER OF INNOVATIVE RESEARCH INITIATIVES AND JOINT DEGREE PROGRAMS ARE AVAILABLE FOR BOTH UNDERGRAD UATE AND GRADUATE STUDENTS IN LIBERAL ARTS, SCIENCES AND ENGINEERING AND THE UNIVERSITY'S GRADUATE AND PROFESSIONAL SCHOOLS.

Return Explanation
Reference

Form 990, Part VI, Line 2
Family/business relationships amongst interested persons

Return

Form 990.

#### **Explanation** Reference THE UNIVERSITY'S IN-HOUSE TAX DEPARTMENT PREPARED THE ANNUAL INFORMATION TAX FILING. AS PA

Part VI. Line RT OF THAT EFFORT IT INCLUDED A LIMITED-SCOPE TAX ENGAGEMENT WITH PRICEWATERHOUSECOOPERS. 11b Review LLP AS A CONSULTANT TO REVIEW SPECIFIC AREAS OF THE TAX RETURN. A COMPREHENSIVE DRAFT FORM 990 WAS THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE BEFORE THE RETURN WAS FINALIZ of form 990 by governing ED. A FINAL COPY OF THE FORM 990. AS FILED. WAS PROVIDED TO THE FULL GOVERNING BODY FOR TH body EIR REVIEW PRIOR TO IT BEING FILED TO THE IRS.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE TRUSTEES OFFICE AT TUFTS UNIVERSITY MAINTAINS A STATEMENT OF COMPLIANCE AND A DISCLOSU RE FORM WHICH IS USED TO DISCLOSE ANY CONFLICTS OF INTEREST FOR OFFICERS, KEY EMPLOYEES, A ND GOVERNING BOARD MEMBERS ON AN ANNUAL BASIS. THESE INDIVIDUALS ARE ASKED TO READ THE CON FLICT OF INTEREST POLICY AND COMPLETE AN INTERNET-BASED QUESTIONNAIRE. EACH INDIVIDUAL IS REQUIRED TO DISCLOSE ANY POTENTIAL OR REAL CONFLICTS IN A STATEMENT THAT IS SIGNED, DATED, AND SUBMITTED ELECTRONICALLY TO THE TRUSTEES OFFICE. IN ADDITION, AS PART OF THE ANNUAL M ONITORING PROCESS, CONFLICT DISCLOSURES ARE REPORTED TO THE AUDIT, RISK, AND COMPLIANCE COMMITTEE. THE AUDIT, RISK, AND COMPLIANCE COMMITTEE IS NOTIFIED AND REVIEWS SUCH DISCLOSURES AND ADVISES ANY ACTIONS. THEREAFTER, IF A DISCLOSURE IS DEEMED TO BE A CONFLICT, THE INDIVIDUAL WOULD THEN CONFIRM THAT THEY WILL NOT PARTICIPATE IN ANY DECISIONS RELATING TO THE
	SPECIFIC DISCLOSED CONFLICT.

