

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2012** calendar year, or tax year beginning **07/01, 2012**, and ending **06/30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF BOSTON UNIVERSITY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 881 COMMONWEALTH AVENUE, 4TH FL City, town or post office, state, and ZIP code BOSTON, MA 02215-1303	D Employer identification number 04-2103547
	F Name and address of principal officer: ROBERT A. BROWN, PRESIDENT ONE SILBER WAY BOSTON, MA 02215	E Telephone number (617) 353-2290
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 2,338,286,213. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: ▶ HTTP://WWW.BU.EDU	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1869 M State of legal domicile: MA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	40.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	25,631.
	6	Total number of volunteers (estimate if necessary)	6	1,660.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,141,576.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	420,933,836.	416,392,754.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,469,318,894.	1,494,966,616.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,572,839.	65,379,241.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,079,042.	43,901,308.
			1,963,904,611.	2,020,639,919.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	351,372,445.	362,921,787.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	949,059,771.	979,527,077.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	204,283.	132,861.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,992,952.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	529,627,382.	532,979,624.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,830,263,881.	1,875,561,349.	
19	Revenue less expenses. Subtract line 18 from line 12	133,640,730.	145,078,570.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,329,848,069.	4,648,075,901.
	22	Net assets or fund balances. Subtract line 21 from line 20.	2,180,943,056.	2,211,659,276.
		2,148,905,013.	2,436,416,625.	

Part II Signature Block

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

Sign Here	Signature of officer	Date 5-14-14
	Type or print name and title Martin J. Howard Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GWEN SPENCER				P00641463
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110			Phone no. 617-530-5000		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Trustees of Boston University	Employer identification number (EIN) or 04-2103547
	Number, street, and room or suite no. If a P.O. box, see instructions. 881 Commonwealth Avenue, 4th floor	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02215-1303	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Boston University, Office of the Comptroller

Telephone No. ▶ 617-353-2290 FAX No. ▶ 617-353-5492

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning July 1, 20 12, and ending June 30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. TRUSTEES OF BOSTON UNIVERSITY	Employer identification number (EIN) or 04-2103547
	Number, street, and room or suite no. If a P.O. box, see instructions. 881 COMMONWEALTH AVENUE, 4TH FLOOR	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02215-1303	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.


- The books are in the care of ► **BOSTON UNIVERSITY, OFFICE OF THE COMPTROLLER**
Telephone No. ► **617-353-2290** Fax No. ► **617-353-5492**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 20 14 .
- 5 For calendar year _____, or other tax year beginning JULY 1, 20 12, and ending JUNE, 20 13 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **EXTENSION OF TIME TO FILE REQUESTED TO PREPARE A MORE COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **SR VP, CFO AND TREASURER** Date ► 1/29/14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 1,124,729,221. including grants of \$ 324,355,554.) (Revenue \$ 1,161,520,406.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 237,408,000. including grants of \$ 38,566,233.) (Revenue \$ 53,761,401.)

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

4c (Code:) (Expenses \$ 241,592,551. including grants of \$) (Revenue \$ 279,684,809.)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 86,187,950. including grants of \$) (Revenue \$)

4e Total program service expenses 1,689,917,722.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (37), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: GILLIAN EMMONS 881 COMMONWEALTH AVENUE, 4TH FLOOR, BOSTON, MA 02215-1303 617-353-2290

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. BROWN PRESIDENT	55.00 1.00	X		X				887,813.	0	543,130.
(2) KATHERYN PFISTERER DARR TRUSTEE & PROFESSOR	55.00	X						121,896.	0	15,590.
(3) ROBERT A. KNOX TRUSTEE	3.00	X						0	0	0
(4) JOHN P. HOWE III TRUSTEE	3.00	X						0	0	0
(5) RICHARD D. COHEN TRUSTEE	3.00	X						0	0	0
(6) JONATHAN R. COLE TRUSTEE	3.00	X						0	0	0
(7) SHAMIM A. DAHOD TRUSTEE	3.00	X						0	0	0
(8) DAVID F. D'ALESSANDRO TRUSTEE	3.00	X						0	0	0
(9) SUDARSHANA DEVADHAR TRUSTEE	3.00	X						0	0	0
(10) RICHARD B. DEWOLFE TRUSTEE	3.00	X						0	0	0
(11) KENNETH J. FELD TRUSTEE	3.00	X						0	0	0
(12) SIDNEY J. FELTENSTEIN TRUSTEE	3.00	X						0	0	0
(13) RONALD G. GARRIQUES TRUSTEE	3.00	X						0	0	0
(14) RICHARD C. GODFREY TRUSTEE	3.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SUNGEUN HAN-ANDERSON TRUSTEE	3.00	X					0	0	0	
(16) BAHAA R. HARIRI TRUSTEE	3.00	X					0	0	0	
(17) ROBERT J. HILDRETH TRUSTEE	3.00	X					0	0	0	
(18) STEPHEN R. KARP TRUSTEE	3.00	X					0	0	0	
(19) RAJEN A. KILACHAND TRUSTEE	3.00	X					0	0	0	
(20) CLEVE L. KILLINGSWORTH, JR. TRUSTEE	3.00	X					0	0	0	
(21) ELAINE B. KIRSHENBAUM TRUSTEE	3.00	X					0	0	0	
(22) ANDREW R. LACK TRUSTEE	3.00	X					0	0	0	
(23) ERIC S. LANDER TRUSTEE	3.00	X					0	0	0	
(24) ALAN M. LEVENTHAL TRUSTEE	3.00	X					0	0	0	
(25) J. KENNETH MENGES, JR. TRUSTEE	3.00	X					0	0	0	
1b Sub-total							1,009,709.	0	558,720.	
c Total from continuation sheets to Part VII, Section A							7,534,897.	2,042,225.	760,764.	
d Total (add lines 1b and 1c)							8,544,606.	2,042,225.	1,319,484.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2238

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 253

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CARLA E. MEYER TRUSTEE	3.00	X						0	0	0
(27) ALICIA C. MULLEN TRUSTEE	3.00	X						0	0	0
(28) PETER T. PAUL TRUSTEE	3.00	X						0	0	0
(29) C.A. LANCE PICCOLO TRUSTEE	3.00	X						0	0	0
(30) CHRISTINE A. POON TRUSTEE UNTIL 09/21/2012	3.00	X						0	0	0
(31) STUART W. PRATT TRUSTEE	3.00	X						0	0	0
(32) ALLEN I. QUESTROM TRUSTEE	3.00	X						0	0	0
(33) RICHARD D. REIDY TRUSTEE	3.00	X						0	0	0
(34) SHARON G. RYAN TRUSTEE	3.00	X						0	0	0
(35) S.D. SHIBULAL TRUSTEE	3.00	X						0	0	0
(36) RICHARD C. SHIPLEY TRUSTEE	3.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2238

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) HUGO X. SHONG TRUSTEE	3.00	X					0	0	0	
(38) BIPPY M. SIEGAL TRUSTEE	3.00	X					0	0	0	
(39) NINA C. TASSLER TRUSTEE	3.00	X					0	0	0	
(40) ANDREA L. TAYLOR TRUSTEE	3.00	X					0	0	0	
(41) PETER D. WEAVER TRUSTEE UNTIL 09/21/2012	3.00	X					0	0	0	
(42) STEPHEN M. ZIDE TRUSTEE	3.00	X					0	0	0	
(43) MARTIN J. HOWARD SR VP, CFO & TREASURER	55.00 1.00			X			430,014.	0	56,663.	
(44) TODD L.C. KLIPP SR VP, GEN COUNSEL & SECRETARY	55.00			X			557,649.	0	60,352.	
(45) JEAN MORRISON UNIVERSITY PROVOST	55.00				X		628,443.	0	184,823.	
(46) KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	55.00 3.00				X		698,175.	0	34,263.	
(47) GARY W. NICKSA SR VP FOR OPERATIONS	55.00 2.00				X		403,523.	0	60,385.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2238

