

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2018

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TRUSTEES OF BOSTON UNIVERSITY			<b>D</b> Employer identification number 04-2103547
	Doing business as			<b>E</b> Telephone number (617) 353-2290
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 4,763,577,139.
	881 COMMONWEALTH AVENUE, 4TH FL			
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02215-1303			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: ROBERT A. BROWN, PRESIDENT ONE SILBER WAY, BOSTON, MA 02215			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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	<b>J</b> Website: ▶ HTTP://WWW.BU.EDU			If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1869		<b>M</b> State of legal domicile: MA	

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	42.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	39.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	27,059.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,300.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	11,405,824.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	514,583,182.	523,093,884.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,828,850,977.	1,960,355,521.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,174,810.	141,935,457.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,878,987.	36,123,706.
		2,503,487,956.	2,661,508,568.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	481,606,433.	571,374,112.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,133,991,124.	1,196,804,521.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	39,630.	123,321.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,785,252.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	622,870,050.	660,600,708.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,238,507,237.	2,428,902,662.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	264,980,719.	232,605,906.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	6,392,541,992.	7,019,919,366.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	2,473,898,952.	2,887,510,634.
	3,918,643,040.	4,132,408,732.	

## 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.

<b>Sign Here</b>	DocuSigned by: <i>Martin J. Howard</i>	5/13/2020   2:19 PM EDT			
	Signature of office Martin J. Howard, SR VP, CFO and Treasurer	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARILYN FARLEY	Preparer's signature <i>Marilyn L. Farley</i>	Date 5/13/20	Check <input type="checkbox"/> if self-employed	PTIN P01231800
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 617-988-1000	
	Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111				

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** (2018)

Form **8868**

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. TRUSTEES OF BOSTON UNIVERSITY	Employer identification number (EIN) or 04-2103547
File by the due date for filing your return. See instructions.	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) . . . . . 01

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 (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

• 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 6-month extension of time until May 15, 20 20, 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 18, and ending June 30, 20 19.

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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 1,456,086,530. including grants of \$ 485,832,867. ) (Revenue \$ 1,614,029,030. )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 300,009,172. including grants of \$ 85,541,245. ) (Revenue \$ 23,031,039. )

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 \$ 293,944,811. including grants of \$ ) (Revenue \$ 323,295,452. )

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 \$ 111,061,962. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,161,102,475.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various IRS requirements regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, 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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (42), 1b (39), 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 AK, CA, HI, KY, MD, MA, MI, NH, NY, OH, OR, SC,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII  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				1,540,912.	0.	474,074.
(2) CATALDO W. LEONE TRUSTEE & PROFESSOR	55.00 0.	X						282,665.	0.	60,050.
(3) KENNETH J. FELD CHAIRMAN	3.00 0.	X						0.	0.	0.
(4) J. KENNETH MENGES, JR. TRUSTEE - VICE CHAIRMAN	3.00 0.	X						0.	0.	0.
(5) RICHARD D. REIDY TRUSTEE - VICE CHAIRMAN	3.00 0.	X						0.	0.	0.
(6) CARLA E. MEYER TRUSTEE, V CHWM (AS OF 9-13-18)	3.00 0.	X						0.	0.	0.
(7) WILLIAM D. BLOOM TRUSTEE	3.00 0.	X						0.	0.	0.
(8) RICHARD D. COHEN TRUSTEE	3.00 0.	X						0.	0.	0.
(9) JONATHAN R. COLE TRUSTEE	3.00 0.	X						0.	0.	0.
(10) SHAMIM A. DAHOD TRUSTEE	3.00 0.	X						0.	0.	0.
(11) NATHANIEL DALTON TRUSTEE (AS OF 9-13-18)	3.00 0.	X						0.	0.	0.
(12) SUDARSHANA DEVADHAR TRUSTEE	3.00 0.	X						0.	0.	0.
(13) AHMASS L. FAKAHANY TRUSTEE	3.00 0.	X						0.	0.	0.
(14) MAURICE R. FERRE TRUSTEE	3.00 0.	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) SANDRA A. FRAZIER TRUSTEE	3.00 0.	X						0.	0.	0.
(16) CAROL N. FULP TRUSTEE	3.00 0.	X						0.	0.	0.
(17) RYAN K. ROTH GALLO TRUSTEE	3.00 0.	X						0.	0.	0.
(18) RICHARD C. GODFREY TRUSTEE	3.00 0.	X						0.	0.	0.
(19) SUNGEUN HAN-ANDERSEN TRUSTEE (UNTIL 9-13-18)	3.00 0.	X						0.	0.	0.
(20) JOHN P. HOWE III TRUSTEE	3.00 0.	X						0.	0.	0.
(21) WILLIAM A. KAMER TRUSTEE (UNTIL 9-13-18)	3.00 0.	X						0.	0.	0.
(22) STEPHEN R. KARP TRUSTEE	3.00 0.	X						0.	0.	0.
(23) RAJEN A. KILACHAND TRUSTEE	3.00 0.	X						0.	0.	0.
(24) RANCH C. KIMBALL TRUSTEE (AS OF 9-13-18)	3.00 0.	X						0.	0.	0.
(25) ROBERT A. KNOX TRUSTEE	3.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								1,823,577.	0.	534,124.
<b>c Total from continuation sheets to Part VII, Section A</b>								7,212,906.	3,551,271.	900,868.
<b>d Total (add lines 1b and 1c)</b>								9,036,483.	3,551,271.	1,434,992.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3118**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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 2		

**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 **▶ 336**

**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) ANDREW R. LACK ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 27) KEVIN MERIDA ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 28) RUTH A. MOORMAN ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 29) ALICIA C. MULLEN ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 30) PETER T. PAUL ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 31) JACQUES P. PEROLD ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 32) C.A. LANCE PICCOLO ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 33) ALLEN I. QUESTROM ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 34) SHARON G. RYAN ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 35) S.D. SHIBULAL ----- TRUSTEE	3.00 ----- 0.	X					0.	0.	0.	
( 36) RICHARD SHIPLEY ----- TRUSTEE (AS OF 9-13-18)	3.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 3118

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 ----- 0.	X						0.	0.	0.
( 38) BIPPY M. SIEGAL ----- TRUSTEE (UNTIL 9-13-18)	3.00 ----- 0.	X						0.	0.	0.
( 39) KENNETH Z. SLATER ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
( 40) MALEK SUKKAR ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
( 41) NINA C. TASSLER ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
( 42) ANDREA L. TAYLOR ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
( 43) ELIZABETH C. THORS ----- TRUSTEE (AS OF 9-13-18)	3.00 ----- 0.	X						0.	0.	0.
( 44) PETER WEXLER ----- TRUSTEE (AS OF 9-13-18)	3.00 ----- 0.	X						0.	0.	0.
( 45) STEPHEN M. ZIDE ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
( 46) MARTIN J. HOWARD ----- SR VP, CFO, & TREASURER	55.00 ----- 1.00			X				532,792.	0.	88,698.
( 47) TODD L. C. KLIPP ----- S VP, S C, SEC (UNTIL 9-13-18)	55.00 ----- 0.			X				1,400,060.	0.	51,679.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ▶ 3118

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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) ERIKA GEETTER VP, G C, SEC (AS OF 9-13-18)	55.00 0.			X				560,017.	0.	35,548.
( 49) JEAN MORRISON UNIVERSITY PROVOST	55.00 0.				X			774,886.	0.	307,556.
( 50) KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	55.00 4.00				X			905,731.	0.	32,406.
( 51) GARY W. NICKSA SR VP FOR OPERATIONS	55.00 1.00				X			560,635.	0.	56,799.
( 52) TONY TANNOURY PROFESSOR & PHYSICIAN	0. 55.00					X		0.	1,333,880.	132,902.
( 53) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00 0.					X		1,372,260.	0.	59,475.
( 54) WILLIAM CREEVY PROFESSOR & PHYSICIAN	0. 55.00					X		0.	1,134,574.	57,759.
( 55) CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	55.00 0.					X		1,106,525.	0.	32,598.
( 56) XINNING LI PROFESSOR & PHYSICIAN	0. 55.00					X		0.	1,082,817.	45,448.
<b>1b Sub-total</b> . . . . . ▶										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶										

**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 ▶ 3118

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 or note to any line in this Part VIII

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



**Part IX Statement of Functional Expenses**

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

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

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

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,661,508,568.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,428,902,662.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	232,605,906.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,918,643,040.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	73,883,292.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-92,723,506.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,132,408,732.

**Part XII Financial Statements and Reporting**

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

- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (82.23%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (81.27%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			



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

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of organization (TRUSTEES OF BOSTON UNIVERSITY) and 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. (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$
3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

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

Schedule C (Form 990 or 990-EZ) 2018

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

**Part IV** Supplemental Information (continued)

## LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

THE UNIVERSITY HAS A FEDERAL RELATIONS OFFICE WHICH MONITORS LEGISLATION AND OTHER FEDERAL GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY, SOMETIMES WITH THE ASSISTANCE OF CONSULTANTS. THE OFFICE ALSO SERVES AS A LIAISON BETWEEN THE UNIVERSITY AND VARIOUS GOVERNMENT OFFICIALS. THE UNIVERSITY FILES QUARTERLY REPORTS WITH CONGRESS DETAILING THESE ACTIVITIES AND EXPENSES. THE UNIVERSITY ALSO HAS TWO STAFF MEMBERS WHO HAVE RESPONSIBILITY FOR MONITORING LEGISLATION AND GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY ON THE STATE LEVEL. THE UNIVERSITY FILES SEMIANNUAL REPORTS WITH THE COMMONWEALTH OF MASSACHUSETTS DETAILING THESE ACTIVITIES AND EXPENSES. IT IS POSSIBLE THAT OTHER INDIVIDUALS MAY HAVE SPENT AN INSUBSTANTIAL PORTION OF THEIR TIME ON LEGISLATIVE MATTERS OF DIRECT CONCERN TO HIGHER EDUCATION AND MAY HAVE INCURRED INSUBSTANTIAL EXPENSES IN CONNECTION WITH THIS ACTIVITY.