Return Reference	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	EXECUTIVE COMPENSATION IS DETERMINED BY THE TRUSTEE COMPENSATION COMMITTEE WHICH USES A MULTITUDE OF RESOURCES AND INFORMATION. THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD OF TRUSTEES WHO MAY SERVE AS THE CHAIR, ALONG WITH ADDITIONAL MEMBERS, EACH SERVING WITH NO TERM LIMITS. THESE INDIVIDUALS ARE CHOSEN FOR THEIR PARTICULAR EXPERIENCE WITH COMPENSATION MATTERS. THE COMMITTEE MEETS AT LEAST ANNUALLY AND USES SURVEY DATA FROM HUMAN RESOURCES THAT HAVE BEEN GATHERED FROM WILLIS TOWERS WATSON AN EXTERNAL, GLOBAL, PROFESSIONAL SERVICES COMPANY. THE EXECUTIVE COMPENSATION SURVEY INCLUDES SELECT PEER INSTITUTIONAL DATA IN THE LARGER COMPETITIVE MARKETPLACE. ALSO, WHEN CERTAIN DATA IS UNAVAILABLE, HUMAN RESOURCES ASSEMBLES INFORMATION FROM THE CUPA HIGHER EDUCATION SALARY SURVEY. ADDITIONALLY, SALARY RECOMMENDATIONS AND PERFORMANCE REVIEWS ARE PROVIDED TO THE COMPENSATION COMMITTEE TO ASSIST THEM IN THE DECISION MAKING PROCESS. THE COMPENSATION COMMITTEE DELIBER ATES AND VOTES WHILE CONTEMPORANEOUSLY DOCUMENTING ITS DECISIONS RELATING TO COMPENSATION. REGARDING THE COLLEGE PRESIDENT, AFTER HAVING COLLECTED FEEDBACK FROM TRUSTEES, THE CHAIR MAN OF THE COMPENSATION COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW BEFORE THE CLOSE OF THE FISCAL YEAR.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	FOR OTHER EXECUTIVES, INCLUDING SENIOR OFFICERS, KEY EMPLOYEES AND DEANS, TUFTS UNIVERSITY HUMAN RESOURCES OFFICE USED COMPENSATION SURVEYS TO BENCHMARK EACH INDIVIDUAL'S JOB TO THE RELEVANT MARKET TO ENSURE PROPER COMPENSATION. ADDITIONALLY, THE COMPENSATION COMMITTEE ALSO RECEIVED WRITTEN PERFORMANCE EVALUATIONS DURING THE SAME TIME PERIOD ALONG WITH RECOM MENDATIONS FROM THE PRESIDENT, PROVOST AND EXECUTIVE V.P. FOR THEIR RESPECTIVE DIRECT REPORTS.

# 990 Schedule O, Supplemental Information Return Explanation

Reference Form 990. TRUSTEES OF TUFTS COLLEGE MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND F Part VI. Line INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. ALL INFORMATION IS AVAILABLE UPON REQUEST. IN 19 Required ADDITION, AUDITED FINANCIAL STATEMENTS are included as an attachment to the MASSACHUSETTS Form PC, which is a public document AND can also be found with THE CONFLICT OF INTEREST/B documents available to USINESS CONDUCT POLICIES ON THE TUFTS UNIVERSITY WEBSITE. AT WWW.TUFTS.EDU. the public

Return Reference	<b>Explanation</b>
Form 990, Part VII, Section A, Line 1a,	MICHAEL BAENEN-SERVED AS CHIEF OF STAFF IN THE OFFICE OF THE PRESIDENT AND ASSISTANT SECRE TARY OF THE CORPORATION - END DATE 6/30/2020 LINDA M. ABRIOLA-ENGINEERING PROFESSOR -START DATE 9/01/2015, DEAN OF ENGINEERING-END DATE 8/31/2015
Column (A) NAMES & TITLES	

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Consolidated Entities Revenue910260; Cumulative Effect of Accounting Change SFAS 158793889; Change in split Interest Agreement745904; Change in fair value of interest r ate agreements22315798; Investment in Tufts Shared Services, Inc349060;

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As Filed Data -

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

DLN: 93493132027671

#### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Trustees of Tufts College

Name of the organization

(Form 990)