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) PETER CUSATO VP AUXILIARY SVCS (RETIRED)	0 0					X	1,545,977.	0	12,305.	
(49) BARRY ZUCKERMAN PROFESSOR & PHYSICIAN	50.00					X	0	1,103,844.	51,097.	
(50) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00					X	1,003,120.	0	50,365.	
(51) WILLIAM CREEVY PROFESSOR & PHYSICIAN	54.00					X	0	938,381.	58,252.	
(52) CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	55.00					X	977,006.	0	826.	
(53) JOSEPH P. MERCURIO EXECUTIVE VP (RETIRED)	0 0					X	813,096.	0	27,434.	
(54) DAVID CAMPBELL FORMER PROVOST	40.00					X	477,894.	0	163,999.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2238**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,060,318.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	325,857,682.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	89,474,754.					
	g Noncash contributions included in lines 1a-1f: \$		26,619,670.					
	h Total. Add lines 1a-1f			416,392,754.				
	Program Service Revenue	Business Code						
2a TUITION AND FEES			900099	1,161,520,406.	1,161,520,406.			
b AUX SALES & SERVICES			900099	279,684,809.	279,684,809.			
c NON-GOVERNMENT GRANTS			900099	53,761,401.	53,761,401.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			1,494,966,616.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			46,623,839.			46,623,839.	
	4 Income from investment of tax-exempt bond proceeds			1,086.			1,086.	
	5 Royalties			3,441,212.			3,441,212.	
	6a Gross rents	(i) Real	38,651,177.					
		(ii) Personal						
		b Less: rental expenses		20,894,352.				
		c Rental income or (loss)		17,756,825.				
	d Net rental income or (loss)			17,756,825.			17,756,825.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	313,947,106.	(ii) Other	-97,185.			
		b Less: cost or other basis and sales expenses			295,095,605.			
		c Gain or (loss)			18,851,501.			
		d Net gain or (loss)			18,754,316.		-97,185.	18,851,501.
	8a Gross income from fundraising events (not including \$ 1,060,318. of contributions reported on line 1c). See Part IV, line 18	a		2,120,847.				
		b Less: direct expenses			1,656,337.			
		c Net income or (loss) from fundraising events			464,510.			464,510.
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a ATHLETIC RENTALS			713940	8,545,586.		8,545,586.		
	b HOTEL OPERATIONS		721110	6,713,517.		6,713,517.		
	c RESTAURANT OPERATIONS		722100	4,530,630.		4,530,630.		
	d All other revenue			2,449,028.		2,449,028.		
	e Total. Add lines 11a-11d			22,238,761.				
12 Total revenue. See instructions			2,020,639,919.	1,494,966,616.	22,141,576.	87,138,973.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	35,980,471.	35,980,471.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	324,355,554.	324,355,554.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,585,762.	2,585,762.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,666,105.	3,646,842.	353,619.	665,644.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,261,456.	1,261,456.		
7 Other salaries and wages	752,258,860.	657,654,693.	82,692,951.	11,911,216.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,103,128.	54,293,031.	6,826,760.	983,337.
9 Other employee benefits	99,327,754.	86,836,283.	10,918,722.	1,572,749.
10 Payroll taxes	59,909,774.	52,375,514.	6,585,653.	948,607.
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,756,213.		2,756,213.	
c Accounting	980,426.		980,426.	
d Lobbying	850,277.	850,277.		
e Professional fundraising services. See Part IV, line 17	132,861.			132,861.
f Investment management fees	2,071,381.		2,071,381.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	103,330,767.	95,983,818.	6,567,079.	779,870.
12 Advertising and promotion	7,883,580.	5,074,996.		2,808,584.
13 Office expenses	52,057,052.	49,712,364.	1,210,710.	1,133,978.
14 Information technology	21,473,088.	6,196,033.	15,234,896.	42,159.
15 Royalties	525,900.	525,900.		
16 Occupancy	163,047,463.	148,243,819.	14,750,031.	53,613.
17 Travel	23,696,413.	21,589,906.	1,144,240.	962,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	11,889,056.	9,612,968.	1,311,894.	964,194.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	92,056,444.	89,999,955.	2,056,489.	
23 Insurance	5,421,435.	2,038,754.	3,382,681.	
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 RESEARCH & LABORATORY SUPPLI	22,505,554.	22,505,554.		
b BOOKS & PERIODICALS	2,837,321.	2,730,722.	98,335.	8,264.
c DUES & MEMBERSHIPS	7,703,940.	4,597,369.	3,080,962.	25,609.
d EDUCATIONAL SERVICES	8,904,110.	8,904,110.		
e All other expenses	2,989,204.	2,361,571.	627,633.	
25 Total functional expenses. Add lines 1 through 24e	1,875,561,349.	1,689,917,722.	162,650,675.	22,992,952.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	626,999,425.	2	730,494,221.
	3 Pledges and grants receivable, net	127,494,239.	3	129,277,974.
	4 Accounts receivable, net	174,566,838.	4	173,882,348.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	7,113,675.	7	9,349,842.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	86,875,629.	9	95,755,658.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3178012297.		
	b Less: accumulated depreciation	10b 1135919051.	2,006,536,573.	10c 2,042,093,246.
	11 Investments - publicly traded securities	364,890,170.	11	422,884,154.
	12 Investments - other securities. See Part IV, line 11	935,371,520.	12	1,044,338,458.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,329,848,069.	16	4,648,075,901.	
Liabilities	17 Accounts payable and accrued expenses	664,312,383.	17	554,074,898.
	18 Grants payable	0	18	0
	19 Deferred revenue	120,348,577.	19	167,332,344.
	20 Tax-exempt bond liabilities	914,900,000.	20	1,006,585,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	331,733,471.	23	329,802,654.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	149,648,625.	25	153,864,380.
	26 Total liabilities. Add lines 17 through 25	2,180,943,056.	26	2,211,659,276.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,203,745,568.	27	1,377,572,989.
	28 Temporarily restricted net assets	521,813,552.	28	593,842,316.
	29 Permanently restricted net assets	423,345,893.	29	465,001,320.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,148,905,013.	33	2,436,416,625.
	34 Total liabilities and net assets/fund balances	4,329,848,069.	34	4,648,075,901.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,020,639,919.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875,561,349.
3	Revenue less expenses. Subtract line 2 from line 1	3	145,078,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,148,905,013.
5	Net unrealized gains (losses) on investments	5	144,570,783.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	2,071,381.
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,209,122.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,436,416,625.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

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

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

Name of organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their amounts.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

THE UNIVERSITY DID NOT PARTICIPATE OR INTERVENE IN ANY POLITICAL CAMPAIGNS. THE UNIVERSITY HAS A FEDERAL RELATIONS OFFICE WHICH MONITORS LEGISLATION AND OTHER FEDERAL GOVERNMENTAL DEVELOPMENTS OF INTEREST TO THE UNIVERSITY, SOMETIMES WITH THE ASSISTANCE OF CONSULTANTS. THE OFFICE ALSO SERVES AS A LIAISON BETWEEN THE UNIVERSITY AND VARIOUS GOVERNMENT OFFICIALS. THE UNIVERSITY FILES QUARTERLY REPORTS WITH CONGRESS DETAILING THESE ACTIVITIES AND EXPENSES. THE UNIVERSITY ALSO HAS TWO STAFF MEMBERS WHO HAVE RESPONSIBILITY FOR MONITORING LEGISLATION AND GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY ON THE STATE LEVEL. THE UNIVERSITY FILES SEMIANNUAL REPORTS WITH THE COMMONWEALTH OF MASSACHUSETTS DETAILING THESE ACTIVITIES AND EXPENSES. IT IS POSSIBLE THAT OTHER INDIVIDUALS MAY HAVE SPENT AN INSUBSTANTIAL PORTION OF THEIR TIME ON LEGISLATIVE MATTERS OF DIRECT CONCERN TO HIGHER EDUCATION AND MAY HAVE INCURRED INSUBSTANTIAL EXPENSES IN CONNECTION WITH THIS ACTIVITY.

BOSTON UNIVERSITY PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS IN AN EFFORT TO STAY CURRENT ON A WIDE VARIETY OF ACADEMIC, RESEARCH, GOVERNANCE, AND OTHER ISSUES. SOME OF THESE MEMBERSHIP ORGANIZATIONS CONDUCT LOBBYING ACTIVITIES, WHICH ARE REFLECTED IN THE UNIVERSITY'S LOBBYING REPORTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: TRUSTEES OF BOSTON UNIVERSITY; Employer identification number: 04-2103547

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for compliance questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Questions 1a-1b and 2a-2b regarding art and historical treasures collections.

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

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

- a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [] Loan or exchange programs
e [X] Other EDUCATION

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [X] Yes [] No

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? [] Yes [] No

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment 37.0000 %
b Permanent endowment 29.0000 %
c Temporarily restricted endowment 34.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e (Land, Buildings, Leasehold improvements, Equipment, Other) and Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVES-HEDGE	438,323,943.	FMV
(B) ALTERNATIVES-NATURAL RESOURCES	41,389,356.	FMV
(C) ALTERNATIVES-PRIVATE	192,610,187.	FMV
(D) ALTERNATIVES-REAL ESTATE	319,000,720.	FMV
(E) RESIDUAL ASSET NOTE	53,014,252.	FMV
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,044,338,458.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	16,779,242.
(3) CAPITAL LEASE OBLIGATION	84,070,885.
(4) DISCOUNTED NOTE OBLIGATION	53,014,253.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	153,864,380.

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

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

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

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

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

Part XIII Supplemental Information

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

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

SCHEDULE D, PART III, LINE 4

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, TO HIRE ADDITIONAL FACULTY, AND TO BUILD OR UPDATE FACILITIES. IT ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY DEPARTMENTS, PROGRAMS, AND SCHOLARSHIPS, AND HELPS STEM RISES IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID FOR WITH STUDENT TUITION AND FEES.

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY'S FINANCIAL STATEMENTS DID NOT REPORT A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

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

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
----- SEE SUPPLEMENTAL PAGE -----		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
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	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

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

SCHEDULE E, PART I, LINE 3

BOSTON UNIVERSITY PROHIBITS DISCRIMINATION AGAINST ANY INDIVIDUAL ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, MILITARY SERVICE, OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES, INCLUDING ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS, HOUSING, EMPLOYMENT, COMPENSATION, EMPLOYEE BENEFITS, AND THE PROVIDING OF, OR ACCESS TO, UNIVERSITY SERVICES OR FACILITIES. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY. ACCORDINGLY, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ACHIEVE EQUAL OPPORTUNITY THROUGH RECRUITMENT, OUTREACH, AND INTERNAL REVIEWS OF POLICIES AND PRACTICES. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 19 DEERFIELD STREET, BOSTON, MA 02215 (617-353-9286).

SCHEDULE E, PART I, LINE 6A

BOSTON UNIVERSITY PARTICIPATES IN SEVERAL FEDERAL FINANCIAL AID PROGRAMS INCLUDING THE FEDERAL PELL GRANT PROGRAM AND THE FEDERAL WORK STUDY PROGRAM; IN ADDITION THE UNIVERSITY RECEIVES FEDERAL GRANTS AND CONTRACTS IN SUPPORT OF ITS RESEARCH MISSION. FEDERAL AGENCIES PROVIDING SUPPORT FOR UNIVERSITY RESEARCH AND TRAINING INCLUDED THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF ENERGY, AND THE US AGENCY FOR INTERNATIONAL DEVELOPMENT.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	INVESTMENTS	368,348,840.
(2) CENTRAL AMERICA/CARIBBEAN		5.	PROGRAM SERVICES	RESEARCH	75,399.
(3) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SEMINAR	39,573.
(4) EAST ASIA AND THE PACIFIC			FUNDRAISING		45,802.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		320,251.
(6) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	RESEARCH	488,553.
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMINAR	498,994.
(8) EAST ASIA AND THE PACIFIC	4.	39.	PROGRAM SERVICES	STUDY ABROAD	6,935,287.
(9) EUROPE			FUNDRAISING		27,312.
(10) EUROPE			GRANTMAKING		1,174,870.
(11) EUROPE			INVESTMENTS	INVESTMENTS	13,298,761.
(12) EUROPE	1.	10.	PROGRAM SERVICES	RESEARCH	1,387,801.
(13) EUROPE			PROGRAM SERVICES	SEMINAR	906,228.
(14) EUROPE	18.	219.	PROGRAM SERVICES	STUDY ABROAD	27,543,090.
(15) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		234,285.
(16) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		128,214.
(17) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	109,049.
3a Sub-total	23.	274.			421,562,309.
b Total from continuation sheets to Part I	7.	373.			18,283,750.
c Totals (add lines 3a and 3b)	30.	647.			439,846,059.

