

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: TRUSTEES OF BOSTON UNIVERSITY. D Employer identification number: 04-2103547. E Telephone number: (617) 353-2290. G Gross receipts \$ 2,369,116,963.

I Tax-exempt status: X 501(c)(3). J Website: HTTP://WWW.BU.EDU. K Form of organization: X Corporation. L Year of formation: 1869. M State of legal domicile: MA.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

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.

Sign Here: Signature of officer Martin J. Howard, Date 5/14/12, Type or print name and title Treasurer.

Paid Preparer Use Only: Print/Type preparer's name KAYE B FERRITER, Preparer's signature, Date 5/12, Check if self-employed, PTIN P00641464, Firm's name PRICEWATERHOUSECOOPERS LLP, Firm's EIN 13-4008324, Firm's address 125 HIGH STREET BOSTON, MA 02110, Phone no. 617-530-5000.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number
	TRUSTEES OF BOSTON UNIVERSITY	04-2103547
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	881 COMMONWEALTH AVENUE, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02215	

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

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

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

- I request an additional 3-month extension of time until MAY 15, 2012.
- For calendar year _____, or other tax year beginning JULY 1, 2010, and ending JUNE 30, 2011.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension EXTENSION OF TIME TO FILE REQUESTED TO PREPARE A MORE COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature *[Signature]* Title VP, CFO AND TREASURER Date 2/9/11

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization Trustees of Boston University	Employer identification number 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	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boston, MA 02215	

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2012, 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, 2010, and ending June 30, 2011.

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

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

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

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

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

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

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

- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20____.

5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.

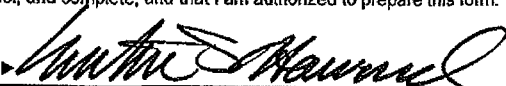
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature  Title **Martin J. Howard**
Treasurer Date **11/9/11**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,050,816,240. including grants of \$ 292,421,635.) (Revenue \$ 1,068,068,112.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 223,596,569. including grants of \$ 62,222,558.) (Revenue \$ 87,585,634.)

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 \$ 243,247,324. including grants of \$) (Revenue \$ 272,842,966.)

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 \$ 87,404,996. including grants of \$) (Revenue \$ 11,945,476.)

4e Total program service expenses ▶ 1,605,065,129.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (41), 1b (37), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GILLIAN EMMONS 881 COMMONWEALTH AVENUE, 4TH FLOOR BOSTON, MA 02215-1303 617-353-2290

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

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

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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	X		X			830,046.	0.	311,284.	
(2) ADAM W. SWEETING TRUSTEE	55.00	X					64,822.	0.	29,809.	
(3) ROBERT A. KNOX TRUSTEE	3.00	X					0.	0.	0.	
(4) JOHN P. HOWE III TRUSTEE	3.00	X					0.	0.	0.	
(5) JOHN L. BATTAGLINO TRUSTEE	3.00	X					0.	0.	0.	
(6) PHILIP L. BULLEN TRUSTEE	3.00	X					0.	0.	0.	
(7) FREDERICK H. CHICOS TRUSTEE	3.00	X					0.	0.	0.	
(8) RICHARD D. COHEN TRUSTEE	3.00	X					0.	0.	0.	
(9) JOHNATHAN R. COLE TRUSTEE	3.00	X					0.	0.	0.	
(10) DAVID F. D'ALESSANDRO TRUSTEE	3.00	X					0.	0.	0.	
(11) RICHARD B. DEWOLFE TRUSTEE	3.00	X					0.	0.	0.	
(12) KENNETH J. FELD TRUSTEE	3.00	X					0.	0.	0.	
(13) SIDNEY J. FELTENSTEIN TRUSTEE	3.00	X					0.	0.	0.	
(14) RONALD G. GARRIQUES TRUSTEE	3.00	X					0.	0.	0.	
(15) RICHARD C. GODFREY TRUSTEE	3.00	X					0.	0.	0.	
(16) SUNGEUN HAN-ANDERSON TRUSTEE	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) BAHAA R. HARIRI TRUSTEE	3.00	X					0.	0.	0.	
(18) ROBERT J. HILDRETH TRUSTEE	3.00	X					0.	0.	0.	
(19) STEPHEN R. KARP TRUSTEE	3.00	X					0.	0.	0.	
(20) RAJEN A. KILACHAND TRUSTEE AS OF 09/16/10	3.00	X					0.	0.	0.	
(21) CLEVE L. KILLINGSWORTH, JR. TRUSTEE	3.00	X					0.	0.	0.	
(22) ELAINE B. KIRSHENBAUM TRUSTEE	3.00	X					0.	0.	0.	
(23) ANDREW R. LACK TRUSTEE	3.00	X					0.	0.	0.	
(24) ERIC S. LANDER TRUSTEE	3.00	X					0.	0.	0.	
(25) ALAN M. LEVENTHAL TRUSTEE	3.00	X					0.	0.	0.	
(26) J. KENNETH MENGES, JR. TRUSTEE	3.00	X					0.	0.	0.	
(27) CARLA E. MEYER TRUSTEE	3.00	X					0.	0.	0.	
(28) PETER T. PAUL TRUSTEE	3.00	X					0.	0.	0.	
1b Sub-total							894,868.	0.	341,093.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1							11,695,379.	0.	1,034,800.	
d Total (add lines 1b and 1c)							12,590,247.	0.	1,375,893.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 2160