**SCHEDULE R** 

Employer identification number 04-2103634

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		<b>(e)</b> End-of-year assets	(f) Direct controlling entity		
(1) TUDC LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3056113	REAL ESTATE DEVELOPMENT	MA	1,416,416	0	TRUSTEES OF TUFTS COLLE	GE	
(2) TUFTS MEDIA LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-2103634	CONSUMER PUBLISHING & MEDIA	DE	3,308,413	2,560,956	TRUSTEES OF TUFTS COLLE	GE	
(3) AZULUNA BRANDS LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-2103634	AGRICULTURE	МА	-33,470		TRUSTEES OF TUFTS COLLE	GE	
(4) TUFTS HEALTH AND WELLNESS SERVICES LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 80-0754011	HEALTH AND WELLNESS SERVICES	MA			TRUSTEES OF TUFTS COLLE	EGE	
(5) TAS Operations LLC 149 New Sweden Road Woodstock, CT 06281 04-2103634	Veterinary Services	СТ	417,862		Trustees of Tufts College		
(6) Violet Road Holdings LLC 14 Capen Street Medford, MA 02155	Agriculture	КҮ	0		TRUSTEES OF TUFTS COLLE	GE	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Complete if the organiz	zation answered "	Yes" on Form 990,	Part IV, line 34 b	pecause it had one or i	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
(1)OMIDYAR-TUFTS ACTIVE CITIZENSHIP TRUST 169 HOLLAND STREET	RELIEF OF POOR & EDUCATION GRANTS	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes No	
SOMERVILLE, MA 02144 04-3828582							
(2)WALNUT HILL PROPERTIES CORP 14 Capen Street	REAL ESTATE MANAGEMENT	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
MEDFORD, MA 02155 04-3419100							
(3)TUFTS SHARED SERVICES INC 171 HARRISON AVE PO BOX 634	COORDINATE HEALTH & EDUCATIONAL SERVICES	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
BOSTON, MA 02111 23-7000827							
(4)TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES INC 200 WESTBOROUGH ROAD	VETERINARY EMERGENCY TREATMENT & CARE	МА	501(c)(3)	10	TRUSTEES OF TUFTS COLLEGE	Yes	
NORTH GRAFTON, MA 02158 04-3430674							
(5)TUFTS UNIVERSITY POST-RETIREMENT PLAN 169 HOLLAND STREET	VEBA	MA	501(c)(9)		TRUSTEES OF TUFTS COLLEGE	Yes	
SOMERVILLE, MA 02144 04-3236078							
(6)TUFTS GLOBAL INC 169 HOLLAND STREET	FOREIGN OPERATIONS SUPPORT ORGANIZATION	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
SOMERVILLE, MA 02144 47-4543971							
(7)CIVIC EDUCATION FOUNDATION 169 HOLLAND ST ATTN TAX DEPT	RAISE CIVIC AWARENESS	MA	501(c)(3)	10	Trustees of Tufts College	Yes	
SOMERVILLE, MA 02144 04-6111643							
For Paperwork Reduction Act Notice, see the Instructions for Form S	990.	Cat. No. 50135\	(		Schedule R (Form 9	990) 2019	

(a)		(b)	(c)	(d)	(e	)	(f)	(g)	(H	1)	(i)	l (j	)	(k)
Name, address, and EIN related organization	of	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predom income(r unrela excluded tax ur sections	ninant related, ated, d from nder s 512-	Share of	Share of e end-of-year assets	Dispropi allocat	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or liging ner?	Percentaç ownershi
									165	NO		165	NO	
			+ +											
													+	
Part IV Identification of Related Orga	nizations Taxable as a (	Corporation	or Trust	t Complete	if the c	rnaniz	zation an	swered "Ye	s" on F	orm 9	90 Part I\	/ line	34	
because it had one or more relate							acion an	owered re-	5 0111	01111 3	50, 1 410 10	, 11110	J.	
(a)  Name, address, and EIN of related organization	(b) Primary activity	dor (state	(c) egal micile or foreign untry)	Direct	(d) controlling ntity	Type (C cor	(e) of entity p, S corp, trust)	<b>(f)</b> Share of total income		(g) e of end- year assets	-of- Perce	<b>h)</b> entage ership		(i) ection 51 (b)(13) controlled entity?
(1)JM HOLDINGS INC	DEAL ECTATE			TRUCT		C C				25.5	100.0	,	-	es N
(1) M HOLDINGS INC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3184043	REAL ESTATE DEVELOPMENT	ľ	4A	TRUSTI TUFTS	COLLEGE					35,5	97   100 9	<b>/</b> 0	"	es
(2)PERPETUAL TRUSTS - (8)	SUPPORT	ı	ИΑ	TRUSTI TUFTS	ES OF COLLEGE	Trust								No
(3)CHARITABLE REMAINDER UNITRUSTS - (26)	SUPPORT	ľ	AΑ	TRUSTI TUFTS	ees of College	Trust								No
(4)CHARITABLE LEAD TRUSTS - (5)	SUPPORT	r	ИΑ	TRUSTI TUFTS	ES OF COLLEGE	Trust								No
(5)TUFTS UNIVERSITY CHARITABLE TRUST	SUPPORT	ŀ	HK	TRUSTI		Trust		36,00	0	232,6	58 100 9	/o	Y	es
169 HOLLAND ST ATTN TAX DEPT SOMERVILLE, MA 02144 51-6581922				TUFIS	COLLEGE									
(6)BRAINGATE INC	Patent Holdings	1	4A	TRUSTI TUFTS	ES OF COLLEGE	C Corpo	oration			119,3	78 100 9	6	Yı	es