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

Schedule F (Form 990) 2012

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINAR	66,449.
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	303,660.
(3) NORTH AMERICA			FUNDRAISING		2,863.
(4) NORTH AMERICA			GRANTMAKING		366,098.
(5) NORTH AMERICA			INVESTMENTS	INVESTMENTS	2,216,209.
(6) NORTH AMERICA		7.	PROGRAM SERVICES	RESEARCH	145,433.
(7) NORTH AMERICA			PROGRAM SERVICES	SEMINAR	92,702.
(8) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH	6,591.
(9) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SEMINAR	26,753.
(10) SOUTH AMERICA		1.	PROGRAM SERVICES	RESEARCH	135,584.
(11) SOUTH AMERICA			PROGRAM SERVICES	SEMINAR	115,876.
(12) SOUTH AMERICA		4.	PROGRAM SERVICES	STUDY ABROAD	791,049.
(13) SOUTH ASIA			FUNDRAISING		16,622.
(14) SOUTH ASIA	1.		PROGRAM SERVICES	RESEARCH	81,058.
(15) SOUTH ASIA			PROGRAM SERVICES	SEMINAR	92,073.
(16) SUB-SAHARAN AFRICA			GRANTMAKING		490,258.
(17) SUB-SAHARAN AFRICA	6.	361.	PROGRAM SERVICES	RESEARCH	13,188,013.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2012

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEMINAR	87,529.
(2) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	58,930.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	139,293.	WIRE			
(2)			EAST ASIA/PACIFIC	RESEARCH	75,875.	WIRE			
(3)			EAST ASIA/PACIFIC	RESEARCH	91,175.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	40,833.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	5,670.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	8,803.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	170,903.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	125,953.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	80,461.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	43,411.	WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	RESEARCH	234,285.	WIRE			
(12)			NORTH AMERICA	RESEARCH	170,185.	WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	207,904.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	508,386.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	50,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	75,500.	WIRE			

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

3 Enter total number of other organizations or entities. ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	53,225.	WIRE			
(2)			NORTH AMERICA	RESEARCH	187,711.	WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	135,600.	WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	216,188.	WIRE			
(5)			NORTH AMERICA	RESEARCH	8,202.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	8,014.	WIRE			
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **16.**

3 Enter total number of other organizations or entities. **6.**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to 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).

SCHEDULE F, PART I, LINE 2

THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES TO THE OFFICE OF POST AWARD FINANCIAL OPERATIONS. THIS OFFICE MONITORS ALL GRANT MAKING ACTIVITY INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS. EXPENSES ARE ACCOUNTED FOR ON AN ACCRUAL BASIS.

SCHEDULE F, PART I, LINE 3

THE INFORMATION REPORTED UNDER SCHEDULE F, PART I IS BASED ON REVIEW OF DISBURSEMENTS TO FOREIGN VENDORS AS WELL AS GRANT, PAYROLL, TRAVEL, AND INVESTMENT DATA.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MARTS & LUNDY INC.	FUNDRAISING CONSULTANT		X		31,859.	
2 PLUS DELTA PARTNERS	FUNDRAISING CONSULTANT		X		10,671.	
3 T. HANDLER CONSULTING	FUNDRAISING CONSULTANT		X		57,566.	
4 CAREER DIRECTIONS	FUNDRAISING CONSULTANT		X		32,765.	
5						
6						
7						
8						
9						
10						
Total					132,861.	

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

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

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

		(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))
		WBUR VALENTINE (event type)		WBUR MOTHER ' S (event type)		4. (total number)	
Revenue	1 Gross receipts	1,250,853.		1,068,620.		861,692.	3,181,165.
	2 Less: Contributions	264,746.		389,640.		405,932.	1,060,318.
	3 Gross income (line 1 minus line 2).	986,107.		678,980.		455,760.	2,120,847.
Direct Expenses	4 Cash prizes						
	5 Noncash prizes					159,953.	159,953.
	6 Rent/facility costs					141,985.	141,985.
	7 Food and beverages					8,953.	8,953.
	8 Entertainment						
	9 Other direct expenses	644,884.		527,337.		173,225.	1,345,446.
	10 Direct expense summary. Add lines 4 through 9 in column (d)						(1,656,337.)
	11 Net income summary. Combine line 3, column (d), and line 10						464,510.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALABAMA A&M UNIVERSITY 4900 MERIDIAN ST. NORMAL, AL 35762	63-6001097	501C3	59,738.				RESEARCH
(2)	ALTERNATIVES FOR COMMUNITY & ENVIRONMENT INC 2181 WASHINGTON ST ROXBURY, MA 02119	04-3228509	501C3	5,600.				RESEARCH
(3)	AMERICAN COLLEGE OF RADIOLOGY 1818 MARKET STREET PHILADELPHIA, PA 19103	36-2261602	501C3	295,234.				RESEARCH
(4)	ARIDIS PHARMACEUTICALS, LLC 5941 OPTICAL COURT SAN JOSE, CA 95138	32-0074500		442,985.				RESEARCH
(5)	AURITEC PHARMACEUTICALS, INC. 15 BRAEBURN ROAD HYDE PARK, MA 02136	84-1629188		195,410.				RESEARCH
(6)	BATTELLE MEMORIAL INSTITUTE PO BOX 84391 SEATTLE, WA 98124	31-4379427	501C3	56,384.				RESEARCH
(7)	BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501C3	63,945.				RESEARCH
(8)	BETH ISRAEL DEACONESS MEDICAL CENTER, INC. 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	132,064.				RESEARCH
(9)	BEXAR COUNTY BOARD OF TRUSTEES FOR 3031 1H 10 WEST SAN ANTONIO, TX 78201	74-1590659	501C3	33,068.				RESEARCH
(10)	BOARD OF TRUSTEES OF THE LELAND STANFORD JU PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	127,189.				RESEARCH
(11)	BOARD OF TRUSTEES OF UNIVERSITY OF ILLINOIS PO BOX 4610 SPRINGFIELD, IL 62708	37-6000511	501C3	202,927.				RESEARCH
(12)	BOSTON BIOMEDICAL RESEARCH INSTITUTION 64 GROVE STREET WATERTOWN, MA 02472	04-2451939	501C3	50,624.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501C3	52,731.				RESEARCH
(2)	BOSTON HOUSING AUTHORITY 52 CHAUNCY ST BOSTON, MA 02111	04-6001907	STATE OF MA	85,496.				RESEARCH
(3)	BOSTON MEDICAL CENTER 660 HARRISON AVE. BOSTON, MA 02118	04-3314093	501C3	3,116,087.				RESEARCH
(4)	BOSTON MICROMACHINES CORPORATION 30 SPINELLI PLACE CAMBRIDGE, MA 02138	04-3465874		61,017.				RESEARCH
(5)	BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	STATE OF MA	47,549.				RESEARCH
(6)	BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM, MA 02454	04-2103552	501C3	325,653.				RESEARCH
(7)	BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE INC PO BOX 25027 LOS ANGELES, CA 90025	95-4183712	501C3	60,725.				RESEARCH
(8)	BRIGHAM YOUNG UNIVERSITY A-261 ASB PROVO, UT 84602	87-0217280	501C3	46,033.				RESEARCH
(9)	BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 2912	05-0258809	501C3	329,650.				RESEARCH
(10)	CAMBRIDGE PUBLIC HEALTH COMMISSION 1493 CAMBRIDGE ST. CAMBRIDGE, MA 02139	04-3320571	STATE OF MA	10,621.				RESEARCH
(11)	CAMDEN CLARK MEMORIAL HOSPITAL CORP 800 GARRFIELD AVE. PARKERSBURG, WV 26102	31-1624546	501C3	5,810.				RESEARCH
(12)	CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		428,530.				RESEARCH

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHELSEA COLLABORATIVE, INC 318 BROADWAY CHELSEA, MA 02150	22-2906521	501C3	65,000.				RESEARCH
(2)	CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501C3	239,227.				RESEARCH
(3)	CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C3	23,958.				RESEARCH
(4)	CITY OF CAMBRIDGE 159 THORNDIKE ST. CAMBRIDGE, MA 02141	00-0000025	STATE OF MA	11,070.				RESEARCH
(5)	COMMONWEALTH OF MASSACHUSETTS 250 WASHINGTON ST, 5TH BOSTON, MA 02108	04-6002284	STATE OF MA	133,912.				RESEARCH
(6)	COMMUNITY AIDS RESEARCH, INC. 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198	501C3	147,936.				RESEARCH
(7)	CORIELL INSTITUTE FOR MEDICAL RESEARCH, INC 403 HADDON AVENUE CAMDEN, NJ 08103	21-0672684	501C3	90,556.				RESEARCH
(8)	CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501C3	24,459.				RESEARCH
(9)	CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178	47-0376583	501C3	15,910.				RESEARCH
(10)	DALLAS VA RESEARCH CORPORATION PO BOX 516 LANCASTER, TX 75146	75-2329831	501C3	10,778.				RESEARCH
(11)	DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501C3	33,385.				RESEARCH
(12)	DAVIS SQUARE RESEARCH ASSOC. 119 COLLEGE AVENUE SOMERVILLE, MA 02144	38-3792037		18,685.				RESEARCH