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(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 **▶** 237

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	565,154.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	312,775,487.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	145,513,746.					
	g Noncash contributions included in lines 1a-1f: \$		5,173,097.					
	h Total. Add lines 1a-1f			458,854,387.				
Program Service Revenue				Business Code				
	2a TUITION AND FEES		900099	1,068,068,112.	1,068,068,112.			
	b AUX SALES & SERVICES		900099	284,788,442.	284,788,442.			
	c NON-GOVERNMENT GRANTS		900099	87,585,634.	87,585,634.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,440,442,188.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			42,809,047.			42,809,047.	
	4 Income from investment of tax-exempt bond proceeds . . .			135,270.			135,270.	
	5 Royalties			2,284,135.			2,284,135.	
	6a Gross Rents	(i) Real	57,477,866.					
		(ii) Personal						
		b Less: rental expenses		48,605,346.				
	c Rental income or (loss)		8,872,520.					
	d Net rental income or (loss)			8,872,520.			8,872,520.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	340,944,177.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		282,665,250.	2,192,813.			
		c Gain or (loss)		58,278,927.	-2,192,813.			
	d Net gain or (loss)			56,086,114.		-2,192,813.	58,278,927.	
	8a Gross income from fundraising events (not including \$ 565,154. of contributions reported on line 1c). See Part IV, line 18	a		ATCH 3				
		b Less: direct expenses	b		546,946.			
c Net income or (loss) from fundraising events					0.			
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities				0.			
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory				0.			
Miscellaneous Revenue			Business Code					
11a ATHLETIC RENTALS			713940	8,644,406.		8,644,406.		
	b HOTEL OPERATIONS		721110	11,281,215.		11,281,215.		
	c RESTAURANT OPERATIONS		722100	4,062,492.		4,062,492.		
	d All other revenue			1,634,834.		1,634,834.		
e Total. Add lines 11a-11d				25,622,947.				
12 Total revenue. See instructions				2,035,106,608.	1,440,442,188.	23,430,134.	112,379,899.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	32,817,508.	32,817,508.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	319,412,425.	319,412,425.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,414,260.	2,414,260.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,732,336.	4,343,370.	337,116.	51,850.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	409,736.	409,736.		
7 Other salaries and wages	692,491,078.	623,317,612.	59,104,174.	10,069,292.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,878,573.	52,107,382.	4,931,499.	839,692.
9 Other employee benefits	125,551,602.	113,032,594.	10,697,527.	1,821,481.
10 Payroll taxes	51,054,548.	45,963,794.	4,350,063.	740,691.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	2,436,224.		2,436,224.	
c Accounting	1,030,281.		1,030,281.	
d Lobbying	1,066,813.	1,066,813.		
e Professional fundraising services. See Part IV, line 17	126,945.			126,945.
f Investment management fees	2,562,798.		2,562,798.	
g Other	30,730,093.	28,204,289.	2,189,108.	336,696.
12 Advertising and promotion	2,235,482.	2,235,482.		
13 Office expenses	59,541,910.	50,913,749.	6,695,342.	1,932,819.
14 Information technology	22,925,499.	21,007,970.	1,917,529.	
15 Royalties	859,497.	859,497.		
16 Occupancy	155,838,146.	140,223,820.	14,080,582.	1,533,744.
17 Travel	22,769,502.	21,033,727.	900,611.	835,164.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	19,023,238.	15,396,843.	2,818,049.	808,346.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	82,757,646.	81,102,493.	1,655,153.	
23 Insurance	4,301,868.	2,038,651.	2,238,581.	24,636.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>NET CONTRACTED SERVICES</u>	18,380,586.	12,681,567.	5,699,019.	
b <u>BOOKS AND PERIODICALS</u>	11,850,037.	11,704,233.	134,115.	11,689.
c <u>DUES & MEMBERSHIPS, BANK FEE</u>	4,650,594.	3,821,543.	801,198.	27,853.
d <u>PATIENT SERVICES</u>	1,580,745.	1,580,745.		
e <u>RESEARCH & LABORATORY SUPPLI</u>	17,375,026.	17,375,026.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,748,804,996.	1,605,065,129.	124,578,969.	19,160,898.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	570,951,455.	2	621,096,722.
	3 Pledges and grants receivable, net	125,880,532.	3	96,964,949.
	4 Accounts receivable, net	107,889,449.	4	147,432,441.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net	3,964,266.	7	5,521,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	78,261,892.	9	83,758,881.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2887983452.		
	b Less: accumulated depreciation	10b 979,853,678.	1,843,863,315.	10c 1,908,129,774.
	11 Investments - publicly traded securities	354,850,345.	11	430,279,974.
	12 Investments - other securities. See Part IV, line 11	840,060,116.	12	934,841,990.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,925,721,370.	16	4,228,025,731.	
Liabilities	17 Accounts payable and accrued expenses	504,767,130.	17	520,229,889.
	18 Grants payable		18	
	19 Deferred revenue	102,148,763.	19	115,852,018.
	20 Tax-exempt bond liabilities	918,300,000.	20	916,600,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	300,742,721.	23	301,685,376.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	236,505,799.	25	144,003,813.
	26 Total liabilities. Add lines 17 through 25	2,062,464,413.	26	1,998,371,096.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,076,871,169.	27	1,250,365,599.
	28 Temporarily restricted net assets	422,002,286.	28	590,650,931.
	29 Permanently restricted net assets	364,383,502.	29	388,638,105.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,863,256,957.	33	2,229,654,635.	
34 Total liabilities and net assets/fund balances	3,925,721,370.	34	4,228,025,731.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,035,106,608.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,748,804,996.
3	Revenue less expenses. Subtract line 2 from line 1	3	286,301,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,863,256,957.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	80,096,066.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,229,654,635.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