BOSTON UNIVERSITY PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS IN AN EFFORT TO STAY CURRENT ON A WIDE VARIETY OF ACADEMIC, RESEARCH, GOVERNANCE, AND OTHER ISSUES. SOME OF THESE MEMBERSHIP ORGANIZATIONS CONDUCT LOBBYING ACTIVITIES, WHICH ARE REFLECTED IN THE UNIVERSITY'S LOBBYING REPORTS. A THIRD PARTY CONSULTANT IS RETAINED BY BOSTON UNIVERSITY TO TRACK FEDERAL LEGISLATIVE AND AGENCY DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY.



**Part IV** Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINES 1D AND 1E

THE UNIVERSITY POSTS FACT SHEETS CONTAINING LOBBYING MATERIALS DIRECTED AT ITS CONSTITUENCIES AND POLICYMAKERS TO THE UNIVERSITY'S WEBSITE. THE UNIVERSITY'S FEDERAL RELATIONS OFFICE ALSO DELIVERS THESE FACT SHEETS TO RELEVANT POLICYMAKERS. THE COST OF CREATING, POSTING, AND DELIVERING THE FACT SHEETS IS INCLUDED IN THE TOTAL LOBBYING EXPENSES REPORTED ON PART II-B, LINE 1J.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements.

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

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

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

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, for escrow or custodial account liability? [ ] Yes [ ] No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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 43.2000 %
b Permanent endowment 29.0000 %
c Temporarily restricted endowment 27.8000 %

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, 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 Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

**Part XIII Supplemental Information.**

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

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 COLLECTIONS.

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, TO SUPPORT INCREASED FINANCIAL AID, TO HIRE ADDITIONAL FACULTY, AND TO BUILD OR UPDATE FACILITIES. IT ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY DEPARTMENTS, PROGRAMS, AND



**Part XIII** Supplemental Information (continued)

SCHOLARSHIPS, AND HELPS STEM RISES IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID FOR WITH STUDENT TUITION AND FEES.

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THE UNIVERSITY HAS UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL INCOME TAXES DUE WAS RECORDED AS OF JUNE 30, 2019 OR 2018. THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY

Employer identification number 04-2103547

Part I

Table with 3 columns: Question, YES, NO. Rows include questions 1-7 regarding racial nondiscrimination policies, supplemental page reference, and financial aid.

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

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 02115 (617-353-9286). THE UNIVERSITY'S NONDISCRIMINATION POLICY IS ON THE UNIVERSITY WEBSITE, WWW.BU.EDU.

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	FUNDRAISING		8,032.
<b>(2)</b> EAST ASIA AND THE PACIFIC	0.	0.	FUNDRAISING		236,593.
<b>(3)</b> EUROPE	0.	0.	FUNDRAISING		59,879.
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	FUNDRAISING		59,181.
<b>(5)</b> NORTH AMERICA	0.	0.	FUNDRAISING		9,211.
<b>(6)</b> SOUTH AMERICA	0.	0.	FUNDRAISING		389.
<b>(7)</b> SOUTH ASIA	0.	0.	FUNDRAISING		8,138.
<b>(8)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		130,831.
<b>(9)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		243,052.
<b>(10)</b> EUROPE	0.	0.	GRANTMAKING		6,245,389.
<b>(11)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		31,651.
<b>(12)</b> NORTH AMERICA	0.	0.	GRANTMAKING		178,240.
<b>(13)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		40,243.
<b>(14)</b> SOUTH ASIA	0.	0.	GRANTMAKING		505,691.
<b>(15)</b> SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		1,162,239.
<b>(16)</b> CENTRAL AMERICA/CARIBBEAN	0.	5.	PROGRAM SERVICES	RESEARCH	346,966.
<b>(17)</b> EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	RESEARCH	1,144,103.
<b>3a</b> Subtotal . . . . .		7.			10,409,828.
<b>b</b> Total from continuation sheets to Part I . . . . .	20.	287.			647,613,780.
<b>c</b> Totals (add lines 3a and 3b)	20.	294.			658,023,608.

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

Schedule F (Form 990) 2018

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	0.	11.	PROGRAM SERVICES	RESEARCH	3,355,951.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH	87,520.
<b>(3)</b> NORTH AMERICA	0.	3.	PROGRAM SERVICES	RESEARCH	497,396.
<b>(4)</b> RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	RESEARCH	28,337.
<b>(5)</b> SOUTH AMERICA	0.	2.	PROGRAM SERVICES	RESEARCH	186,229.
<b>(6)</b> SOUTH ASIA	1.	5.	PROGRAM SERVICES	RESEARCH	429,994.
<b>(7)</b> SUB-SAHARAN AFRICA	0.	9.	PROGRAM SERVICES	RESEARCH	2,486,875.
<b>(8)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	SEMINARS	149,870.
<b>(9)</b> EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	SEMINARS	1,062,500.
<b>(10)</b> EUROPE	0.	0.	PROGRAM SERVICES	SEMINARS	1,781,652.
<b>(11)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEMINARS	205,355.
<b>(12)</b> NORTH AMERICA	0.	0.	PROGRAM SERVICES	SEMINARS	462,480.
<b>(13)</b> SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SEMINARS	119,003.
<b>(14)</b> SOUTH ASIA	0.	0.	PROGRAM SERVICES	SEMINARS	147,356.
<b>(15)</b> SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	SEMINARS	142,817.
<b>(16)</b> RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	SEMINARS	29,686.
<b>(17)</b> EAST ASIA AND THE PACIFIC	4.	48.	PROGRAM SERVICES	STUDY ABROAD	8,229,237.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EUROPE	15.	205.	PROGRAM SERVICES	STUDY ABROAD	27,926,516.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	276,715.
<b>(3)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY ABROAD	84,399.
<b>(4)</b> SOUTH AMERICA	0.	4.	PROGRAM SERVICES	STUDY ABROAD	502,062.
<b>(5)</b> SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	172,737.
<b>(6)</b> SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	61,571.
<b>(7)</b> NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	1,606.
<b>(8)</b> EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		3,652,289.
<b>(9)</b> EUROPE	0.	0.	INVESTMENTS		47,033,597.
<b>(10)</b> SOUTH ASIA	0.	0.	INVESTMENTS		11,646,317.
<b>(11)</b> NORTH AMERICA	0.	0.	INVESTMENTS		23,525,561.
<b>(12)</b> SOUTH AMERICA	0.	0.	INVESTMENTS		9,275,702.
<b>(13)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		503,074,995.
<b>(14)</b> SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		801,363.
<b>(15)</b> EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDENT FINANCIAL AID	3,000.
<b>(16)</b> EUROPE	0.	0.	PROGRAM SERVICES	STUDENT FINANCIAL AID	169,092.
<b>(17)</b> SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDENT FINANCIAL AID	4,000.
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2018



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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	1,734,698.	WIRE			
(2)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	1,306,055.	WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	904,538.	WIRE			
(4)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	834,148.	WIRE			
(5)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	524,461.	WIRE			
(6)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	472,955.	WIRE			
(7)			SOUTH ASIA	RESEARCH	441,034.	WIRE			
(8)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	399,887.	WIRE			
(9)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	273,173.	WIRE			
(10)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	248,878.	WIRE			
(11)			EAST ASIA/ PACIFIC	RESEARCH	220,052.	WIRE			
(12)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	204,671.	WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	194,646.	WIRE			
(14)			NORTH AMERICA	RESEARCH	143,742.	WIRE			
(15)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	139,699.	WIRE			
(16)			CENT. AMERICA/ CARIBBEAN	RESEARCH	130,831.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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	49,990.	WIRE			
(2)			SUB-SAHARAN AFRICA	RESEARCH	38,055.	WIRE			
(3)			NORTH AMERICA	RESEARCH	34,497.	WIRE			
(4)			SOUTH AMERICA	RESEARCH	32,393.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	RESEARCH	31,651.	WIRE			
(6)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	30,006.	WIRE			
(7)			SOUTH ASIA	RESEARCH	28,438.	WIRE			
(8)			EUROPE/ ICELAND/ GREENLAND	RESEARCH	26,768.	WIRE			
(9)			EAST ASIA/PACIFIC	RESEARCH	23,000.	WIRE			
(10)			SOUTH ASIA	RESEARCH	19,887.	WIRE			
(11)			SOUTH ASIA	RESEARCH	16,332.	WIRE			
(12)			SOUTH AMERICA	RESEARCH	7,850.	WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	25,000.	WIRE			
(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 . . . . . 12.

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	3.			3,000.	TUITION	COST
(2) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	17.			169,092.	TUITION	COST
(3) STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	1.			4,000.	TUITION	COST
(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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF RESEARCH FUNDS OUTSIDE OF THE UNITED STATES TO THE OFFICE OF POST AWARD FINANCIAL OPERATIONS. THIS OFFICE MONITORS ALL DOMESTIC AND FOREIGN SUBRECIPIENT GRANT MAKING ACTIVITY, INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS.

WHEN APPROVING INVOICE PAYMENTS CHARGED TO RESEARCH GRANTS, THE VALIDITY OF EXPENSES AND THE ACHIEVEMENT OF SCIENTIFIC AND TECHNICAL PROGRESS IS VERIFIED BY THE PRINCIPAL INVESTIGATOR OR HIS/HER DESIGNEE.

BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS. A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS. KEY INDICATORS SUCH AS HIGH SCHOOL GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM AND EXTRACURRICULAR ACTIVITIES.

SCHEDULE F, PART I, LINE 3

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

**Part V Supplemental Information**

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

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SUBRECIPIENTS.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 10 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 GREATER PUBLIC	FUNDRAISING CONSULTANT		X		123,321.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					123,321.	

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.