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1)	DCG SYSTEMS, INC. PO BOX 54957 SANTA CLARA, CA 95054	26-1929542		36,785.				RESEARCH
(2)	DEPARTMENT OF VETERANS AFFAIRS 200 SPRINGS ROAD BEDFORD, MA 01730	74-1612229	GOVERNMENT	14,741.				RESEARCH
(3)	DREXEL UNIVERSITY P.O. BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501C3	198,572.				RESEARCH
(4)	DUKE UNIVERSITY 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501C3	290,334.				RESEARCH
(5)	EDUCATION DEVELOPMENT CENTER INC. 43 FOUNDRY AVE. WALTHAM, MA 02453	04-2241718	501C3	227,118.				RESEARCH
(6)	EMMANUEL COLLEGE 400 THE FENWAY BOSTON, MA 02115	04-2105769	501C3	7,717.				RESEARCH
(7)	EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C3	765,351.				RESEARCH
(8)	FAMILY HEALTH INTERNATIONAL 1825 CT. AVE. NW WASHINGTON, DC 20009	23-7413005	501C3	80,413.				RESEARCH
(9)	FENWAY COMMUNITY HEALTH CENTER INC. 1340 BOYLSTON STREET BOSTON, MA 02215	04-2510564	501C3	15,224.				RESEARCH
(10)	FORSYTH DENTAL INFIRMARY FOR CHILDREN 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501C3	19,356.				RESEARCH
(11)	FRANKLIN W. OLIN COLLEGE OF ENGINEERING INC OLIN WAY SUITE 312 NEEDHAM, MA 02492	06-1519057	501C3	18,931.				RESEARCH
(12)	FRAUNHOFER USA, INC. PO BOX 673308 DETROIT, MI 48267	38-3203030	501C3	20,990.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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(1)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE. SEATTLE, WA 98109	23-7156071	501C3	185,534.				RESEARCH
(2)	GEISINGER CLINIC 100 N ACADEMY AVE. DANVILLE, AK 17822	23-6291113	501C3	5,600.				RESEARCH
(3)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	501C3	65,250.				RESEARCH
(4)	GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302	58-6002050	STATE OF GA	14,384.				RESEARCH
(5)	GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501C3	5,500.				RESEARCH
(6)	GREATER NEW YORK HOSPITAL FOUNDATION 555 WEST 57TH STREET NEW YORK, NY 10019	13-2954140	501C3	20,441.				RESEARCH
(7)	HARVARD VANGUARD MEDICAL ASSOCIATES 275 GROVE ST SUITE 3-300 NEWTON, MA 02466	04-3397450	501C3	41,346.				RESEARCH
(8)	HEALTH RESEARCH, INC. PO BOX 2966 BUFFALO, NY 14240	14-1402155	501C3	85,823.				RESEARCH
(9)	HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501C3	11,147.				RESEARCH
(10)	HENRY HEYWOOD MEMORIAL HOSPITAL 242 GREEN STREET GARDNER, MA 01440	04-2103581	501C3	51,284.				RESEARCH
(11)	HOLYOKE HEALTH CENTER INC. PO BOX 6260 HOLYOKE, MA 01041	04-2492730	501C3	161,240.				RESEARCH
(12)	INSTITUTE FOR SYSTEMS BIOLOGY 1441 NORTH 34TH STREET SEATTLE, WA 98103	91-2003593	501C3	173,531.				RESEARCH

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2012

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Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INTERNATIONAL BUSINESS MACHINES CORPORATION 1101 KITCHAWAN RD.	13-0871985	501C3	34,282.				RESEARCH
(2)	JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111	501C3	124,314.				RESEARCH
(3)	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR. CHICAGO, IL 60693	52-0595110	501C3	329,555.				RESEARCH
(4)	JUSTICE RESOURCE INSTITUTE, INC 545 BOYLSTON ST. BOSTON, MA 02116	04-2526357	501C3	18,745.				RESEARCH
(5)	KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST. OAKLAND, CA 94612	94-1105628	501C3	35,898.				RESEARCH
(6)	KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	11,208.				RESEARCH
(7)	KESSLER FOUNDATION 300 EXECUTIVE DR WEST ORANGE, NJ 07052	31-1562134	501C3	129,701.				RESEARCH
(8)	LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	04-2103589	501C3	94,073.				RESEARCH
(9)	MAPP BIOPHARMACEUTICAL, INC 6160 LUSK BLVD SAN DIEGO, CA 92121	20-0037593		775,117.				RESEARCH
(10)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE, MA 02139	04-2103594	501C3	1,998,412.				RESEARCH
(11)	MAYO CLINIC (MC) 200 FIRST STREET ROCHESTER, MN 55905	41-6011702	501C3	236,093.				RESEARCH
(12)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	59-3337028	501C3	110,183.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501C3	46,922.				RESEARCH
(2)	MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501C3	29,689.				RESEARCH
(3)	MERCY HOSPITAL INC 1221 MAIN ST. HOLYOKE, MA 01040	04-3398280	501C3	48,708.				RESEARCH
(4)	MERCYHURST UNIVERSITY 501 EAST 38TH ST. ERIE, PA 16546	25-0965430	501C3	5,980.				RESEARCH
(5)	MIAMI UNIVERSITY 501 E HIGH ST. OXFORD, OH 45056	31-6402089	501C3	5,729.				RESEARCH
(6)	MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG EAST LANSING, MI 48824	38-6005984	501C3	145,546.				RESEARCH
(7)	MIRIAM HOSPITAL 593 EDDY STREET PROVIDENCE, RI 2903	05-0258905	501C3	300,686.				RESEARCH
(8)	MONTANA STATE UNIVERSITY PO BOX 172470 BOZEMAN, MT 59717	81-6010045	STATE OF MT	8,783.				RESEARCH
(9)	MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 10467	13-1740114	501C3	434,012.				RESEARCH
(10)	MOUNT CARMEL HEALTH SYSTEM 6150 BROAD STREET COLUMBUS, OH 43213	31-1439334	501C3	5,740.				RESEARCH
(11)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501C3	330,442.				RESEARCH
(12)	NORTH FLORIDA FOUNDATION FOR RESEARCH 1601 SW ARCHER RD GAINESVILLE, FL 32608	59-3432918	501C3	17,110.				RESEARCH

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

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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2012

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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04-2103547

Part I General Information on Grants and Assistance

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(1)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE. BOSTON, MA 02115	04-1679980	501C3	330,401.				RESEARCH
(2)	NORTHERN ARIZONA UNIVERSITY ON BEHAVIOR PO BOX 4070 FLAGSTAFF, AZ 86011	74-2579628	501C3	75,652.				RESEARCH
(3)	NORTHSTAR LEARNING CENTERS, INC. 53 LINDEN STREET NEW BEDFORD, MA 02740	51-0200575	501C3	57,883.				RESEARCH
(4)	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501C3	280,058.				RESEARCH
(5)	OSU OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339	48-1278540	501C3	95,317.				RESEARCH
(6)	PREDICTIVE SCIENCE INCORPORATED 9990 MESA RIM ROAD SAN DIEGO, CA 92121	26-3200502		136,334.				RESEARCH
(7)	PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501C3	1,354,879.				RESEARCH
(8)	PRIMARY CARE COALITION OF MONTGOMERY COUNTY 8757 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1847976	501C3	101,725.				RESEARCH
(9)	PUERTO RICO COMMUNITY NETWORK FOR CLINICAL PO BOX 20850 SAN JUAN, PR 00928	66-0466365	501C3	168,439.				RESEARCH
(10)	RECTOR AND VISITORS OF THE UNIV OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C3	124,027.				RESEARCH
(11)	REGENTS OF THE UNIV. OF CA BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501C3	799,136.				RESEARCH
(12)	REGENTS OF THE UNIV. OF CA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501C3	597,220.				RESEARCH

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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2012