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.** ▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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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 on behalf of or in opposition to candidates for public office in Part IV.
- 2** Political expenditures ▶ \$ _____
- 3** Volunteer hours _____

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,066,813.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		
j Total. Add lines 1c through 1i			1,066,813.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
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).

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

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

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

THE UNIVERSITY DID NOT PARTICIPATE OR INTERVENE IN ANY POLITICAL CAMPAIGNS. THE MAJORITY OF THE AMOUNT REPORTED REPRESENTS PAYMENTS TO A CONSULTANT WHO ACTS AS THE UNIVERSITY'S WASHINGTON, D.C., REPRESENTATIVE, MONITORING PROPOSED AND ENACTED LEGISLATION AND OTHER GOVERNMENTAL DEVELOPMENTS OF INTEREST TO AND/OR AFFECTING THE UNIVERSITY. IN ADDITION, THE CONSULTANT IS A DEVELOPMENT, GOVERNMENTAL RELATIONS, AND PUBLIC RELATIONS ADVISOR, AND SERVES AS A LIAISON BETWEEN THE UNIVERSITY AND VARIOUS GOVERNMENT OFFICIALS. THE UNIVERSITY ALSO HAS ONE STAFF MEMBER WHO HAS 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 FOR POSTAGE AND/OR SUPPLIES.

BOSTON UNIVERSITY PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS IN AN EFFORT TO STAY CURRENT ON A WIDE VARIETY OF ACADEMIC AND ADMINISTRATIVE TOPICS. THE POSSIBILITY EXISTS THAT ONE OR MORE OF THESE MEMBERSHIP ORGANIZATIONS CONDUCT LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBERS. HOWEVER, BOSTON UNIVERSITY DOES NOT DIRECTLY PARTICIPATE IN THESE LOBBYING ACTIVITIES.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ 0.

b Assets included in Form 990, Part X ▶ \$ _____ 0.

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

Schedule D (Form 990) 2010

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	967,889,613.	869,769,410.	1,085,438,014.		
b Contributions	26,665,624.	22,384,929.	9,436,757.		
c Net investment earnings, gains, and losses	181,672,889.	105,788,254.	-196,408,297.		
d Grants or scholarships	11,414,768.	10,134,298.	9,992,733.		
e Other expenditures for facilities and programs	15,509,591.	14,942,542.	13,452,024.		
f Administrative expenses	5,393,785.	4,976,140.	5,252,307.		
g End of year balance	1,143,909,982.	967,889,613.	869,769,410.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 38.0000 %
- b Permanent endowment ▶ 34.0000 %
- c Term endowment ▶ 28.0000 %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,365,597.	66,565,422.		82,931,019.
b Buildings	123,254,166.	218,369,748.	692,509,013.	1,614,442,638.
c Leasehold improvements	25,693,743.	42,475,227.	31,377,853.	36,791,117.
d Equipment		267,757,223.	133,117,748.	134,639,475.
e Other		162,174,589.	122,849,064.	39,325,525.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,908,129,774.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MARKETABLE ALTERNATIVES	275,457,949.	FMV
(B) NON-MARKETABLE ALTERNATIVES	211,350,361.	FMV
(C) REAL ASSETS	405,244,608.	FMV
(D) RESIDUAL ASSET NOTE	42,789,072.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	934,841,990.	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	16,636,186.
(3) CAPITAL LEASE OBLIGATION	84,578,555.
(4) DISCOUNTED NOTE OBLIGATION	42,789,072.
(5) .	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	144,003,813.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

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

SCHEDULE D, PART III, LINE 4

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

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

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

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

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2010)

JSA
0E1273 1.000

160400 7377

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

SCH. 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 OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES, INCLUDING HOUSING, EMPLOYMENT, ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY FOR ALL EMPLOYEES, APPLICANTS FOR EMPLOYMENT, AND STUDENTS. BECAUSE OF THIS, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ENSURE THAT EMPLOYEES AND STUDENTS ALIKE ARE TREATED EQUALLY DURING THEIR EMPLOYMENT AND/OR MATRICULATION. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE DIRECTOR OF EQUAL OPPORTUNITY, 25 BUICK STREET, BOSTON, MA 02115 (617-353-9286).