ALL STATES

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

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

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

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (add col. (a) through col. (c))
		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		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)						

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

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

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

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

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

- 11 Does the organization conduct 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 conducted 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.** 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 provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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

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

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) ABT ASSOCIATES INC 10 FAWCETT STREET CAMBRIDGE, MA 02138	42-2347643		242,609.				RESEARCH
(2) ACHAOGEN INC 1 TOWER PL STE 400 SOUTH SAN FRANCISCO, CA	68-0533693		1,307,155.				RESEARCH
(3) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE. ALBANY, NY 12208	14-1338310	501C3	75,555.				RESEARCH
(4) AMERICAN ACADEMY OF PEDIATRICS PO BOX 776442 CHICAGO, IL 60677	36-2275597	501C3	182,023.				RESEARCH
(5) AMERICAN COLLEGE OF RADIOLOGY 1818 MARKET STREET PHILADELPHIA, PA 19103	36-2261602	501C3	596,113.				RESEARCH
(6) AMICROBE INC 3142 TIGER RUN CT CARLSBAD, CA 92010	27-4438018		649,612.				RESEARCH
(7) ANN & ROBERT H LURIE CHILDRENS HOSPITAL 225 E CHICAGO AVE BOX 271 CHICAGO, IL 60611	36-2170833	501C3	48,120.				RESEARCH
(8) ASSOCIATION OF MATERNAL & CHILD HEALTH 1825 K STREET NW WASHINGTON, DC 20006	52-1529448	501C3	43,340.				RESEARCH
(9) AUGUSTA UNIVERSITY RESEARCH INSTITUTE PO BOX 945552 ATLANTA, GA 30394	58-1418202	501C3	113,837.				RESEARCH
(10) BAY AREA BIOSCIENCE CENTER 701 GATEWAY BLVD, SOUTH SAN FRANCISCO, CA	94-3118621	501C3	183,670.				RESEARCH
(11) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501C3	221,968.				RESEARCH
(12) BEDFORD VA RESEARCH CORPORATION, INC 200 SPRINGS RD BEDFORD, MA 01730	04-3512440	501C3	48,765.				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) (2018)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

04-2103547

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

04-2103547

**Part I General Information on Grants and Assistance**

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

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

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
<b>(1)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501C3	814,416.				RESEARCH
<b>(2)</b> BOARD OF TRUSTEES OF THE LELAND STAMFORD PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	437,893.				RESEARCH
<b>(3)</b> BOARD OF TRUSTEES OF UNIVERSITY OF CHICAGO 28392 NETWORK PLACE CHICAGO, IL 60673	37-6000511	STATE GOVT	22,777.				RESEARCH
<b>(4)</b> BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501C3	56,479.				RESEARCH
<b>(5)</b> BOSTON MEDICAL CENTER 660 HARRISON AVE BOSTON, MA 02118	04-3314093	501C3	1,223,108.				RESEARCH
<b>(6)</b> BOSTON VA RESEARCH INSTITUTE INC 1505 HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501C3	186,776.				RESEARCH
<b>(7)</b> BOWDOIN COLLEGE 5400 COLLEGE STATIONS BRUNSWICK, ME 04011	01-0215213	501C3	33,230.				RESEARCH
<b>(8)</b> BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM, MA 02454	04-2103552	501C3	138,990.				RESEARCH
<b>(9)</b> BROOKLYN BUREAU COMMUNITY SERVICE 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501C3	40,086.				RESEARCH
<b>(10)</b> BROWN UNIVERSITY 69 BROWN ST 2ND FL PROVIDENCE, RI 02912	05-0258809	501C3	509,077.				RESEARCH
<b>(11)</b> BUGWORKS RESEARCH INC 13962 PIERCE RD SARATOGA, CA 95070	46-4722591		1,806,326.				RESEARCH
<b>(12)</b> BUTLER HOSPITAL 350 DUNCAN DR AT PROVIDENCE, RI 02906	05-0258812	501C3	107,457.				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) (2018)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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

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

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) CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		456,647.				RESEARCH
(2) HERRERA CONSULTING GROUP, LLC 6123 UTAH AVE NW WASHINGTON, DC 20015	81-2848801		15,450.				RESEARCH
(3) CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH, MA 15250	25-0969449	501C3	122,677.				RESEARCH
(4) CASA ESPERANZA INC 302 EUSTIS STREET ROXBURY, MA 02119	22-2525437	501C3	85,269.				RESEARCH
(5) CHILDRENS HOSPITAL COLORADO 13123 E 16TH AVE. AURORA, CO 80045	84-0166760	501C3	38,621.				RESEARCH
(6) CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501C3	1,338,026.				RESEARCH
(7) CHILDRENS HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0812532	501C3	154,437.				RESEARCH
(8) CHILDRENS RESEARCH INSTITUTE 801 ROEDER ROAD SILVER SPRING, MD 20910	52-1654453	501C3	193,180.				RESEARCH
(9) CIDARA THERAPEUTICS INC 6310 NANCY RIDGE DR SAN DIEGO, CA 92121	46-1537286		40,633.				RESEARCH
(10) CITY OF NEW BEDFORD 181 HILLMAN ST NEW BEDFORD, MA 02740	04-6001402	LOCAL GOVT	30,382.				RESEARCH
(11) CLAREMONT GRADUATE UNIVERSITY 150 E TENTH STREET CLAREMONT, CA 91711	95-1664100	501C3	17,727.				RESEARCH
(12) CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 44193	34-0714585	501C3	80,281.				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) (2018)

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

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

2018

Open to Public Inspection

Employer identification number

04-2103547



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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<b>(1)</b> COLORADO DEPARTMENT OF PUBLIC HEALTH 4300 CHERRY CREEK DR SOUTH DENVER, CO 80246	84-0644739	STATE GOVT	66,378.				RESEARCH
<b>(2)</b> COLORADO SEMINARY 2199 S. UNIVERSITY BLVD. DENVER, CO 80210	84-0404231	501C3	36,171.				RESEARCH
<b>(3)</b> COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	501C3	24,947.				RESEARCH
<b>(4)</b> COMMONWEAL PO BOX 316, 451 MESA ROAD BOLINAS, CA 94924	94-2366094	501C3	10,000.				RESEARCH
<b>(5)</b> COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH 310 WHITTINGTON PKWY LOUISVILLE, KY 40222	61-6001481	STATE GOVT	77,554.				RESEARCH
<b>(6)</b> CONNECTSIX LLC 4707 140TH AVE CLEARWATER, FL 33762	47-4743058		30,470.				RESEARCH
<b>(7)</b> CONTRAFECT CORP 28 WELLS AVE 3RD FL YONKERS, NY 10701	39-2072586		856,203.				RESEARCH
<b>(8)</b> CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501C3	86,134.				RESEARCH
<b>(9)</b> CURZA GLOBAL LLC 6510 MILLROCK DR SALT LAKE CITY, UT 84121	80-0908094		631,056.				RESEARCH
<b>(10)</b> DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501C3	152,114.				RESEARCH
<b>(11)</b> DREXEL UNIVERSITY P.O. BOX 95000-1010 PHILADELPHIA, PA 19195	23-1352630	501C3	110,075.				RESEARCH
<b>(12)</b> DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501C3	533,689.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▲**
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**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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(1) EAST CAROLINA UNIVERSITY 2200 CHARLES BLVD. GREENVILLE, NC 27858	56-6000403	STATE GOVT	100,210.				RESEARCH
(2) EDUCATIONAL TESTING SERVICE PO BOX 371986 PITTSBURGH, PA 15251	21-0634479	501C3	175,022.				RESEARCH
(3) ORION'S DESIGN 1273 EAST ST MANSFIELD, MA 02048	26-3524398		180,119.				RESEARCH
(4) EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501C3	220,522.				RESEARCH
(5) ENDICOTT COLLEGE 376 HALE ST BEVERLY, MA 01915	04-2103567	501C3	41,041.				RESEARCH
(6) ENTASIS THERAPEUTICS INC 35 GATEHOUSE DRIVE WALTHAM, MA 02451	47-3440942		4,532,918.				RESEARCH
(7) FAMILY VOICES PO BOX 37188 ALBUQUERQUE, NM 87176	85-0430800	501C3	79,942.				RESEARCH
(8) FIKST LLC 45 INDUSTRIAL PKWY WOBURN, MA 01801	20-3934602		72,844.				RESEARCH
(9) FLORIDA INTERNATIONAL UNIV BOT 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	501C3	776,483.				RESEARCH
(10) FORDHAM UNIVERSITY 441 EAST FORDHAM RD NY, NY 10458	13-1740451	501C3	47,466.				RESEARCH
(11) FORGE THERAPEUTICS INC 10578 SCIENCE CTR SAN DIEGO, CA 92121	80-0940055		2,840,600.				RESEARCH
(12) FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604	23-1352635	501C3	213,219.				RESEARCH

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Schedule I (Form 990) (2018)

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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(1) FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MLK JR AVE MOBILE, AL 36603	63-0695975	501C3	86,974.				RESEARCH
(2) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501C3	11,204.				RESEARCH
(3) GEORGE WASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	501C3	9,120.				RESEARCH
(4) GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057	53-0196603	501C3	30,369.				RESEARCH
(5) GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501C3	8,883.				RESEARCH
(6) GILLETTE CHILDRENS SPECIALTY HEALTH 200 UNIVERSITY AVE SAINT PAUL, MN 55101	36-3379150	501C3	164,258.				RESEARCH
(7) GREENROOTS INC 227 MARGINAL ST SUITE 1 CHELSEA, MA 02150	81-2718273	501C3	6,000.				RESEARCH
(8) HEALTH MANAGEMENT ASSOCIATES INC 120 N WASHINGTON SQ LANSING, MI 48933	38-2599727	501C3	100,625.				RESEARCH
(9) HEALTH RESEARCH, INC. 150 BROADWAY SUITE 560 MENANDS, NY 12204	14-1402155	501C3	164,635.				RESEARCH
(10) HELIXBIND INC. 181 CEDAR HILL ST MARLBOROUGH, MA 01752	46-1399706		914,793.				RESEARCH
(11) HENRY FORD HEALTH SYSTEM ONE FORD PL DETROIT, MI 48202	38-1357020	501C3	40,840.				RESEARCH
(12) HJF MEDICAL RESEARCH INTERNATIONAL 6720-A ROCKLEDGE DR BETHESDA, MD 20817	52-2322791	501C3	128,291.				RESEARCH