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Name of the organization

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04-2103547

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(1)	REGENTS OF THE UNIV. OF CA SANTA BARBARA SAASB BULD. SANTA BARBARA, CA 93106	95-6006145	501C3	95,329.				RESEARCH
(2)	REGENTS OF THE UNIV. OF CA SANTA CRUZ 1156 HIGH ST. SANTA CRUZ, CA 95064	94-1539563	501C3	135,964.				RESEARCH
(3)	REGENTS OF THE UNIVERSITY OF CALIFORNIA ACCT OFFICE BIO SCIENCE IRVINE, CA 92697	95-2226406	501C3	30,962.				RESEARCH
(4)	REGENTS OF THE UNIVERSITY OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	501C3	233,702.				RESEARCH
(5)	REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	41-6007513	501C3	63,609.				RESEARCH
(6)	REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVE. LOS ANGELES, CA 90095	95-6006143	501C3	19,986.				RESEARCH
(7)	RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	14-1340095	501C3	61,333.				RESEARCH
(8)	REPROTECT, INC. 703 STAGS HEAD RD BALTIMORE, MD 21286	65-1167586		156,780.				RESEARCH
(9)	RIVERSIDE HOSPITAL INC 608 DENBIGH BLVD NEWPORT NEWS, VA 23608	52-1245746	501C3	7,280.				RESEARCH
(10)	RUTGERS, THE STATE UNIVERSITY 249 UNIVERSITY AVE NEWARK, NJ 07102	22-6001086	501C3	67,029.				RESEARCH
(11)	SCIENTIFIC SOLUTIONS, INC. 55 MIDDLESEX STREET CHELMSFORD, MA 01863	04-3275340		61,845.				RESEARCH
(12)	SEATTLE CHILDRENS HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98145	91-0564748	501C3	269,071.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SIGMA-ALDRICH INC 3050 SPRUCE STREET ST. LOUIS, MO 63103	43-1742718		909,297.				RESEARCH
(2)	SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501C3	11,390.				RESEARCH
(3)	SOUTH SHORE HOSPITAL, INC 55 FOGG RD, BOX 80 SOUTH WEYMOUTH, MA 02190	04-2769210	501C3	79,208.				RESEARCH
(4)	SOUTHWEST LOUISIANA HOSPITAL ASSOCIATION 1900 W.GAUTHIER RD LAKE CHARLES, LA 70605	72-0551963	501C3	6,020.				RESEARCH
(5)	STEWARD ST. ANNES HOSPITAL CORPORATION 795 MIDDLE STREET FALL RIVER, MA 02721	27-2473637	501C3	38,673.				RESEARCH
(6)	SYNAPSE ENERGY ECONOMICS, INC. 485 MASS AVE SUITE 2 CAMBRIDGE, MA 2139	04-3316408		58,198.				RESEARCH
(7)	TEMPLE UNIVERSITY OF THE COMMONWEALTH PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501C3	118,722.				RESEARCH
(8)	THE AMERICAN ACADEMY OF ALLERGY 555 E. WELLS ST. MILWAUKEE, WI 53202	39-6061326	501C3	57,200.				RESEARCH
(9)	THE BRIGHAM & WOMENS HOSPITAL, INC. PO BOX 3887 BOSTON, MA 02241	04-2312909	501C3	801,972.				RESEARCH
(10)	THE BROAD INSTITUTE INC. 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501C3	399,185.				RESEARCH
(11)	THE BROOKLYN HOSPITAL CENTER 270 FLATBUSH AVE. BROOKLYN, NY 11201	11-1630755	501C3	68,572.				RESEARCH
(12)	THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501C3	39,005.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE GENERAL HOSPITAL CORPORATION 529 MAIN STREET CHARLESTOWN, MA 02129	04-2697983	501C3	4,098,984.				RESEARCH
(2)	THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL. ASHBURN, VA 20147	53-0196584	501C3	16,373.				RESEARCH
(3)	THE HENRY M. JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501C3	155,715.				RESEARCH
(4)	THE LEARNING CENTER FOR THE DEAF INC. 848 CENTRAL STREET FRAMINGHAM, MA 01701	23-7064431	501C3	109,200.				RESEARCH
(5)	THE MENTAL HEALTH CTR OF GREATER MA 401 CYPRESS STREET MANCHESTER, NH 03103	02-0258994	501C3	152,733.				RESEARCH
(6)	THE PENNSYLVANIA STATE UNIVERSITY 227 W BEAVER AVE. STATE COLLEGE, PA 16801	24-6000376	501C3	28,399.				RESEARCH
(7)	THE PRESIDENT & DIRECTORS OF GEORGE BOX 571164 WASHINGTON, DC 20057	53-0196603	501C3	28,903.				RESEARCH
(8)	THE REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501C3	397,338.				RESEARCH
(9)	THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501C3	15,450.				RESEARCH
(10)	THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 715245 COLUMBUS, OH 43271	31-6056230	501C3	17,701.				RESEARCH
(11)	THE SPAULDING REHABILITATION HOSPITAL PO BOX 3903 BOSTON, MA 02241	04-2551124	501C3	158,149.				RESEARCH
(12)	THE THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	36-2518901	501C3	99,989.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501C3	44,453.				RESEARCH
(2)	THE TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5292 PRINCETON, NJ 08544	21-0634501	501C3	98,087.				RESEARCH
(3)	THE UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	STATE OF AZ	11,221.				RESEARCH
(4)	THE UNIVERSITY OF IOWA B5 JESSUP HALL GRANT ACCT	42-6004813	STATE OF IA	6,068.				RESEARCH
(5)	THE UNIVERSITY OF TEXAS AT ARLINGTON BOX 19136 ARLINGTON, TX 76019	75-6000121	501C3	30,553.				RESEARCH
(6)	THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	501C3	208,909.				RESEARCH
(7)	THE VANDERBILT UNIVERSITY DEPT AT 40303 ATLANTA, GA 31192	62-0476822	501C3	25,754.				RESEARCH
(8)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501C3	119,773.				RESEARCH
(9)	TOWN OF FRAMINGHAM 31 FLAGG DRIVE FRAMINGHAM, MA 01702	04-6001151	STATE OF MA	5,623.				RESEARCH
(10)	TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 30755	02-0222111	501C3	715,078.				RESEARCH
(11)	TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501C3	407,990.				RESEARCH
(12)	TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501C3	180,045.				RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIV. CORPORATION FOR ATMOSPHERIC RESEARCH 1850 TABLE MESA DR BOULDER, CO 80301	84-0412668	501C3	367,879.				RESEARCH
(2)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	501C3	65,632.				RESEARCH
(3)	UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	501C3	116,941.				RESEARCH
(4)	UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	18,916.				RESEARCH
(5)	UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL RD LAWRENCE, KS 66045	48-0680117	501C3	105,033.				RESEARCH
(6)	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501C3	187,130.				RESEARCH
(7)	UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	STATE OF MD	928,587.				RESEARCH
(8)	UNIVERSITY OF MASSACHUSETTS 55 LAKE AVE. NORTH WORCESTER, MA 01655	04-3167352	STATE OF MA	1,445,619.				RESEARCH
(9)	UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD. BIDDEFORD, ME 04005	01-0211810	501C3	75,765.				RESEARCH
(10)	UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501C3	92,725.				RESEARCH
(11)	UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DR. NEW ORLEANS, LA 70148	72-0702000	STATE OF LA	14,059.				RESEARCH
(12)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501C3	281,262.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501C3	598,674.				RESEARCH
(2)	UNIVERSITY OF PITTSBURGH CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501C3	118,628.				RESEARCH
(3)	UNIVERSITY OF TENNESSEE 210 STUDENT SER. BLDG KNOXVILLE, TN 37996	62-6001636	501C3	36,680.				RESEARCH
(4)	UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 203382 HOUSTON, TX 77216	74-1761309	501C3	91,543.				RESEARCH
(5)	UNIV. OF TEXAS SOUTHWESTERN MEDICAL CENTER PO BOX 841765 DALLAS, TX 75284	75-6002868	STATE OF TX	17,993.				RESEARCH
(6)	UNIVERSITY OF TOLEDO PO BOX 72327 CLEVELAND, OH 44192	34-6401483		33,582.				RESEARCH
(7)	UNIVERSITY OF VERMONT & STATE AGRICUL TURAL PO BOX 1389 WILLISTON, VT 05495	03-0179440	501C3	54,580.				RESEARCH
(8)	UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501C3	233,609.				RESEARCH
(9)	UNIVERSITY OF WISCONSIN 1220 LINDEN DRIVE MADISON, WI 53706	39-1805963	STATE OF WI	27,770.				RESEARCH
(10)	VA PUGET SOUND HEALTH CARE SYSTEM 1660 S. COLUMBIAN WAY SEATTLE, WA 98108	91-0565166		38,633.				RESEARCH
(11)	VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 RICHMOND, VA 23284	54-6001758	501C3	40,787.				RESEARCH
(12)	WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE SAINT LOUIS, MO 63112	43-0653611	501C3	83,161.				RESEARCH

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

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WAVE 80 BIOSCIENCES, INC. 2325 3RD STREET SAN FRANCISCO, CA 94107	02-0691819		203,515.				RESEARCH
(2)	WESTAT, INC. PO BOX 1004 ROCKVILLE, MD 20850	84-0529566		54,408.				RESEARCH
(3)	WHEATON FRANCISCAN, INC. 400 W RIVER WOODS PKWY GLENDALE, WI 53212	39-0816857	501C3	5,390.				RESEARCH
(4)	WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 77251	74-1109620	501C3	83,647.				RESEARCH
(5)	WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE RD WOODS HOLE, MA 02543	04-2105850	501C3	163,266.				RESEARCH
(6)	YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501C3	120,934.				RESEARCH
(7)	YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501C3	154,867.				RESEARCH
(8)	YOUNGOV AMERICA, INC 285 HAMILTON AVE. PALO ALTO, CA 94301	98-0547173		43,000.				RESEARCH
(9)	AFFINERGY, INC. PO BOX 14650 DURHAM, NC 27709	55-0826074		98,550.				RESEARCH
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 156.

3 Enter total number of other organizations listed in the line 1 table ▶ 21.

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ANTON MAVRETIC	1.	7,247.			
2 STUDENT FINANCIAL AID	14,400.	324,355,553.		COST	TUITION OFFSET
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS INSIDE OF THE UNITED STATES TO THE POST AWARD FINANCIAL OPERATIONS. THIS OFFICE MONITORS ALL GRANT MAKING ACTIVITY INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS. EXPENSES ARE ACCOUNTED FOR ON AN ACCRUAL BASIS.

SCHEDULE I, PART III

BOSTON UNIVERSITY MAKES EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

CREDENTIALS OF OTHER ACCEPTED STUDENTS. A STUDENT'S ACADEMIC RECORD IS AN
 IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY
 SCHOLARSHIPS AND NEED-BASED GRANTS. KEY INDICATORS SUCH AS HIGH SCHOOL
 GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES
 ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM
 AND EXTRACURRICULAR ACTIVITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2012

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A. BROWN PRESIDENT	(i)	791,500.	0	96,313.	266,865.	276,265.	1,430,943.	
	(ii)	0	0	0				
2 MARTIN J. HOWARD SR VP, CFO & TREASURER	(i)	407,066.	0	22,948.	33,240.	23,423.	486,677.	
	(ii)	0	0	0				
3 TODD L.C. KLIPP SR VP, GEN COUNSEL & SECRETARY	(i)	500,797.	0	56,852.	33,240.	27,112.	618,001.	
	(ii)	0	0	0				
4 JEAN MORRISON UNIVERSITY PROVOST	(i)	558,047.	0	70,396.		184,823.	813,266.	
	(ii)	0	0	0				
5 KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	(i)	641,000.	0	57,175.	33,240.	1,023.	732,438.	
	(ii)	0	0	0				
6 GARY W. NICKSA SR VP FOR OPERATIONS	(i)	387,097.	0	16,426.	33,240.	27,145.	463,908.	
	(ii)	0	0	0				
7 JOSEPH P. MERCURIO EXECUTIVE VP (RETIRED)	(i)	22,000.	0	791,096.		27,434.	840,530.	
	(ii)	0	0	0				
8 DAVID CAMPBELL FORMER PROVOST	(i)	426,795.	0	51,099.	33,240.	130,759.	641,893.	
	(ii)	0	0	0				
9 PETER CUSATO VP AUXILIARY SVCS (RETIRED)	(i)	0	0	1,545,977.		12,305.	1,558,282.	
	(ii)	0	0	0	0	0	0	
10 BARRY ZUCKERMAN PROFESSOR & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	294,559.	0	809,285.	33,240.	17,857.	1,154,941.	0
11 PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i)	304,891.	0	698,229.	23,240.	27,125.	1,053,485.	
	(ii)	0	0	0	0	0	0	
12 WILLIAM CREEVY PROFESSOR & PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	241,513.	0	696,868.	33,240.	25,012.	996,633.	0
13 CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	(i)	507,500.	400,000.	69,506.		826.	977,832.	
	(ii)	0	0	0	0	0	0	0
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I

WILLIAM CREEVY, BARRY ZUCKERMAN, AND PUSHKAR MEHRA ARE COMPENSATED UNDER A COMMON PAYMASTER AGREEMENT FOR THEIR CLINICAL WORK IN CONNECTION WITH THE BOSTON MEDICAL CENTER. PUSHKAR MEHRA IS ALSO COMPENSATED THROUGH BOSTON UNIVERSITY'S HENRY M. GOLDMAN SCHOOL OF DENTAL MEDICINE ORAL AND MAXILLOFACIAL SURGERY GROUP FOR HIS CLINICAL WORK DONE AT THE BETH ISRAEL DEACONESS MEDICAL CENTER, INC.