SCH. 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 DURING 2011 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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	INVESTMENTS	333,054,042.
(2) CENTRAL AMERICA/CARIBBEAN		6.	PROGRAM SERVICES	RESEARCH	
(3) CENTRAL AMERICA/CARIBBEAN			SEND AGENTS TO SEMINAR		
(4) EAST ASIA AND THE PACIFIC			FUNDRAISING		
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		427,547.
(6) EAST ASIA AND THE PACIFIC	3.	41.	PROGRAM SERVICES	STUDY ABROAD	
(7) EAST ASIA AND THE PACIFIC			SEND AGENTS TO SEMINAR		
(8) EUROPE			FUNDRAISING		
(9) EUROPE			GRANTMAKING		759,698.
(10) EUROPE			INVESTMENTS	INVESTMENTS	11,831,917.
(11) EUROPE	1.	8.	PROGRAM SERVICES	RESEARCH	
(12) EUROPE	15.	236.	PROGRAM SERVICES	STUDY ABROAD	
(13) EUROPE			SEND AGENTS TO SEMINAR		
(14) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		
(15) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(16) MIDDLE EAST AND NORTH AFRICA		3.	PROGRAM SERVICES	RESEARCH	
(17) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	
3a Sub-total	19.	295.			346,073,204.
b Total from continuation sheets to Part I	8.	370.			1,227,015.
c Totals (add lines 3a and 3b)	27.	665.			347,300,219.

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

Schedule F (Form 990) 2010

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA			SEND AGENTS TO SEMINAR		
(2) NORTH AMERICA			GRANTMAKING		450,986.
(3) NORTH AMERICA		1.	PROGRAM SERVICES	RESEARCH	
(4) NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	
(5) NORTH AMERICA			SEND AGENTS TO SEMINAR		
(6) RUSSIA/INDEPENDENT STATES			SEND AGENTS TO SEMINAR		
(7) SOUTH AMERICA	1.	11.	PROGRAM SERVICES	STUDY ABROAD	
(8) SOUTH AMERICA			SEND AGENTS TO SEMINAR		
(9) SOUTH ASIA			FUNDRAISING		
(10) SOUTH ASIA		1.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(11) SOUTH ASIA			SEND AGENTS TO SEMINAR		
(12) SUB-SAHARAN AFRICA			GRANTMAKING		776,029.
(13) SUB-SAHARAN AFRICA	7.	329.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(14) SUB-SAHARAN AFRICA		28.	PROGRAM SERVICES	STUDY ABROAD	
(15) SUB-SAHARAN AFRICA			SEND AGENTS TO SEMINAR		
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH	243,300.				
(2)			EAST ASIA/PACIFIC	RESEARCH	79,235.				
(3)			EAST ASIA/PACIFIC	RESEARCH	19,271.				
(4)			EAST ASIA/PACIFIC	RESEARCH	42,541.				
(5)			EAST ASIA/PACIFIC	RESEARCH	43,200.				
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	239,923.				
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	33,922.				
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	42,140.				
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	76,325.				
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	59,942.				
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	18,427.				
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	18,603.				
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	84,900.				
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	104,277.				
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	29,980.				
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	27,771.				

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

3 Enter total number of other organizations or entities

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	23,488.				
(2)			NORTH AMERICA	RESEARCH	190,506.				
(3)			NORTH AMERICA	RESEARCH	23,745.				
(4)			NORTH AMERICA	RESEARCH	236,735.				
(5)			SUB-SAHARAN AFRICA	RESEARCH	60,110.				
(6)			SUB-SAHARAN AFRICA	RESEARCH	20,967.				
(7)			SUB-SAHARAN AFRICA	RESEARCH	37,108.				
(8)			SUB-SAHARAN AFRICA	RESEARCH	11,555.				
(9)			SUB-SAHARAN AFRICA	RESEARCH	12,865.				
(10)			SUB-SAHARAN AFRICA	RESEARCH	111,614.				
(11)			SUB-SAHARAN AFRICA	RESEARCH	160,000.				
(12)			SUB-SAHARAN AFRICA	RESEARCH	361,810.				
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **26.**

3 Enter total number of other organizations or entities **2.**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 1

SCHEDULE F, PART I, COLUMN (F)

THE UNIVERSITY DOES NOT CURRENTLY TRACK FOREIGN EXPENDITURES FOR EACH PROGRAM SEPARATELY. THEREFORE, PURSUANT TO IRS GUIDANCE, DISCLOSURE IN THIS COLUMN IS NOT REQUIRED IN THE CURRENT YEAR.