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1) HOLYOKE HEALTH CENTER INC PO BOX 6260 230 MAPLE ST HOLYOKE, MA 01041	04-2492730	501C3	161,516.				RESEARCH
(2) ICANH SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE LEVY PL. NEW YORK, NY 10029	13-6171197	501C3	240,095.				RESEARCH
(3) IMPACT MARKETING AND COMMUNICATIONS 10219 GREEN HOLLY SILVER SPRING, MD 20902	16-1694206		125,857.				RESEARCH
(4) INDIANA UNIVERSITY PO BOX 78000 DEPT 78867 DETROIT, MI 48278	35-6001673	STATE GOVT	130,717.				RESEARCH
(5) INHIBRX INC 11025 N TORREY PINES RD LA JOLLA, CA 92037	82-4257312		523,957.				RESEARCH
(6) INHIBRX LP 11099 N TORREY PINES RD LA JOLLA, CA 92037	27-2290837		60,967.				RESEARCH
(7) INNOVATIONS FOR POVERTY ACTION 101 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1660068	501C3	271,775.				RESEARCH
(8) INSTITUTE FOR LIFE SCIENCE ENTREPRENEURSHIP 1000 MORRIS AVE UNION, NJ 07083	46-5632420	501C3	29,253.				RESEARCH
(9) INSTITUTE FOR HEALTH AND RECOVERY 349 BROADWAY CAMBRIDGE, MA 02139	04-3086647	501C3	30,985.				RESEARCH
(10) INTEGRATED BIOTHERAPEUTICS 4 RESEARCH CT ROCKVILLE, MD 20850	20-3052840		1,471,910.				RESEARCH
(11) JABB CENTER FOR HEALTH RESEARCH FOUNDATION 15310 AMBERLY DRIVE STE 350 TAMPA, FL 33647	59-3187624	501C3	309,624.				RESEARCH
(12) JANE DIAGNOSTICS INC 201 FREEMAN ST BROOKLINE, MA 02446	81-3218529		42,083.				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) (2018)

**SCHEDULE I  
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Department of the Treasury  
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(1) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	52-0595110	501C3	461,070.				RESEARCH
(2) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST. OAKLAND, CA 94612	94-1105628	501C3	78,571.				RESEARCH
(3) KANSAS STATE UNIVERSITY 2323 ANDERSON AVE MANHATTAN, KS 66502	48-0771751	STATE GOVT	23,110.				RESEARCH
(4) LEGACY COMMUNITY HEALTH SERVICES PO BOX 66308 HOUSTON, TX 77266	76-0009637	501C3	93,384.				RESEARCH
(5) LOWELL OBSERVATORY 1400 W WARS HILL ROAD FLAGSTAFF, AZ 86001	86-0098918	501C3	8,197.				RESEARCH
(6) MACROLIDE PHARMACEUTICALS INC 480 ARSENAL WAY #130 WATERTOWN, MA 02472	90-1138559		705,122.				RESEARCH
(7) MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DR MEDFORD, MA 02155	04-2482188	501C3	23,703.				RESEARCH
(8) MAPP BIOPHARMACEUTICAL, INC 6160 LUSK BLVD SAN DIEGO, CA 92121	20-0037593		470,957.				RESEARCH
(9) MASSACHUSETTS GREEN HIGH PERFORMANCE 100 BIGELOW ST. HOLYOKE, MA 01040	27-3014805	501C3	17,366.				RESEARCH
(10) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE. CAMBRIDGE, MA 02139	04-2103594	501C3	875,100.				RESEARCH
(11) MAYO CLINIC JACKSONVILLE PO BOX 860334 MINNEAPOLIS, MN 55486	59-3337028	501C3	476,709.				RESEARCH
(12) MELINTA THERAPEUTICS INC 300 GEORGE ST, STE 301 NEW HAVEN, CT 06511	06-1599437		279,995.				RESEARCH

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Schedule I (Form 990) (2018)

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(1) MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501C3	57,876.				RESEARCH
(2) MENTOR WASHINGTON 15500 SE30TH PLACE BELLEVUE, WA 98007	20-8335617	501C3	37,199.				RESEARCH
(3) MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 01845	04-2103731	501C3	18,161.				RESEARCH
(4) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	STATE GOVT	112,210.				RESEARCH
(5) MICROBIOTIX INC ONE INNOVATION DR WORCESTER, MA 01605	06-1538344		1,870,091.				RESEARCH
(6) MICURX PHARMACEUTICALS 555 BRYANT ST, STE 433 PALO ALTO, CA 94301	26-0358968		909,599.				RESEARCH
(7) MIRIAM HOSPITAL 1 HOPPIN ST PROVIDENCE, RI 02903	05-0258905	501C3	110,763.				RESEARCH
(8) MOLECULAR NEUROIMAGING LLC 60 TEMPLE ST NEW HAVEN, CT 06510	06-1594851	501C3	99,795.				RESEARCH
(9) MDCOMMUNE LLC 1040 DOLORES ST SAN FRANCISCO, CA 94110	47-3360279		81,947.				RESEARCH
(10) MULTNOMAH COUNTY 421 SW OAK ST STE 210 PORTLAND, OR 97204	93-6002309	LOCAL GOVT	6,107.				RESEARCH
(11) MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501C3	19,661.				RESEARCH
(12) MYCOSYNTHETIX INC 505 MEADOWLANDS DR HILLSBOROUGH, NC 27278	36-4468884		44,800.				RESEARCH

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Department of the Treasury  
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(1) NATIONAL BUREAU OF ECONOMIC RESEARCH 1050 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	13-1641075	501C3	38,272.				RESEARCH
(2) NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE ST CHICAGO, IL 60603	36-21167808	501C3	122,229.				RESEARCH
(3) NATIONAL TECH & ENG SOL-OF SANDIA LLC PO BOX 5800 ALBUQUERQUE, NM 87185	85-0097942		70,000.				RESEARCH
(4) NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK ST, SUITE 403 CONCORD, NH 03301	02-0453814	501C3	45,732.				RESEARCH
(5) NEW YORK UNIVERSITY PO BOX 5166 NEW YORK, NY 10087	13-5562308	501C3	482,220.				RESEARCH
(6) NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112	22-3452311	501C3	87,198.				RESEARCH
(7) NO AIDS TASK FORCE 1631 ELYSIAN FIELDS NEW ORLEANS, LA 70117	72-1059635	501C3	118,195.				RESEARCH
(8) NORTH CAROLINA STATE UNIVERSITY A/R CAMPUS BOX 7203 RALEIGH, NC 27695	56-6000756	501C3	8,792.				RESEARCH
(9) NORTH SHORE-LIJ CONTRACT RESEARCH O 972 BRUSH HOLLOW ROAD WESTBURY, NC 11590	46-4469806		15,553.				RESEARCH
(10) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501C3	272,632.				RESEARCH
(11) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH 4150 CLEMENT ST SAN FRANCISCO, CA 94121	94-3084159	501C3	7,577.				RESEARCH
(12) NORTHSTAR LEARNING CENTERS, INC. 53 LINDEN STREET NEW BEDFORD, MA 02740	51-0200575	501C3	5,270.				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) (2018)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

04-2103547



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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OMB No. 1545-0047

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

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) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-21167817	501C3	22,142.				RESEARCH
(2) OHIO UNIVERSITY PO BOX 960 ATHENS, OH 45701	31-6402113	501C3	133,231.				RESEARCH
(3) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	501C3	97,926.				RESEARCH
(4) PINE BIOTECH INC 1441 CANAL ST. NEW ORLEANS, LA 70112	46-5559448		49,964.				RESEARCH
(5) POP UP LABS LLC 9 ANDERSON ST UNIT 5F BOSTON, MA 02114	46-4374482		11,585.				RESEARCH
(6) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501C3	1,048,754.				RESEARCH
(7) PROPEL CAREERS 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	27-1093470		25,200.				RESEARCH
(8) QUANTITATIVE IMAGING SOLUTIONS LLC 179 SHERIDAN STREET NORTH EASTON, MA 02356	47-5176227		437,491.				RESEARCH
(9) RAND CORPORATION FILE #53174 LOS ANGELES, CA 90074	95-1958142	501C3	164,556.				RESEARCH
(10) RECIDA THERAPEUTICS INC 70 WILLOW AVE MENLO PARK, CA 94025	81-2178106		606,512.				RESEARCH
(11) RECTOR AND VISITORS OF THE UNIV. OF VA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C3	725,996.				RESEARCH
(12) REGENTS OF THE UNIV OF CA 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501C3	178,422.				RESEARCH

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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(1) REGENTS OF THE UNIV OF CA SAN DIEGO 9500 GILLMAN DR MC 0009 LA JOLLA, CA 92093	95-6006144	501C3	193,865.				RESEARCH
(2) REGENTS OF THE UNIV OF CA SANTA BARBARA SRAAB BULD. SANTA BARBARA, CA 93106	95-6006145	501C3	100,768.				RESEARCH
(3) REGENTS OF THE UNIV. OF CA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501C3	487,952.				RESEARCH
(4) REGENTS OF THE UNIV. OF CA RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 92521	95-6006142	501C3	21,508.				RESEARCH
(5) REGENTS OF THE UNIV. OF CA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501C3	66,754.				RESEARCH
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501C3	470,897.				RESEARCH
(7) REGENTS OF THE UNIVERSITY OF CALIFORNIA 120 THEORY STE 200 IRVINE, CA 92697	95-2226406	501C3	35,991.				RESEARCH
(8) REGENTS OF THE UNIVERSITY OF COLORADO POB 910238 F428 DENVER, CO 80291	84-6000555	501C3	54,076.				RESEARCH
(9) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957, PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501C3	11,302.				RESEARCH
(10) REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501C3	333,564.				RESEARCH
(11) REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE CHICAGO, IL 60611	36-2256036	501C3	5,057.				RESEARCH
(12) RESEARCH FOUNDATION FOR SUNY P. O. BOX 9 ALBANY, NY 12201	14-1368361	501C3	188,398.				RESEARCH

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**Grants and Other Assistance to Organizations,  
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**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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(1) RESEARCH FOUNDATION OF THE CITY UNIVERSITY 230 WEST 41ST ST NEW YORK, NY 10036	13-1988190	501C3	27,782.				RESEARCH
(2) RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501C3	1,968,197.				RESEARCH
(3) RIVERSIDE COMMUNITY CARE, INC. 270 BRIDGE ST DEDHAM, MA 02026	04-3097170	501C3	14,331.				RESEARCH
(4) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST CHICAGO, IL 60612	36-2174823	501C3	83,689.				RESEARCH
(5) RUTGERS, THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854	22-6001086	501C3	85,127.				RESEARCH
(6) SALUS UNIVERSITY 8360 OLD YORK ROAD ELKINS PARK, PA 19027	23-1413680	501C3	91,735.				RESEARCH
(7) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132	93-1137247	501C3	51,104.				RESEARCH
(8) SCIBAC INC 1828 EL CAMINO REAL BURLINGAME, CA 94010	47-4141235		254,511.				RESEARCH
(9) SEATTLE CHILDRENS HOSPITAL PO BOX 24728 SEATTLE, WA 98124	91-0564748	501C3	127,767.				RESEARCH
(10) SEATTLE INSTITUTE FOR BIOMEDICAL AN 1325 4TH AVE STE 1310 SEATTLE, WA 98101	91-1452438	501C3	215,726.				RESEARCH
(11) SENSIMETRICS CORPORATION 183 MAIN ST GLOUCESTER, MA 01930	04-2973546		5,805.				RESEARCH
(12) SERES THERAPEUTICS INC 200 SIDNEY ST CAMBRIDGE, MA 02139	27-4326290		1,300,048.				RESEARCH