SCHEDULE J, PART I, LINE 1A

(1) AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN, PROVOST JEAN MORRISON, AND FORMER PROVOST DAVID CAMPBELL WERE ALL REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. AMOUNTS REPORTED IN COLUMN D INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN (\$257,663), PROVOST MORRISON (\$159,381), AND DR. CAMPBELL (\$86,618). DR. CAMPBELL WAS ALSO PROVIDED TUITION REMISSION BENEFITS OF \$19,080.

Part III Supplemental Information

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

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY AIRFARE. EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TRAVEL TIME ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2012.

(3) TRAVEL FOR COMPANIONS: IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, BOSTON UNIVERSITY ALLOWS COMPANION TRAVEL FOR BONA FIDE BUSINESS PURPOSES. ALL SUCH CASES REQUIRE THE PRIOR WRITTEN APPROVAL OF AN AUTHORIZED SENIOR EXECUTIVE. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR SPOUSAL TRAVEL. COMPANION TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO

Part III Supplemental Information

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

UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2012.

(4) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: FROM TIME TO TIME, BOSTON UNIVERSITY MAY PROVIDE CERTAIN PAYMENTS THAT HAVE BEEN GROSSED-UP FOR TAX PURPOSES. ALL SUCH CASES INVOLVING THE UNIVERSITY'S SENIOR EXECUTIVES REQUIRE THE APPROVAL OF THE BOARD OF TRUSTEES. FOR CALENDAR YEAR 2012, NO INDIVIDUAL REPORTED IN FORM 990, PART VII RECEIVED THIS BENEFIT.

SCHEDULE J, PART I, LINE 4A

AS A RESULT OF A CHANGE IN ROLES AND RESPONSIBILITIES AND IN RECOGNITION OF 36 YEARS OF SERVICE, BARRY ZUCKERMAN RECEIVED A PAYMENT OF \$786,295 IN CALENDAR YEAR 2012 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, ON AUGUST 1, 2012, PRESIDENT BROWN RECEIVED A CREDIT EQUAL TO 30% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES

Part III Supplemental Information

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

AND OTHER CONDITIONS, PRESIDENT BROWN'S RIGHTS IN THE PLAN WILL BECOME VESTED ON AUGUST 1, 2015, AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$233,625 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2012 AND IS REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) AS A RESULT OF COMMITMENTS MADE TO JOSEPH MERCURIO WHILE HE SERVED AS EXECUTIVE VICE PRESIDENT, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 37 YEARS OF SERVICE. THE SUM OF \$791,096 WAS PAID TO MR. MERCURIO IN CALENDAR YEAR 2012 AND IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

(3) AS A RESULT OF COMMITMENTS MADE TO PETER CUSATO WHILE HE SERVED AS VICE PRESIDENT FOR AUXILLARY SERVICES, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 32 YEARS OF SERVICE. THE SUM OF \$1,545,977 WAS PAID TO MR. CUSATO IN CALENDAR YEAR 2012 AND IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE

Part III Supplemental Information

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

COMPENSATION.

(4) AMOUNTS REPORTED IN SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION, INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2012 TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENTS BENEFITS TO TODD KLIPP.

SCHEDULE J, PART I, LINE 7

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

SCHEDULE J, PART II

THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER OFFICERS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2012 REPORTABLE COMPENSATION

Part III Supplemental Information

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

AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS
GREATER THAN \$150,000. TRUSTEE KATHERYN PFISTERER DARR'S COMPENSATION IS
NOT INCLUDED BECAUSE IT WAS LESS THAN \$150,000.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH AND EDU FAC AUTH-SERIES S	04-2456011	57586CBR5	03/10/2004	35,348,869.	CAPITAL PROJECT, PROP ACQ		X		X		X
B MASS DEV FIN AGENCY - SERIES T1	04-3431814	57583RBR5	06/29/2005	172,664,008.	CAPITAL PROJECT, PROP ACQ		X		X		X
C MASS DEV FIN AGENCY - SERIES U1, U2, U3, U4, U5,U6	04-3431814	57583EWA9	05/15/2008	536,365,000.	PARTIAL REFUND/CAP PROJ/PROP A		X		X		X
D MASS DEV FIN AGENCY - SERIES V1, V2, V3	04-3431814	57583RQ32	12/01/2009	117,370,000.	REFUNDING		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	35,497,833.		184,106,197.		539,836,174.		117,370,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	355,425.		1,008,534.		863,269.		395,000.	
8 Credit enhancement from proceeds	1,506,076.		4,981,946.		727,358.			
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	33,636,332.		178,115,717.		202,745,547.			
11 Other spent proceeds					335,500,000.		116,975,000.	
12 Other unspent proceeds								
13 Year of substantial completion	2004		2007		2012			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	(E) MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04/30/2013	120,736,790.	CAPITAL PROJECTS		X		X		X
B												
C												
D												

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		120,746,680.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		733,876.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		27,954,255.						
11 Other spent proceeds								
12 Other unspent proceeds		92,058,549.						
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

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

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

Table with 9 rows and 8 columns (A-D, Yes/No). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A-D, Yes/No). Rows include questions about Form 8038-T filing, rebates, and qualified hedges.

Part III Private Business Use (Continued)

Table with 9 rows and 8 columns (A-D, Yes/No). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A-D, Yes/No). Rows include questions about Form 8038-T, rebates, and qualified hedges.

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART I, LINE C

MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (MDFA) - SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS IN THE AMOUNT OF \$536,365,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES R AND MASSACHUSETTS HEFA SERIES Q BONDS IN THE AMOUNT OF \$336,365,000. THE BALANCE OF SERIES U PROCEEDS IN THE AMOUNT OF \$200,000,000 WERE NEW MONEY BONDS.

SCHEDULE K, PART I, LINE D

MDFA SERIES V1, V2 AND V3 BONDS IN THE AMOUNT OF \$117,370,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES U-6B AND U-6D BONDS IN THE AMOUNT OF \$73,370,000 AND MASSACHUSETTS HEFA SERIES H BONDS IN THE AMOUNT OF \$44,000,000.

SCHEDULE K, PART II, LINE 7, COLUMNS A-D

COLUMN A: COST OF ISSUANCE IN THE AMOUNT OF \$355,425 IS COMPRISED OF ISSUANCE COSTS TOTALING \$197,925 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$157,500. COLUMN B: COST OF ISSUANCE IN THE AMOUNT OF \$1,008,534 IS COMPRISED OF ISSUANCE COSTS TOTALING \$276,204 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$732,330. COLUMN C: COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$498,602. COLUMN D: COST OF

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

ISSUANCE IN THE AMOUNT OF \$395,000 IS COMPRISED OF ISSUANCE COSTS

TOTALING \$150,179 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$244,821.

SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-C (INCLUDING SERIES X BOND)

THE UNIVERSITY FINANCES CAPITAL PROJECTS WITH BOTH EQUITY AND DEBT AND

MADE A TIMELY ELECTION TO ALLOCATE EQUITY PROCEEDS TO ANY PRIVATE

BUSINESS USE FOR THE REFERENCED DEBT ISSUES. IF PRIVATE BUSINESS USE FOR

THE REFERENCED DEBT ISSUES DOES NOT EXCEED THE EQUITY ALLOCATION, THE

PRIVATE BUSINESS USE IS REPORTED AS 0.00%.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION FOR THE SERIES T1 BOND WAS PERFORMED IN JUNE 2010.

THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6

BONDS WAS PERFORMED IN MAY 2013.

SCHEDULE K, PART IV, LINES 3A & 3B, COLUMN C

THE HEDGES THAT ARE ALL OR IN PART IDENTIFIED WITH MDFA - SERIES U-1,

U-2, U-3, U-4, U-5 AND U-6 BONDS ARE AS FOLLOWS: WELLS FARGO: 30 YEARS,

GOLDMAN SACHS: 20-33 YEARS, MERRILL LYNCH: 33-34 YEARS, AND DEUTSCHE

BANK: 34 YEARS.

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART IV, LINE 5, COLUMNS B-C

UNSPENT PROCEEDS THAT WERE NOT DRAWN FOR CAPITAL EXPENDITURES DURING THE
PRESCRIBED AVAILABLE TEMPORARY PERIOD WERE NOT INVESTED ABOVE THE BOND
YIELD.

SCHEDULE K, PART II, LINE 3, COLUMN A (SERIES X BOND)

RECONCILIATION OF ISSUE PRICE TO TOTAL GROSS PROCEEDS AT 6/30/13:

ISSUE PRICE	120,736,790
INVESTMENT EARNINGS	9,890
GROSS PROCEEDS AT 6/30/13	120,746,680

SCHEDULE K, PART II, LINE 7, COLUMN A (SERIES X BOND)

COST OF ISSUANCE IN THE AMOUNT OF \$733,876 IS COMPRISED OF ISSUANCE COSTS
TOTALING \$433,549 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$300,327.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$ _____												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) IRON MOUNTAIN, INC.	SEE PART V	167,924.	SEE PART V		X
(2) J. LAWFORD ANDERSON	SEE PART V	169,812.	EMPLOYMENT COMPENSATION		X
(3) ANDREA MERCURIO	SEE PART V	99,271.	EMPLOYMENT COMPENSATION		X
(4) ANTONIO MERCURIO	SEE PART V	65,903.	EMPLOYMENT COMPENSATION		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, COLUMN C

COMPENSATION OF FAMILY MEMBERS INCLUDES TUITION REMISSION, IF APPLICABLE.