SCHEDULE F, PART I, LINE 2

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

SCHEDULE F, PART I, LINE 3

ADDITIONAL INFORMATION REGARDING THE 665 "EMPLOYEES" REPORTED IN SCHEDULE F, PART I

IN 2009, BOSTON UNIVERSITY RECEIVED A GRANT FROM THE BILL AND MELINDA GATES FOUNDATION TO RESEARCH AND DEMONSTRATE WHETHER CHLORHEXIDINE, A SIMPLE ANTISEPTIC WASH, WILL REDUCE INFECTION AND THUS IMPROVE INFANT SURVIVAL RATES IN ZAMBIA. IN 2011, 270 FULL-TIME DATA COLLECTORS HAVE BEEN WORKING IN RURAL ZAMBIA.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MARTS & LUNDY INC.	FUNDRAISING CONSULTANT		X		44,945.	
2 JAY CLAYTON	WBUR FUNDRAISING		X		82,000.	
3						
4						
5						
6						
7						
8						
9						
10						
Total					126,945.	

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.

AK, MA, VA, WA,

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

		(a) Event #1		(b) Event #2		(c) Other Events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		WBUR GALA		3.	
		(event type)		(event type)		(total number)	
Revenue	1 Gross receipts	704,138.		277,325.		130,637.	1,112,100.
	2 Less: Charitable contributions	336,667.		150,248.		78,239.	565,154.
	3 Gross income (line 1 minus line 2)	367,471.		127,077.		52,398.	546,946.
Direct Expenses	4 Cash prizes						
	5 Noncash prizes	199,413.		1,026.		15,976.	216,415.
	6 Rent/facility costs	67,928.		112,850.		12,313.	193,091.
	7 Food and beverages					10,609.	10,609.
	8 Entertainment			3,083.			3,083.
	9 Other direct expenses	100,130.		10,118.		13,500.	123,748.
	10 Direct expense summary. Add lines 4 through 9 in column (d)						(546,946.)
	11 Net income summary. Combine line 3, column (d), and line 10						