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Name of the organization

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(1) SOSTENICA INC 1019 ASHLEY RD WEST CHESTER, PA 19382	23-3061896		73,980.				RESEARCH
(2) SOUTH BOSTON COMMUNITY HEALTH CENTER 409 WEST BROADWAY SOUTH BOSTON, MA 02127	04-2682152	501C3	12,819.				RESEARCH
(3) SOUTHERN METHODIST UNIVERSITY PO BOX 750259 DALLAS, TX 75275	75-0800689	501C3	13,891.				RESEARCH
(4) SOUTHERN NEVADA HEALTH DISTRICT PO BOX 3902 LAS VEGAS, NV 89127	88-0151573	STATE GOVT	68,345.				RESEARCH
(5) SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY ST LAKE CHARLES, LA 70601	72-1115522	STATE GOVT	130,672.				RESEARCH
(6) SPECIFIC DIAGNOSTICS LLC 500 AUSTRAL. AVE WEST PALM BEACH, FL 33401	45-2623441		3,037,033.				RESEARCH
(7) SPERO THERAPEUTICS INC 675 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	46-4590683		310,282.				RESEARCH
(8) STATE OF ALABAMA 602 SOUTH LAWRENCE ST MONTGOMERY, AL 36104	63-6000619	STATE GOVT	116,106.				RESEARCH
(9) STATE OF INDIANA 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204	35-6000158	STATE GOVT	77,454.				RESEARCH
(10) STATE OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	STATE GOVT	148,050.				RESEARCH
(11) SYRACUSE UNIVERSITY 640 SKYTOP RD SYRACUSE, NY 13244	15-0532081	501C3	60,936.				RESEARCH
(12) T2 BIOSYSTEMS INC 101 HARTWELL AVE LEXINGTON, MA 02421	20-4827488		1,495,607.				RESEARCH

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(1) TALIS BIOMEDICAL CORP 230 CONSTITUTION DR MENLO PARK, CA 94025	46-3122255		1,899,539.				RESEARCH
(2) TECHNICAL EDUCATION RESEARCH CENTER 2067 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	04-6134355	501C3	91,692.				RESEARCH
(3) TEMPLE UNIVERSITY OF THE COMMONWEALTH PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501C3	81,428.				RESEARCH
(4) TETRAPHASE PHARMACEUTICALS INC 480 ARSENAL STREET WATERTOWN, MA 02472	20-5276217		2,325,219.				RESEARCH
(5) THE ARC OF THE UNITED STATES INC 1825 K STREET NW WASHINGTON, DC 20006	13-5642032	501C3	17,574.				RESEARCH
(6) THE BRIGHAM & WOMENS HOSPITAL INC P.O. BOX 3887 BOSTON, MA 02241	04-2312909	501C3	1,174,807.				RESEARCH
(7) THE BROAD INSTITUTE INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501C3	990,357.				RESEARCH
(8) THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501C3	382,639.				RESEARCH
(9) THE GENERAL HOSPITAL CORPORATION PO BOX 3829 BOSTON, MA 02241	04-2697983	501C3	1,374,381.				RESEARCH
(10) THE GENEVA FOUNDATION PO BOX 84212 SEATTLE, WA 98124	91-1593913	501C3	149,994.				RESEARCH
(11) THE GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA, PA 19182	53-0196584	501C3	23,499.				RESEARCH
(12) THE HENRY M. JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501C3	10,605.				RESEARCH

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(1) THE JOHN B PIERCE LABORATORY INC 290 CONGRESS AVE NEW HAVEN, CT 06519	06-0646780	501C3	157,652.				RESEARCH
(2) THE LEARNING CENTER FOR THE DEAF, INC 848 CENTRAL STREET FRAMINGHAM, MA 01701	23-7064431	501C3	34,328.				RESEARCH
(3) THE MCGREGOR CLINIC INC 3487 BROADWAY FORT MYERS, FL 33901	65-0922489	501C3	44,965.				RESEARCH
(4) THE MCLEAN HOSPITAL CORPORATION PO BOX 3951 BOSTON, MA 02241	04-2697981	501C3	174,203.				RESEARCH
(5) THE MENTAL HEALTH CTR OF GREATER MA 401 CYPRESS STREET MANCHESTER, NH 03103	02-0258994	501C3	7,313.				RESEARCH
(6) THE NEMOURS FOUNDATION 10140 CENTURION PKW JACKSONVILLE, FL 32256	59-0634433	501C3	54,409.				RESEARCH
(7) THE PENNSYLVANIA STATE UNIVERSITY 227 W BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	501C3	104,831.				RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF MI BOX 223131 PITTSBURGH, PA 15251	38-6006309	501C3	791,798.				RESEARCH
(9) THE ROCKVILLE INSTITUTE A RESEARCH PO BOX 1004 ROCKVILLE, MD 20850	20-3332738	501C3	268,610.				RESEARCH
(10) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501C3	77,167.				RESEARCH
(11) THE THRESHOLDS P. O. BOX 87618 CHICAGO, IL 60680	36-2518901	501C3	85,257.				RESEARCH
(12) THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501C3	388,292.				RESEARCH

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(1) THE TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501C3	430,575.				RESEARCH
(2) THE TRUSTEES OF PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO, IL 60673	35-6002041	STATE GOVT	207,101.				RESEARCH
(3) THE UNIVERSITY OF CHICAGO 6054 SO DREXEL AVE STE300 CHICAGO, IL 60637	36-2177139	501C3	68,741.				RESEARCH
(4) THE UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD KINGSTON, RI 02881	05-6014351	501C3	53,186.				RESEARCH
(5) THE UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST RM#612 COLUMBIA, SC 29208	57-6001153	501C3	22,875.				RESEARCH
(6) THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7159 AUSTIN, TX 78713	74-6000203	STATE GOVT	902,928.				RESEARCH
(7) THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET #700 BOSTON, MA 02111	04-2261109	501C3	209,546.				RESEARCH
(8) THOMAS JEFFERSON UNIVERSITY 1705 INDEPEND. MALL PHILADELPHIA, PA 19106	23-1352651	501C3	199,595.				RESEARCH
(9) TREASURER STATE OF CONNECTICUT PO BOX 1240 MIDDLETOWN, CT 06457	06-6000798	STATE GOVT	16,431.				RESEARCH
(10) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501C3	73,718.				RESEARCH
(11) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD, #6210 HANOVER, NH 03755	02-0222111	501C3	60,989.				RESEARCH
(12) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501C3	226,468.				RESEARCH

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

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

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 ALABAMA AT BIRMINGHAM 1720 2ND AVE. S BIRMINGHAM, AL 35294	63-6005396	501C3	113,194.				RESEARCH
(2) UNIVERSITY OF ALASKA WRRB 008, P. O. BOX 757880	92-6000147	501C3	23,846.				RESEARCH
(3) UNIVERSITY OF CONNECTICUT 438 WHITNEY RD STORRS, CT 06269	06-0772160	STATE GOVT	170,688.				RESEARCH
(4) UNIVERSITY OF DETROIT MERCY 4001 W. MCNICHOLS RD DETROIT, MI 48221	38-1360586	501C3	12,818.				RESEARCH
(5) UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	STATE GOVT	71,627.				RESEARCH
(6) UNIVERSITY OF HAWAII 2440 CAMPUS RD BOX 368 HONOLULU, HI 96822	99-6000354	501C3	17,573.				RESEARCH
(7) UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE, LA 70504	72-6000820	STATE GOVT	15,755.				RESEARCH
(8) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	STATE GOVT	726,493.				RESEARCH
(9) UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD. BIDDEFORD, ME 04005	01-0211810	501C3	58,806.				RESEARCH
(10) UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501C3	290,855.				RESEARCH
(11) UNIVERSITY OF NORTH CAROLINA GREENSBORO PO BOX 26170 GREENSBORO, NC 27402	56-6001468	501C3	62,877.				RESEARCH
(12) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CT 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501C3	27,741.				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) (2018)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

04-2103547

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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

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

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 NOTRE DAME DU LAC 836A GRACE HALL NOTRE DAME, IN 46556	35-0868188	501C3	33,398.				RESEARCH
(2) UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501C3	281,733.				RESEARCH
(3) UNIVERSITY OF PITTSBURGH 500 ROSS ST, 154-0455 PITTSBURGH, PA 15262	25-0965591	STATE GOVT	302,670.				RESEARCH
(4) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 1898 SAN ANTONIO, TX 78297	74-1586031	STATE GOVT	192,820.				RESEARCH
(5) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 301418 DALLAS, TX 75303	74-1761309	STATE GOVT	37,105.				RESEARCH
(6) UNIVERSITY OF TEXAS SOUTHWESTERN ME PO BOX 841765 DALLAS, TX 75284	75-6002868	501C3	23,187.				RESEARCH
(7) UNIVERSITY OF VERMONT & STATE AGRICULTURAL PO BOX 1389 WILLISTON, VT 05495	03-0179440	501C3	246,819.				RESEARCH
(8) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501C3	269,980.				RESEARCH
(9) UNIVERSITY OF WISCONSIN DRAWER #538 GAR ACCT. MILWAUKEE, WI 53278	39-1805963	STATE GOVT	33,167.				RESEARCH
(10) UT MD ANDERSON CANCER CENTER P.O. BOX 4266 HOUSTON, TX 77210	74-6001118	STATE GOVT	144,735.				RESEARCH
(11) VANDERBILT UNIVERSITY MEDICAL CENTER POB 121236 DALLAS, TX 75312	35-2528741	501C3	286,746.				RESEARCH
(12) VEDANTA BIOSCIENCES INC 19 BLACKSTONE STREET CAMBRIDGE, MA 02139	27-5440202		3,525,682.				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) (2018)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