SCHEDULE L, PART IV, LINE 1

(B) A FAMILY MEMBER OF TRUSTEE CARLA E. MEYER SERVES ON THE BOARD OF DIRECTORS OF IRON MOUNTAIN, INC. THE UNIVERSITY'S RELATIONSHIP WITH IRON MOUNTAIN PREDATES MS. MEYER'S BECOMING A TRUSTEE.

(D) THE TRANSACTION AMOUNT IN COLUMN (C) REPRESENTS THE COST OF ARCHIVING AND DIGITAL IMAGING SERVICES PURCHASED BY THE UNIVERSITY FOR RECORDS STORAGE.

SCHEDULE L, PART IV, LINE 2

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF RETIRED EXECUTIVE VICE PRESIDENT JOSEPH P. MERCURIO.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 4

(B) FAMILY MEMBER (NOW DECEASED) OF RETIRED EXECUTIVE VICE PRESIDENT

JOSEPH P. MERCURIO.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,998.	INDEP. APPRAISAL
5 Clothing and household goods	X		122,709.	INDEP. APPRAISAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	159.	24,916,168.	MEAN PRICE ON DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		132.	1,578,795.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

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

SCHEDULE M, PART I

THE AMOUNTS LISTED IN COLUMN (B) OF SCHEDULE M PART I REPRESENT
CONTRIBUTION TOTALS, NOT CONTRIBUTOR TOTALS.

SCHEDULE M, PART I, LINE 32B

THE UNIVERSITY USES A TRADING BROKERAGE ACCOUNT AT NORTHERN TRUST TO
RECEIVE AND SELL GIFTS OF MARKETABLE SECURITIES. THE BANK CHARGES THE
UNIVERSITY A COMMISSION WHEN EACH SECURITY IS SOLD.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EVENT SUPPORT	X	4.	9,590.	EVENT SUPPORT COST
EQUIPMENT - MEDICAL, RESE	X	10.	1,179,093.	INDEP. APPRAISAL
DONATED AUCTION ITEMS	X	118.	390,112.	INDEP. APPRAISAL
TOTALS		<u>132.</u>	<u>1,578,795.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 & PART III, LINE 1

BOSTON UNIVERSITY IS AN INTERNATIONAL, COMPREHENSIVE, PRIVATE RESEARCH UNIVERSITY, COMMITTED TO EDUCATING STUDENTS TO BE REFLECTIVE, RESOURCEFUL INDIVIDUALS READY TO LIVE, ADAPT, AND LEAD IN AN INTERCONNECTED WORLD. BOSTON UNIVERSITY IS COMMITTED TO GENERATING NEW KNOWLEDGE TO BENEFIT SOCIETY.

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMersed IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT. WITH 16 SCHOOLS AND COLLEGES ON OUR TWO CAMPUSES, WE OFFER OUR STUDENTS MORE THAN 250 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES. OUR STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN MORE THAN 75 PROGRAMS AND 23 FOREIGN COUNTRIES. OUR FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP. THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL EVOLUTION, AND

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
---	--

HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE PERFORMING ARTS. WE PLACE A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, AND GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR EMERGING INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES CONSIST OF LIBRARIES, ACADEMIC SERVICES, STUDENT SERVICES, EXTERNAL PROGRAMS, AND OTHER DEDUCTIONS.

FOREIGN ACCOUNTS

FORM 990, PART V, LINE 4B

THE TRUSTEES OF BOSTON UNIVERSITY HAS BANK ACCOUNTS IN FOREIGN COUNTRIES. THESE ACCOUNTS FUND THE OPERATIONS OF THE UNIVERSITY'S UNDERGRADUATE AND GRADUATE OVERSEAS PROGRAMS.

FOREIGN COUNTRIES INCLUDE (ATTACHMENT 1 CONTINUED):

SPAIN

SWITZERLAND

UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)

ZAMBIA

FORM 990, PART V, LINE 5A

IN 1998, BOSTON UNIVERSITY ENTERED INTO A TRANSACTION NOW DESCRIBED IN SECTION 4965(E). THE OTHER PARTIES TO THE TRANSACTION ARE JOHN HANCOCK

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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MUTUAL LIFE INSURANCE COMPANY, AIG-FP FUNDING (CAYMAN) LIMITED, AIG-FP SPECIAL FINANCE (CAYMAN) LIMITED, AND WILMINGTON TRUST COMPANY, AS TRUSTEE. ALL INCOME EARNED BY THE UNIVERSITY FROM THIS TRANSACTION WAS ALLOCATED, IN ACCORDANCE WITH THE UNIVERSITY'S ESTABLISHED ACCOUNTING METHODS, TO ITS FISCAL YEAR ENDING JUNE 30, 1998.

FORM 990, PART VI, SECTION A, LINE 1A

WITH CERTAIN EXCEPTIONS SPECIFIED IN THE UNIVERSITY'S BY-LAWS OR OTHERWISE REQUIRED BY LAW, THE EXECUTIVE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF TRUSTEES BETWEEN FULL BOARD MEETINGS. THE COMMITTEE HOLDS MEETINGS DURING MOST MONTHS WHEN THE FULL BOARD DOES NOT MEET AND OTHERWISE AS NECESSARY. THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD, THE CHAIRS OF THE 10 OTHER STANDING COMMITTEES OF THE BOARD, THE PRESIDENT, AND UP TO THREE AT-LARGE MEMBERS ELECTED ANNUALLY BY THE BOARD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 2

TRUSTEES ALICIA C. MULLEN AND STEPHEN KARP ARE BOTH BOARD MEMBERS OF THE NANTUCKET PROJECT LLC, WHICH ACQUIRED BUSINESS SERVICES WORTH MORE THAN \$10,000 FROM THE WHITE ELEPHANT, IN WHICH STEPHEN KARP HAS A MATERIAL OWNERSHIP INTEREST. SUCH SERVICES WERE PROVIDED AT FAIR MARKET VALUE OR LESS.

FORM 990, PART VI, SECTION B, LINE 11B

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE UNIVERSITY'S COMPTROLLER, BY THE CHIEF FINANCIAL OFFICER (AS WELL AS OTHER FINANCE/ACCOUNTING STAFF), AND BY UNIVERSITY COUNSEL. THE UNIVERSITY'S PUBLIC ACCOUNTING FIRM, PRICEWATERHOUSECOOPERS, IS INVOLVED THROUGHOUT THE PROCESS OF PREPARATION AND REVIEW OF THE RETURN. THE FORM IS THEN SENT TO THE UNIVERSITY'S AUDIT COMMITTEE TO BE REVIEWED DURING ITS ANNUAL SPRING MEETING. AFTER AUDIT COMMITTEE REVIEW, THE FINAL RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA A SECURE INTRANET SITE BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES (INCLUDING VICE PRESIDENTS AND OTHER MANAGERIAL PERSONNEL) ARE REQUIRED TO DISCLOSE ON THE UNIVERSITY'S CONFLICT OF INTEREST DISCLOSURE FORM ANY BUSINESS OR FINANCIAL RELATIONSHIP THEY OR MEMBERS OF THEIR IMMEDIATE FAMILIES HAVE OR PROPOSE TO HAVE WITH THE UNIVERSITY, EITHER DIRECTLY OR THROUGH ANOTHER ENTITY IN WHICH THEY HAVE A SIGNIFICANT INTEREST. THE DISCLOSURE FORM IS REQUIRED TO BE FILED ANNUALLY; AN AMENDED FORM MUST BE FILED PROMPTLY IN THE EVENT OF A MATERIAL CHANGE IN CIRCUMSTANCES. A TRUSTEE OR OFFICER IS REQUIRED TO PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP COVERED BY THIS POLICY TO THE CHAIRMAN OF THE AUDIT COMMITTEE. AN EMPLOYEE OR OTHER REPRESENTATIVE MUST PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY SUCH RELATIONSHIP TO THE UNIVERSITY'S COMPLIANCE COMMITTEE.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES WHO HAVE DISCLOSED A POTENTIAL CONFLICT OF INTEREST SHALL REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP IN WHICH HE OR SHE IS INTERESTED, EXCEPT TO RESPOND TO QUESTIONS OR TO PROVIDE FURTHER INFORMATION. IF A TRANSACTION OR RELATIONSHIP REQUIRES A VOTE, THE INTERESTED PARTY SHOULD NOT BE PRESENT AT THE TIME OF THE VOTE.

THE AUDIT COMMITTEE WILL DETERMINE WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING A TRUSTEE OR OFFICER SHOULD BE ENTERED INTO OR CONTINUED. IN THE CASE OF ANY SUCH RELATIONSHIP INVOLVING A TRUSTEE, SUCH A DETERMINATION SHALL BE SET FORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE SIGNED BY THE CHAIRMAN AND A MAJORITY OF THE COMMITTEE. THE COMPLIANCE COMMITTEE WILL DETERMINE WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING AN EMPLOYEE OR OTHER REPRESENTATIVE SHOULD BE ENTERED INTO OR CONTINUED. THE COMPLIANCE COMMITTEE SHALL PROVIDE SUCH REPORTS AS MAY BE REQUESTED BY THE AUDIT COMMITTEE AND MAY REQUEST ADVICE OR DIRECTION FROM THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15B

EACH YEAR, INCLUDING THE YEAR COVERED BY THIS RETURN, THE FOLLOWING PROCESS IS USED TO ESTABLISH THE COMPENSATION OF THE FOLLOWING INDIVIDUALS: THE PRESIDENT; UNIVERSITY PROVOST; MEDICAL CAMPUS PROVOST; CHIEF INVESTMENT OFFICER; SENIOR VICE PRESIDENT FOR OPERATIONS; SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND TREASURER; AND THE SENIOR

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH CONSISTS ENTIRELY OF INDEPENDENT PERSONS HAVING NO CONFLICTS OF INTEREST AS DEFINED IN THE APPLICABLE REGULATIONS) ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO OBTAIN DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMMITTEE REVIEWS THIS DATA AND THE PERFORMANCE OF THE INDIVIDUALS HOLDING THE POSITIONS IN QUESTION, AND IT DEVELOPS A RECOMMENDATION REGARDING THE PRESIDENT'S COMPENSATION AND CONSIDERS THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR EACH OF THE OTHER COVERED PERSONS. THE EXECUTIVE COMPENSATION COMMITTEE THEN PRESENTS THE DATA AND ITS COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE DELIBERATIONS AND ACTIONS OF BOTH THE EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS OWN WEBSITE.