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	AFFINERGY, INC. 617 DAVIS DRIVE DURHAM, NC 27713	55-0826074		20,814,636.				RESEARCH
(2)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501C3	15,008,185.				RESEARCH
(3)	ALZHEIMERS ASSOCIATION 311 ARSENAL STREET WATERTOWN, MA 02472	04-2731194	501C3	95,046.				RESEARCH
(4)	ARLINGTON PUBLIC SCHOOLS P.O. BOX 167 ARLINGTON, MA 02476	04-6001070	501C3	111,000.				RESEARCH
(5)	ATLANTIC HEALTH HOSPITAL CORPORATION 475 SOUTH STREET MORRISTOWN, NJ 07960	52-1958352		7,253,682.				RESEARCH
(6)	BAYSTATE MEDICAL CENTER 759 CHESNUT STREET SPRINGFIELD, MA 01199	04-2888373	501C3	9,209,744.				RESEARCH
(7)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	8,489,437.				RESEARCH
(8)	BIOMEDICAL RES. INSTITUTE OF NEW MEXICO 1501 SAN PEDRO SE 151 ALBUQUERQUE, NM 87108	85-0374063	501C3	20,922,923.				RESEARCH
(9)	BOSTON BIOMEDICAL RESEARCH INSTITUTE 64 GROVE STREET WATERTOWN, MA 02472	04-2451739	501C3	28,797,064.				RESEARCH
(10)	BOSTON HOUSING AUTHORITY 52 CHAUNCY ST BOSTON, MA 02111	04-6001907	STATE OF MA	5,258,400.				RESEARCH
(11)	BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	04-3314093	501C3	252,023,684.				RESEARCH
(12)	BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	STATE OF MA	4,336,777.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501C3	15,916,349.				RESEARCH
(2)	BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE 11301 WILSHIRE BLVD LOS ANGELES, CA 90073	95-4183712	501C3	12,743,420.				RESEARCH
(3)	BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501C3	85,707,512.				RESEARCH
(4)	BROAD INSTITUTE 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	04-2103594	501C3	92,629,981.				RESEARCH
(5)	BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	906,577.				RESEARCH
(6)	CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501C3	1,224,226.				RESEARCH
(7)	CAMBRIDGE PUBLIC HEALTH COMMISSION 101 STATION LANDING MEDFORD, MA 02155	04-3320571	STATE OF MA	2,471,733.				RESEARCH
(8)	CAMBRIDGE PUBLIC HEALTH DEPT. (CPHD) 119 WINDSOR ST. CAMBRIDGE, MA 02139	04-3320571	STATE OF MA	1,724,513.				RESEARCH
(9)	CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10017	13-5602319	501C3	17,500,000.				RESEARCH
(10)	CHELSEA PUBLIC SCHOOLS OFFICE OF SUPERINTENDENT CHELSEA, MA 02150	04-6001384	STATE OF MA	651,631.				RESEARCH
(11)	CHILDREN'S HOSPITAL RESEARCH FINANCE BOSTON, MA 02115	04-2774441	501C3	34,516,576.				RESEARCH
(12)	CHILDREN'S HOSPITAL & REGIONAL MEDICAL CENTER SEATTLE, WA 98105	91-0564748	501C3	2,631,520.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	CHILDREN'S HOSPITAL RESEARCH INSTITUTE 4800 SAND POINT WAY, NE SEATTLE, WA 98105	91-0564748	501C3	7,156,150.				RESEARCH
(2)	CITY OF SPRINGFIELD/DHHS/PVAHEC 95 STATE STREET SPRINGFIELD, MA 01103	00-2661938	501C3	3,689,153.				RESEARCH
(3)	CLEVELAND CLINIC LERNER 9500 EUCLID AVE. CLEVELAND, OH 44195	34-0714585	501C3	21,659,323.				RESEARCH
(4)	COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501C3	18,266,092.				RESEARCH
(5)	MASS PUBLIC HEALTH 250 WASHINGTON STREET BOSTON, MA 02108	04-2326503	STATE OF MA	12,147,986.				RESEARCH
(6)	DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501C3	2,559,540.				RESEARCH
(7)	DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501C3	59,642,331.				RESEARCH
(8)	DATASTAT, INC. 3975 RESEARCH PARK DR. ANN ARBOR, MI 48108	38-2791120		5,914,000.				RESEARCH
(9)	DAVIS SQUARE RESEARCH ASSOC. 119 COLLEGE AVENUE SOMERVILLE, MA 02144	38-3792037		2,199,125.				RESEARCH
(10)	DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANNOCK STREET DENVER, CO 80204	84-1343242	STATE OF CO	3,135,066.				RESEARCH
(11)	DEPARTMENT OF VETERANS AFFAIRS 1660 SOUTH COLUMBIAN WAY SEATTLE, WA 98108	47-0948895	GOVERNMENT	1,295,800.				RESEARCH
(12)	DM-STAT, INC. ONE SALEM ST., STE 300 MALDEN, MA 02148	04-3320989		11,641,803.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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(1)	DREXEL UNIVERSITY 3201 ARCH STREET PHILADELPHIA, PA 19104	23-1352630	501C3	41,020,649.				RESEARCH
(2)	DUKE UNIVERSITY BOX 104132 DURHAM, NC 27708	56-0532129	501C3	38,823,195.				RESEARCH
(3)	EDUCATION DEVELOPMENT CENTER 55 CHAPEL ST. NEWTON, MA 02458	04-2241718	501C3	31,474,647.				RESEARCH
(4)	EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501C3	40,470,622.				RESEARCH
(5)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	501C3	9,712,521.				RESEARCH
(6)	GEORGETOWN UNIVERSITY 37TH & O ST. NW WASHINGTON, DC 20057	53-0196603	501C3	4,345,853.				RESEARCH
(7)	GNYHA FOUNDATION 555 W. 57TH ST. NEW YORK, NY 10019	13-2954140	501C3	10,096,249.				RESEARCH
(8)	HARVARD MEDICAL SCHOOL 25 SHATTUCK ST., STE 509 BOSTON, MA 02115	42-2103580	501C3	1,550,516.				RESEARCH
(9)	HARVARD SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVE. BOSTON, MA 02115	04-2103580	501C3	14,762,072.				RESEARCH
(10)	HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241	53-0199180	501C3	772,225.				RESEARCH
(11)	HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501C3	6,978,734.				RESEARCH
(12)	HENRY FORD HEALTH SYSTEMS 2799 WEST GRAND BLVD. DETROIT, MI 48202	38-1359020	501C3	19,108,889.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2010

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Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1)	HENRY M. JACKSON FOUNDATION 1401 ROCKVILLE PIKE ROCKVILLE, MD 20852	52-1313011	501C3	17,816,009.				RESEARCH
(2)	HEYWOOD HOSPITAL 242 GREEN STREET GARDNER, MA 01440	04-2103581	501C3	4,467,151.				RESEARCH
(3)	HOLYOKE HEALTH CENTER 230 MAPLE STREET HOLYOKE, MA 01041	04-2492730	501C3	18,538,868.				RESEARCH
(4)	HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-6714749	501C3	2,617,434.				RESEARCH
(5)	HOWARD UNIV./RESEACH OPERATIONS SUPPORT 2244 10TH ST. NW WASHINGTON, DC 20059	53-0204707	501C3	5,633,128.				RESEARCH
(6)	IBM T.J. WATSON RESEARCH CENTER 1101 KITCHAWAN YORKTOWN HEIGHTS, NY 10562	13-6167932	501C3	9,595,976.				RESEARCH
(7)	INSTITUTE FOR SYSTEMS BIOLOGY 1441 NORTH 34TH STREET SEATTLE, WA 98103	91-2003593	501C3	3,714,218.				RESEARCH
(8)	JOHNS HOPKINS UNIVERSITY 2715 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501C3	5,914,714.				RESEARCH
(9)	JUSTICE RESOURCE INSTITUTE (JRI) 545 BOYLSTON STREET BOSTON, MA 02116	04-2526357	501C3	3,720,106.				RESEARCH
(10)	KAISER FOUNDATION RESEARCH INST. 1800 HARRISON AVE 16 FL OAKLAND, CA 94612	94-3299125	501C3	7,368,905.				RESEARCH
(11)	LAWRENCE PUBLIC SCHOOLS/KATHY POWELL P.O. BOX 1498 LAWRENCE, MA 01842	04-6001394	501C3	1,379,352.				RESEARCH
(12)	LEHIGH UNIVERSITY 27 MEMORIAL DRIVE WEST BETHLEHEM, PA 18015	24-0795445	501C3	3,309,339.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2010