04-2103547

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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

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

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) VENATORX PHARMACEUTICALS INC 30 SPRING MILL DRIVE MALVERN, PA 19355	27-2782193		1,688,713.				RESEARCH
(2) VERMONT PUBLIC HEALTH ASSOCIATION INC PO BOX 732 BURLINGTON, VT 05401	02-0608866	501C3	7,247.				RESEARCH
(3) VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 RICHMOND, VA 23284	54-6001758	501C3	58,809.				RESEARCH
(4) VIRGINIA POLYTECHNIC INSTITUTE & ST N END CTR, STE 4200, 300 TURNER ST NW	54-6001805	STATE GOVT	105,020.				RESEARCH
(5) VISTERRA INC 275 SECOND AVE 4TH FL WALTHAM, MA 02451	32-02225657		542,813.				RESEARCH
(6) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501C3	310,503.				RESEARCH
(7) WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501C3	24,394.				RESEARCH
(8) WESTAT, INC. PO BOX 1004 ROCKVILLE, MD 20850	84-0529566		5,876.				RESEARCH
(9) WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE ROAD WOODS HOLE, MA 02543	04-2105850	501C3	343,388.				RESEARCH
(10) WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD. WORCESTER, MA 1609	04-2121659	501C3	81,750.				RESEARCH
(11) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501C3	679,843.				RESEARCH
(12) YESHIVA UNIVERSITY 500 WEST 185TH STREET NEW YORK, NY 10033	13-1624225	501C3	60,173.				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) (2018)

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

04-2103547

**SCHEDULE I  
(Form 990)**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**Part I General Information on Grants and Assistance**

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

Employer identification number

04-2103547

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

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) ZABBIO INC 6160 IUSK BLVD SUITE C-105	82-2969965		676,519.				RESEARCH
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 193.
- 3 Enter total number of other organizations listed in the line 1 table 48.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	TUITION AND STIPEND FOR STUDENT & POST-DOC	18,764.	36,227,847.	449,605,020.	COST	TUITION OFFSET
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

THE UNIVERSITY ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF RESEARCH FUNDS TO THE OFFICE OF POST AWARD FINANCIAL OPERATIONS. THIS OFFICE MONITORS ALL DOMESTIC SUBRECIPIENT GRANT MAKING ACTIVITY, INCLUDING COMPLIANCE WITH ALL APPLICABLE REGULATIONS.

WHEN APPROVING INVOICE PAYMENTS CHARGED TO RESEARCH GRANTS, THE VALIDITY OF EXPENSES AND THE ACHIEVEMENT OF SCIENTIFIC AND TECHNICAL PROGRESS ARE VERIFIED BY THE PRINCIPAL INVESTIGATOR OR HIS/HER DESIGNEE.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART III

BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS. A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS. KEY INDICATORS SUCH AS HIGH SCHOOL GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM AND EXTRACURRICULAR ACTIVITIES. ALL GRANTS AND OTHER STUDENT FINANCIAL

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AID IS DESIGNATED FOR EDUCATIONAL PURPOSES ONLY.



SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Questions Regarding Compensation

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

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- 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?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a The organization?
b Any related organization?

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

- a The organization?
b Any related organization?

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> ROBERT A. BROWN PRESIDENT	(i) 1,117,317.	0.	423,595.	199,508.	274,566.	2,014,986.	159,323.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
CATALDO W. LEONE	(i) 223,080.	0.	59,585.	31,800.	28,250.	342,715.	0.
TRUSTEE & PROFESSOR	(ii) 0.	0.	0.	0.	0.	0.	0.
MARTIN J. HOWARD	(i) 528,903.	0.	3,889.	31,800.	56,898.	621,490.	0.
SR VP, CFO, & TREASURER	(ii) 0.	0.	0.	0.	0.	0.	0.
TODD L. C. KLIPP	(i) 506,876.	0.	893,184.	31,800.	19,879.	1,451,739.	0.
VP, S C, SEC (UNTIL 9-13-18)	(ii) 0.	0.	0.	0.	0.	0.	0.
ERIKA GEETTER	(i) 557,383.	0.	2,634.	31,800.	3,748.	595,565.	0.
VP, G C, SEC (AS OF 9-13-18)	(ii) 0.	0.	0.	0.	0.	0.	0.
JEAN MORRISON	(i) 769,136.	0.	5,750.	137,632.	169,924.	1,082,442.	0.
UNIVERSITY PROVOST	(ii) 0.	0.	0.	0.	0.	0.	0.
KAREN H. ANTMAN	(i) 894,825.	0.	10,906.	31,800.	606.	938,137.	0.
MEDICAL CAMPUS PROVOST	(ii) 0.	0.	0.	0.	0.	0.	0.
GARY W. NICKSA	(i) 556,536.	0.	4,099.	31,800.	24,999.	617,434.	0.
SR VP FOR OPERATIONS	(ii) 0.	0.	0.	0.	0.	0.	0.
TONY TANNOURY	(i) 0.	0.	0.	0.	0.	0.	0.
PROFESSOR & PHYSICIAN	(ii) 1,331,258.	0.	2,622.	31,800.	101,102.	1,466,782.	0.
PUSHKAR MEHRA	(i) 458,985.	779,408.	133,867.	29,050.	30,425.	1,431,735.	0.
PROFESSOR & ORAL SURGEON	(ii) 0.	0.	0.	0.	0.	0.	0.
WILLIAM CREEVY	(i) 0.	0.	0.	0.	0.	0.	0.
PROFESSOR & PHYSICIAN	(ii) 981,291.	148,610.	4,673.	31,800.	25,959.	1,192,333.	0.
CLARISSA HUNNEWELL	(i) 668,500.	434,831.	3,194.	31,800.	798.	1,139,123.	0.
CHIEF INVESTMENT OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
XINNING LI	(i) 0.	0.	0.	0.	0.	0.	0.
PROFESSOR & PHYSICIAN	(ii) 1,070,482.	0.	12,335.	23,550.	21,898.	1,128,265.	0.
<b>14</b>							
(i)							
(ii)							
<b>15</b>							
(i)							
(ii)							
<b>16</b>							
(i)							
(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I

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

SCHEDULE J, PART I, LINE 1A

(1) HOUSING ALLOWANCE: AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN AND PROVOST JEAN MORRISON WERE BOTH REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. AMOUNTS REPORTED IN COLUMN D INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN (\$256,052) AND PROVOST MORRISON (\$144,195).

**Part III Supplemental Information**

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

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY AIRFARE. EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TIME ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN AND THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, CLARISSA HUNNEWELL, ARE THE ONLY INDIVIDUALS REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2018.

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

**Part III Supplemental Information**

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

DURING CALENDAR YEAR 2018.

(4) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: FROM TIME TO TIME, BOSTON UNIVERSITY MAY PROVIDE CERTAIN PAYMENTS THAT HAVE BEEN GROSSED-UP FOR TAX PURPOSES. ALL SUCH CASES INVOLVING THE UNIVERSITY'S SENIOR EXECUTIVES REQUIRE THE APPROVAL OF THE BOARD OF TRUSTEES. FOR CALENDAR YEAR 2018, PRESIDENT BROWN IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO RECEIVED THIS BENEFIT.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2018, PRESIDENT BROWN RECEIVED AN AMOUNT EQUAL TO 35% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$384,052 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2018 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION. THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER

**Part III Supplemental Information**

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

DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN C OF PRIOR FORMS 990 IS \$159,323. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN F.

UNDER THE SAME SUPPLEMENTAL RETIREMENT PLAN, ON JULY 31, 2019, PRESIDENT BROWN WAS TO BECOME ENTITLED TO RECEIVE AN AMOUNT EQUAL TO 35% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. PRESIDENT BROWN'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$167,708 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2018 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2019, PROVOST MORRISON RECEIVED A CREDIT OF \$108,414 THAT ACCRUED DURING THE PRECEDING 12-MONTH PERIOD. SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PROVOST MORRISON'S RIGHTS IN THE

**Part III Supplemental Information**

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

PLAN WILL BECOME VESTED ON JULY 1, 2020 AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, DEFERRED COMPENSATION OF \$105,832 WAS ACCRUED FOR PROVOST MORRISON IN CALENDAR YEAR 2018 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(3) AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2018 TO AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO PRESIDENT BROWN AND TODD KLIPP.

(4) THE UNIVERSITY SPONSORS AN EMPLOYEE DEATH BENEFIT PLAN FUNDED WITH SPLIT-DOLLAR LIFE INSURANCE POLICIES FOR CERTAIN OFFICERS AND KEY EMPLOYEES. THE SPLIT-DOLLAR ARRANGEMENT IS PART OF THE UNIVERSITY'S EMPLOYEE BENEFIT PROGRAM, AND ECONOMICALLY NOT A DIRECT EXTENSION OF CREDIT.



**Part III Supplemental Information**

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

DURING CALENDAR YEAR 2018, THE COLLATERAL ASSIGNMENT FOR TWO SPLIT DOLLAR POLICIES HELD BY TODD KLIPP, SENIOR VP, SENIOR COUNSEL AND SECRETARY TO THE BOARD OF TRUSTEES UNTIL SEPTEMBER 13, 2018, WAS RELEASED, RESULTING IN TAXABLE INCOME TO HIM OF \$805,638. THE COST OF THE ANNUAL DEATH BENEFIT PROTECTION FOR TODD KLIPP AND THE VALUE OF THE RELEASE OF ASSIGNMENT ARE BOTH REPORTED IN SCHEDULE J, PART (B) (III) AS OTHER REPORTABLE COMPENSATION.

SCHEDULE J, PART I, LINE 6A

A PORTION OF PUSHKAR MEHRA'S COMPENSATION (AS REPORTED IN SCHEDULE J, PART II, COLUMN B(II)) IS BASED ON A PERCENTAGE OF BOSTON UNIVERSITY'S HENRY M. GOLDMAN SCHOOL OF DENTAL MEDICINE ORAL MAXILLOFACIAL SURGERY GROUP REVENUES LESS OPERATING EXPENSES.