FORM 990, PART VII, SECTION A

ROBERT A. BROWN, PRESIDENT OF BOSTON UNIVERSITY, DEVOTES LESS THAN ONE HOUR PER WEEK TO MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION. MARTIN J. HOWARD, OFFICER OF BOSTON UNIVERSITY, DEVOTES LESS THAN ONE HOUR PER WEEK TO BOTH 660 CORPORATION AND 520

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
---	--

COMMONWEALTH AVENUE REAL ESTATE CORPORATION, BOTH RELATED ORGANIZATIONS.
 GARY W. NICKSA, KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS EACH
 OR LESS PER WEEK TO BIOSQUARE REALTY TRUST AND EAST CONCORD MEDICAL
 FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. KAREN H. ANTMAN MD, KEY
 EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES THREE HOURS OR LESS EACH PER WEEK
 TO FACULTY PRACTICE FOUNDATION, INC. AND EAST CONCORD MEDICAL FOUNDATION,
 INC., BOTH RELATED ORGANIZATIONS. WILLIAM CREEVY MD, ONE OF THE HIGHEST
 COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY AND PRESIDENT OF THE FACULTY
 PRACTICE FOUNDATION, INC, DEVOTES 54 HOURS OR LESS PER WEEK TO FACULTY
 PRACTICE FOUNDATION, INC. BARRY ZUCKERMAN MD DEVOTES 50 HOURS OR LESS PER
 WEEK TO FACULTY PRACTICE FOUNDATION, INC. PUSHKAR MEHRA DMD DEVOTES 50
 HOURS OR LESS PER WEEK TO THE ORAL SURGERY GROUP PRACTICE. KATHERYN
 PFISTERER DARR WAS COMPENSATED AS A FACULTY MEMBER, NOT AS TRUSTEE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET ACTUARIAL GAINS \$ LOSSES: -\$2,543,000

GAIN/LOSS ON NON INVESTMENT ASSETS: -\$8,711,332

NON OPERATING GIFTS \$ GRANTS: \$6,607,541

OTHER CHANGES: \$437,669

TOTAL: -\$4,209,122

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

AUSTRALIA

BELGIUM

ECUADOR

IRELAND

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

ATTACHMENT 1 (CONT'D)FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

FRANCE

GERMANY

ITALY

NIGER

NEW ZEALAND

PERU

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AK, CA, CO,

HI, KY, MD, MA, MI,

NH, NY, OH, OK, OR,

SC,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LSI EPI LLC 144 NORTH ROAD, SUITE 1000 SUDBURY, MA 01776	CONSULTANT	7,946,270.
EMBANET-COMPASS KNOWLEDGE GROUP INC. 50 NORTHWEST POINT BLVD, 5TH FLOOR ELK GROVE VILLAGE, IL 60007	ONLINE SER. PROVIDER	9,948,049.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BOND BROS. INC. 145 SPRING STREET EVERETT, MA 02149	CONSTRUCTION	37,925,941.
WALSH BROTHERS INCORPORATED 210 COMMERCIAL STREET BOSTON, MA 02109	CONSTRUCTION	8,352,764.
BRUNER/COTT & ASSOCIATES, INC. 130 PROSPECT STREET CAMBRIDGE, MA 02139	ENGINEERING	6,400,577.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LURE RESTAURANT GROUP, LLC 80-0032198 650 BEACON STREET, S. 501 BOSTON, MA 02215	RESTAURANT	MA	2,476,041.		BU TRUSTEES
(2) UNIVERSITY INN, LLC 04-3493329 650 BEACON STREET, S. 501 BOSTON, MA 02215	HOTEL	MA	616,216.		BU TRUSTEES
(3) HAWTHORNE LOUNGE LLC 45-1859454 500A COMMONWEALTH AVENUE BOSTON, MA 02215	LOUNGE	MA	530,891.		BU TRUSTEES
(4) BU FUNDING, LLC 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	LLC	MA		53,014,000.	BU TRUSTEES
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON EMERGENCY PHYSICIAN FOUNDATION 04-3286156 860 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BOSTON REHABILITATION MED ASSOC, INC. 04-3286641 732 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BU CARDIAC & THORACIC SURGICAL FDN, INC. 04-2966416 88 E NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BOSTON UNIVERSITY DERMATOLOGY, INC. 04-3335166 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BU DERMATOLOGY SUPPORT SERVICES I, INC. 04-3452877 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU DERMATOLOGY SUPPORT SERVICES II, INC. 04-3452874 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BOSTON UNIVERSITY EYE ASSOCIATES, INC. 04-3137333 720 HARRISON AVENUE, 10TH FL BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X

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

Schedule R (Form 990) 2012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON UNIVERSITY FAMILY MEDICINE, INC. 04-3354353 1 BOSTON MEDICAL CTR PL, SUITE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 720 HARRISON AVENUE, SUITE 700 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 784 MASSACHUSETTS AVENUE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BU MEDICAL CENTER ANESTHESIOLOGISTS, INC 04-3276227 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 720 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU NEUROLOGY ASSOCIATES, INC. 04-3428462 720 HARRISON AVENUE #707 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(7) BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X

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Schedule R (Form 990) 2012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 750 HARRISON AVENUE, SUITE 110 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 720 HARRISON AVENUE #808 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(3) BU PLASTIC SURGERY ASSOCIATION, INC. 04-3555478 720 HARRISON AVENUE, SUITE 906 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(4) BU PSYCHIATRY ASSOCIATES, INC. 04-3355267 720 HARRISON AVENUE, SUITE 906 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(5) BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(6) BU SURGICAL ASSOCIATES, INC. 04-3291148 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(7) CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X

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Schedule R (Form 990) 2012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EVANS MEDICAL FOUNDATION, INC. 88 EAST NEWTON STREET, #107 BOSTON, MA 02118 51-0172171	MEDICINE	MA	501(C)(3)	11C III-FI	N/A		X
(2) BU MEDICAL CENTER OTOLARYNGOLOGIC FDN 820 HARRISON AVE FGH BLDG 4 FL BOSTON, MA 02118 04-3156471	HEALTHCARE	MA	501(C)(3)	11C III-FI	N/A		X
(3) FACULTY PRACTICE FOUNDATION, INC. 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118 04-3289381	MEDICINE	MA	501(C)(3)	11B II	N/A		X
(4) MERCOND, INC. 881 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3099628	HOLDING CO.	MA	501(C)(2)	N/A	BU TRUSTEES	X	
(5) THE MASS GREEN HIGH PERF COMPUTING CTR 77 MASS AVE. CAMBRIDGE, MA 02139 27-3014805	RESEARCH CTR	MA	501(C)(3)	11A-I	N/A		X
(6) MGHPC HOLYOKE INC. 77 MASS AVE. CAMBRIDGE, MA 02139 45-2257442	RESEARCH CTR	MA	501(C)(3)	11A-I	N/A		X
(7) BOSTON UNIVERSITY (USA) LONDON CHARITY 5-10 ST. PAUL'S CHURCHYARD EC4 LONDON, UK	EDU. SUPPORT	UK		N/A	BU TRUSTEES	X	

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Schedule R (Form 990) 2012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EAST CONCORD MEDICAL FOUNDATION, INC. 04-6048207 88 E. NEWTON STREET BOSTON, MA 02118	EDU. SUPPORT	MA	11C III-FI	501(C)(3)	N/A		X
(2) BOSTON UNIVERSITY FOUNDATION - INDIA S-505 LGF GREATER KAILASH-11 1 NEW DELHI, IN	EDU. SUPPORT	IN		N/A	BU TRUSTEES	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE SW7 2DL	EDUCATION	UK	BU EUR/EUSA LLP		107,243.	178,621.		X			X	100.0000
(2) SMALLPHARMA LLC 04-3398901 881 COMMONWEALTH AVENUE, 4TH F	R&D MFG	MA	520 CORP.			21,385.		X		X		99.0000
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	REAL ESTATE	MA	BU TRUSTEES	C CORP	7,537,946.	10,277,235.	100.0000	X	
(2) LURE RESTAURANT GROUP/EASTERN STANDARD 20-2680347 650 BEACON STREET, SUITE 501 BOSTON, MA 02215	RESTAURANT	MA	BU TRUSTEES	S CORP	3,545,811.		100.0000	X	
(3) CHARITABLE REMAINDER TRUSTS (14)	SUPPORT	MA	BU TRUSTEES	TRUST					
(4) BOSTON UNIVERSITY (USA) EUROPE LIMITED 1A QUEENSBERRY PLACE SW7 2DL LONDON, UK	EDU. SUPPORT	UK	BU(USA)LONDON	CORP	-175,511.	11,109.	100.0000	X	
(5) EUSA (UK) LIMITED 1A QUEENSBERRY PLACE SW7 2DL LONDON, UK	EDU. SUPPORT	UK	BU(USA)EUROPE	CORP	-4,086.	1.	100.0000	X	
(6) 660 CORPORATION 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENT ST	MA	520 CORP.	CORP.	7,242,295.	9,394,429.	100.0000	X	
(7) AKEAH INC. 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	LESSOR OF RE	MA	520 CORP.	CORP.	295,651.	459,625.	100.0000	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) COSIF VIRIATO, 73 BAJO DERECHA 28010 MADRID, SP	EDU. SUPPORT	SP	BU(USA)EUROPE	CORP.	-39,388.	6,377.	100.0000	X	
(2) EUSA SARL RUE DES PIERRES-DUE-NITON 17-19 1207 GENEVE, SZ	EDU. SUPPORT	SZ	EUSA LLP	CORP.	-7,759.	6,277.	100.0000	X	
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP.	J	609,252.	ACTUAL PAYMENT
(2) 520 COMMONWEALTH AVENUE REAL ESTATE CORP.	O	200,000.	ACTUAL PAYMENT
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