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1)	LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	04-2103589	501C3	6,608,532.				RESEARCH
(2)	MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501C3	5,203,497.				RESEARCH
(3)	MASS COLLEGE OF PHARMACY/HEALTH SCIENCES 179 LONGWOOD AVENUE BOSTON, MA 02115	04-2104700	501C3	2,500,000.				RESEARCH
(4)	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C3	272,951,443.				RESEARCH
(5)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501C3	165,696,443.				RESEARCH
(6)	MATTEK CORPORATION 200 HOMER AVENUE ASHLAND, MA 01721	04-2877744		27,571,800.				RESEARCH
(7)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501C3	12,054,346.				RESEARCH
(8)	MAYO CLINIC ROCHESTER 200 FIRST STREET, SW ROCHESTER, MN 55905	41-6011702	501C3	125,210,498.				RESEARCH
(9)	MAYO FOUNDATION RESEARCH ACCOUNTING ROCHESTER, MN 55905	41-1937751	501C3	11,746,956.				RESEARCH
(10)	MERCY HOSPITAL, INC. 271 CAREW STREET SPRINGFIELD, MA 01104	04-3398280	501C3	6,354,000.				RESEARCH
(11)	MGH INST OF HEALTH PROFESSIONS 13TH STREET CHARLESTOWN, MA 02129	04-2868893	501C3	24,484,550.				RESEARCH
(12)	MGH INSTITUTE OF HEALTH PROFESSIONS 36 FIRST AVENUE CHARLESTOWN, MA 02129	04-2868893	501C3	13,681,624.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	MIAMI UNIVERSITY 501 HIGH STREET OXFORD, OH 45056	31-6402089	501C3	382,930.				RESEARCH
(2)	MIRIAM HOSPITAL 164 SUMMIT ST PROVIDENCE, RI 02906	05-0258905	501C3	38,426,127.				RESEARCH
(3)	MISSOURI UNIV. OF SCIENCE & TECHNOLOGY 202 UNIVERSITY CENTER ROLLA, MO 65409-1330	04-6003859	501C3	15,249,361.				RESEARCH
(4)	MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501C3	80,473,412.				RESEARCH
(5)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501C3	13,829,555.				RESEARCH
(6)	NATIONAL ACADEMY FOR STATE HEALTH POLICY 1233 20TH ST NW WASHINGTON, DC 20036	52-1576801	501C3	7,804,482.				RESEARCH
(7)	NATIONAL CHILDREN'S HOSP./THE RES. INST. 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501C3	1,447,538.				RESEARCH
(8)	NEW ENGLAND AQUARIUM CORP. 1 CENTRAL WHARF BOSTON, MA 02110	04-2297514	501C3	376,427.				RESEARCH
(9)	NEW ENGLAND BIOLABS, INC. 240 COUNTY ROAD IPSWICH, MA 01938	42-2631963		17,896,109.				RESEARCH
(10)	NEW ENGLAND RESEARCH INSTITUTE 9 GALEN STREET WATERTOWN, MA 02472	04-2919509	501C3	2,697,049.				RESEARCH
(11)	NORTH COUNTY HEALTH CONSORTIUM 7 MAIN STREET, SUITE 7 WHITFIELD, NH 03598	02-0503184	501C3	2,425,566.				RESEARCH
(12)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02215	04-1679980	501C3	14,974,200.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	NORTHWESTERN UNIVERSITY 633 CLARK ST. RM G-547 EVANSTON, IL 60208	36-2167817	501C3	9,042,007.				RESEARCH
(2)	OCEAN STATE RESEARCH INSTITUTE 830 CHALKSTONE AVE PROVIDENCE, RI 02908	05-0440574	501C3	985,312.				RESEARCH
(3)	OFS LABORATORIES, LLC SPECIALTY PHOTONICS DIVISION AVON, CT 06001	63-1864622		16,446,016.				RESEARCH
(4)	PREDICTIVE SCIENCE, INC. 9990 MESA ROAD SUITE A SAN DIEGO, CA 92121	26-3200502		19,903,484.				RESEARCH
(5)	PRESIDENT AND FELLOWS OF HARVARD COLLEGE 250 LONGWOOD AVE BOSTON, MA 02115	04-2103580	501C3	57,463,120.				RESEARCH
(6)	PRIMARY CARE COALITION OF MONTGOMERY 8757 GEORGIA AVE SILVER SPRING, MD 20910	52-1847976	501C3	1,664,100.				RESEARCH
(7)	PRINCETON UNIVERSITY P.O. BOX 36 PRINCETON, NJ 08544	21-0634501	501C3	63,310,619.				RESEARCH
(8)	RAND CORPORATION 1776 MAIN STR SANTA MONICA, CA 90401	95-1958142		8,993,676.				RESEARCH
(9)	REGENTS OF THE UNIVERSITY OF CALIFORNIA 2795 SECOND STREET DAVIS, CA 95618	94-6036494	501C3	54,766,699.				RESEARCH
(10)	REGENTS OF THE UNIVERSITY OF COLORADO 1800 GRANT ST. DENVER, CO 80203	84-6000555	501C3	23,265,840.				RESEARCH
(11)	REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501C3	25,712,407.				RESEARCH
(12)	REGENTS, UNIV. OF CALIFORNIA ACCOUNTING OFFICE SAN FRANCISCO, CA 94143	94-2829914	501C3	7,819,982.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501C3	53,048.				RESEARCH
(2)	RESOURCE SYSTEMS GROUP INC. 55 RAILROAD WHITE RIVER JUNCTION, VT 05001	17-8040960		786,071.				RESEARCH
(3)	RICE UNIVERSITY P.O. BOX 1892-MS 70 HOUSTON, TX 77251	74-1109620	501C3	9,822,204.				RESEARCH
(4)	RUTGERS-THE STATE UNIV. OF NEW JERSEY 249 UNI. AVE NEWARK, NJ 07102	23-7318742	501C3	24,007,570.				RESEARCH
(5)	SCIENTIFIC SOLUTIONS, INC. 55 MIDDLESEX ST,#210 CHELMSFORD, MA 01863	04-3275340		10,787,621.				RESEARCH
(6)	SCRIPPS RESEACH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501C3	1,138,047.				RESEARCH
(7)	SHEPHERD CENTER, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	51-0141601		886,950.				RESEARCH
(8)	SIAT OF BOSTON, INC 34 LIBERTY ST. NATICK, MA 01760	04-2872467		1,784,000.				RESEARCH
(9)	SIGMA-ALDRICH, INC. 2909 LACLEDE AVENUE ST. LOUIS, MO 63103	20-0884074		83,204,537.				RESEARCH
(10)	SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501C3	9,990,103.				RESEARCH
(11)	SMITHSONIAN ASTROPHYSICAL OBSERVATORY 60 GARDEN STREET CAMBRIDGE, MA 02138	53-0206027	501C3	14,462,632.				RESEARCH
(12)	SOUTH SHORE HOSPITAL 55 FOGG ROAD SOUTH WEYMOUTH, MA 02190	42-2769210	501C3	5,855,738.				RESEARCH