Pa	<b>Transactions With Related Organizations.</b> 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	
Ь	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i	Yes	
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	Yes	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	
	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.  dditional Data Table			
	(a) Name of related organization  (b) Transaction Transaction Amount involved Method of determining am	ount i	nvolved	ĺ

Page **3** 

Schedule R (Form 990) 2019

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.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019											
Part VIII Supplemental Info	Supplemental Information										
Provide additional infor	Provide additional information for responses to questions on Schedule R. (see instructions).										
Return Reference	Explanation										
Schedule R, Part IV, Column (a) TRUSTS	THE PERPETUAL AND CHARITABLE REMAINDER TRUSTS AND CHARITABLE LEAD TRUSTS ARE DOMICILED IN FLORIDA AND MASSACHUSETTS.										

#### **Additional Data**

TUFTS MEDIA LLC

04-2103634

04-2103634

80-0754011

169 HOLLAND STREET

SOMERVILLE, MA 02144

AZULUNA BRANDS LLC

169 HOLLAND STREET

169 HOLLAND STREET SOMERVILLE, MA 02144

TAS Operations LLC

14 Capen Street

Medford, MA 02155

149 New Sweden Road Woodstock, CT 06281 04-2103634

Violet Road Holdings LLC

SOMERVILLE, MA 02144

TUFTS HEALTH AND WELLNESS SERVICES LLC

**Software ID:** 19010655 Software Version: 2019v5.0 Form 990, Schedule R, Part I - Identification of Disregarded Entities (a) Name, address, and EIN (if applicable) of disregarded entity TUDC LLC REAL ESTATE 169 HOLLAND STREET DEVELOPMENT SOMERVILLE, MA 02144 04-3056113

**EIN:** 04-2103634 Name: Trustees of Tufts College

MEDIA

**AGRICULTURE** 

SERVICES

Agriculture

(c)

(State

MΑ

DE

MΑ

MA

CT

ΚY

(d) Total income End-of-year assets

1,416,416

3,308,413

-33,470

417,862

0

(e)

(f)

Direct Controlling

Entity

0 TRUSTEES OF TUFTS

TRUSTEES OF TUFTS

TRUSTEES OF TUFTS

Trustees of Tufts College

TRUSTEES OF TUFTS

COLLEGE

2,560,956 TRUSTEES OF TUFTS

COLLEGE

COLLEGE

COLLEGE

COLLEGE

(b) Legal Domicile Primary Activity or Foreign Country)

CONSUMER PUBLISHING &

HEALTH AND WELLNESS

Veterinary Services

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) WALNUT HILL PROPERTIES CORP 12,192,673 FAIR MARKET VALUE D WALNUT HILL PROPERTIES CORP FAIR MARKET VALUE Κ 1,480,149 WALNUT HILL PROPERTIES CORP. 233,498 FAIR MARKET VALUE TUFTS GLOBAL INC. 943,956 FAIR MARKET VALUE М OMIDYAR-TUFTS ACTIVE CITIZENSHIP TRUST Q 733,000 FAIR MARKET VALUE FAIR MARKET VALUE TUFTS SHARED SERVICES М 5.087.000 TUFTS VETERINARY TREATMENT & SPECIALTIES INC. 608,956 FAIR MARKET VALUE L TUFTS VETERINARY TREATMENT & SPECIALTIES INC Q 776,572 FAIR MARKET VALUE OMIDYAR-TUFTS ACTIVE CITIZENSHIP TRUST FAIR MARKET VALUE 798,000 WALNUT HILL PROPERTIES CORP FAIR MARKET VALUE 1,045,046 TUFTS VETERINARY TREATMENT & SPECIALTIES INC С 232,962 FAIR MARKET VALUE WALNUT HILL PROPERTIES CORP 66.613 FAIR MARKET VALUE М TUFTS UNIVERSITY EMPLOYEE BENEFIT TRUST 339,324 FAIR MARKET VALUE L FAIR MARKET VALUE WALNUT HILL PROPERTIES CORP Ρ 448,924

S

1,416,416

FAIR MARKET VALUE

TUDC LLC