SCHEDULE J, PART I, LINE 6B

DR. WILLIAM CREEVY RECEIVES AN ANNUAL BONUS PAYMENT BASED ON PRE-DETERMINED ANNUAL PERFORMANCE METRICS, WITH OPERATING INCOME AS ONE OF THE COMPONENTS.

**Part III Supplemental Information**

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

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 2018 REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS GREATER THAN \$150,000.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**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 DEV FIN AGENCY - SERIES AA-1 AND AA-2	04-3431814	000000000	09/30/2015	162,740,000.	REFUNDING 2005 BOND ISSUE		X		X		X
B MASS DEV FIN AGENCY- SERIES U1, U2, U3, U4, U5, U6	04-3431814	57583RWD3	05/15/2008	536,365,000.	PARTIAL REF/CAP PROJ/PROP ACQ	X			X		X
C MASS DEV FIN AGENCY-SER. BB-1, BB-2, BB-3(2016)	04-3431814	57584XWV9	11/08/2016	231,838,996.	CAP PROJ/ADV REF 2008 & 2009 BONDS		X		X		X
D MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04/30/2013	120,736,790.	CAPITAL PROJECTS		X		X		X

Employer identification number  
04-2103547

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			96,175,000.					
2 Amount of bonds legally defeased			50,000,000.					
3 Total proceeds of issue		162,740,000.	539,836,174.		232,989,609.		120,780,965.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds			863,269.		1,035,243.		734,856.	
6 Proceeds in refunding escrows			727,358.					
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			202,745,547.		115,269,602.		120,046,109.	
11 Other spent proceeds		162,740,000.	335,500,000.		105,744,237.			
12 Other unspent proceeds					10,940,527.			
13 Year of substantial completion			2012				2015	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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

Schedule K (Form 990) 2018

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**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
<b>A</b>	(2) MASS DEV FIN AGENCY--SER. Y, Z-1, AND Z-2(2014)	04-3431814	57583UJL89	09/30/2014	108,370,000.	REFUNDING 2004 & 2009 BOND ISSUES		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

Employer identification number  
04-2103547

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information. Attach to Form 990.

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired								
<b>2</b> Amount of bonds legally defeased								
<b>3</b> Total proceeds of issue		108,370,000.						
<b>4</b> Gross proceeds in reserve funds								
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows								
<b>7</b> Issuance costs from proceeds								
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds								
<b>11</b> Other spent proceeds		108,370,000.						
<b>12</b> Other unspent proceeds								
<b>13</b> Year of substantial completion								
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
<b>16</b> Has the final allocation of proceeds been made?	X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2018

Part III Private Business Use

Table with 11 rows and 12 columns (A, B, C, D) containing questions about private business use and their corresponding Yes/No/Percentage answers.

Part IV Arbitrage

Table with 11 rows and 12 columns (A, B, C, D) containing questions about arbitrage and their corresponding Yes/No/Percentage answers.

Part III Private Business Use

Table with 10 rows and 12 columns (A, B, C, D) for Private Business Use questions 1-10.

Part IV Arbitrage

Table with 3 rows and 12 columns (A, B, C, D) for Arbitrage questions 1-3.

Part IV Arbitrage (Continued)

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions 4a through 7 regarding organizational procedures and investments.

Part V Procedures To Undertake Corrective Action

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Row 1 asks about written procedures to ensure federal tax requirements are met.

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

Series of horizontal lines for providing supplemental information.



Part IV Arbitrage (Continued)

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions 4a through 7 regarding organizational procedures and investments.

Part V Procedures To Undertake Corrective Action

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Row 1 asks about organizational procedures to ensure federal tax requirements are met.

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

Multiple horizontal lines provided for supplemental information.

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

SCHEDULE K, PART I, LINE A

MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (MDFA) SERIEA AA-1 AND AA-2 BONDS IN THE AMOUNT OF \$162,740,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES T1 BOND OF THE SAME AMOUNT.

SCHEDULE K, PART I, LINE B

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

SCHEDULE K, PART I, LINE C

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

SCHEDULE K, PART II, LINE 3, COLUMNS B-D

COLUMN B: TOTAL PROCEEDS OF \$539,836,174 IS COMPRISED OF THE ISSUE PRICE

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

IN THE AMOUNT OF \$536,365,000 AND INVESTMENT EARNINGS TOTALING \$3,471,174.

COLUMN C: TOTAL PROCEEDS OF \$232,989,609 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$231,838,996 AND INVESTMENT EARNINGS TOTALING \$1,150,613.

COLUMN D: TOTAL PROCEEDS OF \$120,780,965 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$120,736,790 AND INVESTMENT EARNINGS TOTALING \$44,175.

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

COLUMN B: COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$498,602.

COLUMN C: COST OF ISSUANCE IN THE AMOUNT OF \$1,035,243 IS COMPRISED OF ISSUANCE COSTS TOTALING \$607,924 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$427,319.

COLUMN D: COST OF ISSUANCE IN THE AMOUNT OF \$734,856 IS COMPRISED OF ISSUANCE COSTS TOTALING \$434,529 AND UNDERWRITERS DISCOUNT IN THE AMOUNT

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

OF \$300,327.

SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-D (INCLUDING SERIES Y)  
THE UNIVERSITY FINANCES CAPITAL PROJECTS WITH BOTH EQUITY AND DEBT AND  
MADE A TIMELY ELECTION TO ALLOCATE EQUITY PROCEEDS TO ANY PRIVATE  
BUSINESS USE FOR THE REFERENCED DEBT ISSUES. IF PRIVATE BUSINESS USE FOR  
THE REFERENCED DEBT ISSUES DOES NOT EXCEED THE EQUITY ALLOCATION, THE  
PRIVATE BUSINESS USE IS REPORTED AS 0.00%.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6  
BONDS WAS PERFORMED IN MAY 2018. THE REBATE CALCULATION FOR THE SERIES X  
BONDS WAS PERFORMED IN APRIL 2018.

SCHEDULE K, PART IV, LINES 4A & 4B, COLUMN B

THE HEDGES THAT ARE ALL OR IN PART IDENTIFIED WITH MDFA - SERIES U-1,  
U-2, U-3, U-4, U-5 AND U-6 BONDS ARE AS FOLLOWS: WELLS FARGO: 30 YEARS,  
GOLDMAN SACHS: 20-33 YEARS, MERRILL LYNCH: 33-34 YEARS, AND DEUTSCHE  
BANK: 34 YEARS.

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

SCHEDULE K, PART IV, LINE 6, COLUMNS A-B

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

SCHEDULE K, PART I, LINE A(2)

MDFA SERIES Y, Z-1, AND Z-2 BONDS WERE ISSUED TO CURRENTLY REFUND MDFA SERIES S BOND IN THE AMOUNT OF \$35,000,000 AND MDFA SERIES V-2 AND V-3 BONDS IN THE AMOUNT OF \$73,370,000.

SCHEDULE K, PART IV, LINE 2B, COLUMN A(2)

THE PROCEEDS OF MDFA SERIES Y, OF WHICH 100 PERCENT WERE SPENT TO FINANCE CONSTRUCTION EXPENDITURES, WERE SPENT WITHIN TWO YEARS OF THE BOND ISSUANCE DATE. THEREFORE, THIS BOND ISSUANCE QUALIFIED FOR AN EXCEPTION TO REBATE UNDER INTERNAL REVENUE CODE SECTION 148(F)(4)(C).

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

1	(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)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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) 2018

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FELD ENTERTAINMENT, INC.	SEE PART V	1,526,239.	SEE PART V	X	
(2) J. LAWFORD ANDERSON	SEE PART V	177,899.	EMPLOYMENT COMPENSATION		X
(3) KEITH A. BROWN	SEE PART V	167,182.	EMPLOYMENT COMPENSATION		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, LINE 1

(B) TRUSTEE FELD IS THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OF FELD ENTERTAINMENT, INC.

(D) THE TRANSACTION AMOUNT IN COLUMN (C) REPRESENTS PAYMENTS FOR LIVE SHOW PRODUCTIONS BY FELD ENTERTAINMENT, INC. AT AGGANIS ARENA THAT ARE OPEN TO THE PUBLIC AND FOR WHICH ADMISSION IS CHARGED.

AS PART OF THE NEGOTIATION PROCESS WITH THE COMPANY, THE UNIVERSITY COMPARED THESE ARRANGEMENTS TO OTHER VENUES WHICH HOST THE COMPANY'S PRODUCTIONS AND CONCLUDED THAT THE NEGOTIATED TERMS FOR THE UNIVERSITY WERE EQUAL TO, IF NOT MORE FAVORABLE THAN, THE TERMS RECEIVED BY OTHER VENUES. ALL DISCUSSIONS AND INTERACTIONS RELATING TO THESE TRANSACTIONS HAVE BEEN WITH BUSINESS PERSONNEL AT THE COMPANY OTHER THAN TRUSTEE FELD AND THERE IS NO EVIDENCE THAT TRUSTEE FELD HAS WEIGHED IN ON OR IN ANY WAY SOUGHT TO AFFECT UNIVERSITY DECISION-MAKING REGARDING THESE TRANSACTIONS.

SCHEDULE L, PART IV, LINE 2

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.



**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**

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

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF PRESIDENT ROBERT BROWN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>TRUSTEES OF BOSTON UNIVERSITY</b>	Employer identification number <b>04-2103547</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,032.	IND. APPRAISAL
5 Clothing and household goods . . . . .	X		14,750.	IND. APPRAISAL
6 Cars and other vehicles. . . . .	X	1,817.	1,107,322.	NET PROCEEDS
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	247.	4,981,951.	MEAN PRICE ON DATE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		44.	894,456.	
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** 4.

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

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

Schedule M (Form 990) 2018

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PAGE 100

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

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SCHEDULE M, PART I

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

SCHEDULE M, PART I, LINE 32B

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

THE UNIVERSITY THROUGH ITS RADIO STATION WBUR USES CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) TO ACCEPT AND SELL DONATED VEHICLES ON BEHALF OF WBUR. PROCEEDS ARE SHARED BETWEEN WBUR AND CARS BASED ON AN AGREED UPON AMOUNT PER VEHICLE WHEN IT IS SOLD.

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

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>
OTHER - EQUIPMENT - MEDIC	X	3.	690,565.	IND. APPRAISAL
OTHER - DONATED AUCTION I	X	33.	175,917.	IND. APPRAISAL
OTHER - EVENT SUPPORT	X	7.	27,974.	EVENT SUPPORT COST
OTHER - SOFTWARE	X	1.	0.	IND. APPRAISAL
TOTALS		<u>44.</u>	<u>894,456.</u>	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Employer identification number

04-2103547

## ORGANIZATION'S MISSION

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMERSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT. WITH 17 SCHOOLS AND COLLEGES ON ITS THREE CAMPUSES, BOSTON UNIVERSITY OFFERS ITS STUDENTS MORE THAN 300 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES. STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH 90+ STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN 25 COUNTRIES ON 6 CONTINENTS. BOSTON UNIVERSITY FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP. THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE,

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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BIOLOGICAL EVOLUTION, AND HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE PERFORMING ARTS. THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, AND GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR EMERGING INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4D

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

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES INCLUDE (ATTACHMENT 1 CONTINUED):

ZAMBIA

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 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.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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FORM 990, PART VI, SECTION B, LINE 11B

UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE UNIVERSITY'S COMPTROLLER, BY THE CHIEF FINANCIAL OFFICER (AS WELL AS OTHER FINANCE/ACCOUNTING STAFF), AND BY UNIVERSITY COUNSEL. THE UNIVERSITY'S PUBLIC ACCOUNTING FIRM, KPMG, IS INVOLVED THROUGHOUT THE 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 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 MUST REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP IN WHICH THEY ARE 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 DETERMINES 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 IS TO BE SET FORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE SIGNED BY THE CHAIRMAN AND A MAJORITY OF THE COMMITTEE. THE COMPLIANCE COMMITTEE DETERMINES WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING AN EMPLOYEE OR OTHER REPRESENTATIVE SHOULD BE ENTERED INTO OR CONTINUED. THE COMPLIANCE COMMITTEE PROVIDES 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, LINES 15A & 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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND TREASURER; SENIOR VICE PRESIDENT, SENIOR COUNSEL, AND SECRETARY OF THE BOARD OF TRUSTEES; AND 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, THE PRESIDENT OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO THE MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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CENTER, A RELATED ORGANIZATION. MARTIN J. HOWARD, AN OFFICER OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER MONTH TO EACH OF 660 CORPORATION, AKEAH INC., AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL RELATED ORGANIZATIONS. GARY W. NICKSA, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS OR LESS PER MONTH TO EACH OF PLEASANT VENTURES REALTY TRUST AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. KAREN H. ANTMAN, MD, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES FOUR HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC. AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. TONY TANNOURY, WILLIAM CREEVY, MD AND XINNING LI, ARE ON THE LIST OF FIVE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTING 55 HOURS OR LESS PER WEEK TO FACULTY PRACTICE PLANS. CATALDO W. LEONE WAS COMPENSATED AS A FACULTY MEMBER, NOT AS A TRUSTEE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OF FUND BALANCES

LOSS ON INTEREST RATE EXCHANGE AGREEMENTS	-\$97,913,748
UNREALIZED LOSS ON NON-INVESTMENT ASSETS	-\$388,075
NET ACTUARIAL GAIN	\$3,341,760
LEASE ADJUSTMENTS	-\$2,811,000
OTHER ADJUSTMENTS	\$5,047,557
	-----
TOTAL	-\$92,723,506

AMOUNT REPORTED UNDER LEASE ADJUSTMENT IS AS A RESULT OF ADOPTING ASU

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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2016-02, LEASES (TOPIC 842) FOR FISCAL YEAR ENDED JUNE 30, 2019.

ATTACHMENT 1

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

AUSTRALIA

BELGIUM

IRELAND

FRANCE

GERMANY

ITALY

NEW ZEALAND

SPAIN

SWITZERLAND

UNITED KINGDOM

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SHAWMUT WOODWORKING & SUPPLY, INC. 560 HARRISON AVENUE BOSTON, MA 02218	CONSTRUCTION	41,444,431.
ARAMARK FOOD AND SUPPORT SERVICES INC 775 COMMONWEALTH AVENUE BOSTON, MA 02215	FOOD SERVICES	21,677,839.
BOND BROTHERS, INC 145 SPRING STREET EVERETT, MA 02149	CONSTRUCTION	16,830,246.
CHAPMAN CONSTRUCTION/DESIGN COMPANY 84 WINCHESTER STREET NEWTON, MA 02461	CONSTRUCTION	13,975,702.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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ATTACHMENT 2 (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>
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	9,522,681.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

**2018**  
Open to Public  
Inspection

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BU FUNDING, LLC 108 BAY STATE ROAD BOSTON, MA 02215	87-0773653 INVESTMENTS	MA	0.	62,366,000.	BU TRUSTEES
(2) PLEASANT VENTURES REALTY TRUST 125 BAY STATE ROAD BOSTON, MA 02215	04-3006700 REAL ESTATE	MA	5,617,798.	13,872,134.	BU TRUSTEES
(3) SCARLET CASTLE BRR-L LLC ONE SILBER WAY BOSTON, MA 02215	82-1985611 INVESTMENTS	MA	1,224,422.	3,354,005.	BU TRUSTEES
(4)					
(5)					
(6)					

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

(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 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3286156 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(2) BOSTON REHABILITATION MED ASSOC, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3286641 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(3) BU CARDIAC & THORACIC SURGICAL FDN, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-2966416 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(4) BOSTON UNIVERSITY DERMATOLOGY, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3335166 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5) BU DERMATOLOGY SUPPORT SERVICES I, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3452877 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(6) BU DERMATOLOGY SUPPORT SERVICES II, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3452874 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(7) BOSTON UNIVERSITY EYE ASSOCIATES, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	04-3137333 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

Employer identification number

04-2103547

Open to Public  
Inspection

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

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

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

	(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 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(2)	BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(3)	BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(4)	BU MEDICAL CENTER ANESTHESIOLOGISTS, INC. 04-3276227 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(5)	BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(6)	BU NEUROLOGY ASSOCIATES, INC. 04-3428462 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(7)	BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X

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

Schedule R (Form 990) 2018



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

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Open to Public  
Inspection

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

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

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

	(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 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(2)	BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(3)	BU PLASTIC SURGERY ASSOCIATES, INC. 04-3555478 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(4)	BU PSYCHIATRY ASSOCIATES, INC. 04-3355267 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(5)	BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(6)	BU SURGICAL ASSOCIATES, INC. 04-3291148 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(7)	CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X

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

Schedule R (Form 990) 2018

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

Employer identification number

04-2103547

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

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

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

	(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. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118 51-0172171	MEDICINE	MA	501(C)(3)	12C III-FI N/A			X
(2)	FACULTY PRACTICE FOUNDATION, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118 04-3289381	MEDICINE	MA	501(C)(3)	12B II N/A			X
(3)	MERCORD, INC. 881 COMMONWEALTH AVENUE BOSTON, MA 02115 04-3099628	HOLDING CO.	MA	501(C)(2)	N/A	BU TRUSTEES	X	
(4)	BU MEDICAL CENTER OTOLARYNGOLOGIC FDN ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118 04-3156471	HEALTHCARE	MA	501(C)(3)	12C III-FI N/A			X
(5)	THE MASS GREEN HIGH PERF COMPUTING CTR 77 MASS AVE. CAMBRIDGE, MA 12139 27-3014805	RESEARCH CTR	MA	501(C)(3)	12A-I N/A			X
(6)	MGPCC HOLYOKE INC. 77 MASS AVE. CAMBRIDGE, MA 12139 45-2257442	RESEARCH CTR	MA	501(C)(3)	12A-I N/A			X
(7)	BOSTON UNIVERSITY (USA) LONDON CHARITY 5-10 ST. PAUL'S CHURCHYARD LONDON, UK EC4M 8AL LONDON CHARITY	EDU. SUPPORT	UK	501(C)(3)	12A-I N/A	BU TRUSTEES	X	

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

**Schedule R (Form 990) 2018**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

Employer identification number

04-2103547

Open to Public  
Inspection

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

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

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

	(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. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118 04-6048207	EDU. SUPPORT	MA	501(C)(3)	12C III-FI	N/A		X
(2)	BOSTON UNIVERSITY FOUNDATION - INDIA S-505 LGF GREATER KALLASH-11 NEW DELHI, IN 110048	EDU. SUPPORT	IN		N/A	BU TRUSTEES	X	
(3)	TRANSPORTATION SOL FOR COMPUTERS INC. 881 COMMONWEALTH AVENUE, 4TH F BOSTON, MA 02215	TRANS SVCS	MA	501(C)(3)	7	N/A		X
(4)	BU RADIATION ONCOLOGY, INC. ONE BOSTON MEDICAL CENTER PL. BOSTON, MA 02118 81-0716773	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE LONDON, EDUCATION		UK	BU EUR/EUSA UK		429,811.	1,582,989.		X			X	100.0000
(2) LVPV L.P. 47-1582760 10000 MEMORIAL DRIVE, SUITE 55 INVESTMENTS		TX	BU TRUSTEES		3,989,885.	19,377,651.		X	-1,848,018.		X	100.0000
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING COMPANY	MA	BU TRUSTEES	C CORP		44,205.	100.0000	X
(2) CHARITABLE REMAINDER TRUSTS (13)	SUPPORT		BU TRUSTEES	TRUST				
(3) 660 CORPORATION 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENCE STORE	MA	520 CORP	C CORP	4,799,266.	6,982,287.	100.0000	X
(4) AKEAH INC. 881 COMMONWEALTH AVENUE BOSTON, MA 02215	EDU SUPPORT	MA	520 CORP	C CORP	621,082.	461,225.	100.0000	X
(5) BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON CORP.			2,276,826.	100.0000	X
(6) EUSA (UK) LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON CORP.			80,001.	100.0000	X
(7)								

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

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

Table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Rows include 660 CORPORATION, EUSA ILP, and AKEAH, INC.

Summary table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Rows include 660 CORPORATION, EUSA ILP, and AKEAH, INC.

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

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

Table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, Yes, No. Rows include AKEAH, INC., 660 CORPORATION, BOSTON UNIVERSITY USA (EUROPE) LIMITED, BOSTON UNIVERSITY (USA) LONDON CHARITY, and empty rows.

**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.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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)														



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

Provide additional information for responses to questions on Schedule R. See instructions.

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