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	SOUTHWEST RESEARCH INSTITUTE 6220 CULEBRA ROAD SAN ANTONIO, TX 78238	74-1070544	501C3	34,316,579.				RESEARCH
(2)	SPACE TELESCOPE SCIENCE INSTITUTE 3700 SAN MARTIN DRIVE BALTIMORE, MD 21218	86-0138043	501C3	4,745,732.				RESEARCH
(3)	SPAULDING REHABILITATION HOSPITAL BANK OF AMERICA NA BOSTON, MA 02114	42-551124	501C3	13,693,883.				RESEARCH
(4)	ST. ANNE'S HOSPITAL 795 MIDDLE STREET FALL RIVER, MA 02721	04-2104868	501C3	589,499.				RESEARCH
(5)	STANFORD UNIVERSITY 857 SERRA ST. STANFORD, CA 94305	94-1156365	501C3	9,541,253.				RESEARCH
(6)	THE AEROSPACE CORPORATION 2310 E EL SEGUNDO EL SEGUNDO, CA 90245	95-2102389		65,672,033.				RESEARCH
(7)	THE ARIZONA BOARD OF REGENTS P.O. BOX 3520 TUCSON, AZ 85722	74-2652689	501C3	837,142.				RESEARCH
(8)	THE CENTER FOR HEALTH CARE SERVICES 3031 IH 10 WEST SAN ANTONIO, TX 78201	74-1590659	501C3	129,685.				RESEARCH
(9)	THE CHILDRENS HOSPITAL OF PHILADELPHIA 3615 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501C3	17,569,275.				RESEARCH
(10)	THE FENWAY INSTITUTE 7 HAVILAND STREET BOSTON, MA 02115	04-2510564	501C3	3,014,749.				RESEARCH
(11)	THE FORSYTH INSTITUTE 140 THE FENWAY BOSTON, MA 02115	04-2104230	501C3	2,403,607.				RESEARCH
(12)	THE REGENTS OF THE UNIV. OF CAL., DAVIS 1850 RESEARCH PARK DR DAVIS, CA 95618	94-6036494	501C3	24,112,797.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE RESEARCH FOUNDATION OF SUNY 450 CLARKSON AVE BROOKLYN, NY 11203	13-1988190	501C3	15,226,314.				RESEARCH
(2)	THE TAMUS HEALTH SCIENCE CENTER RESEARCH 400 HARVEY COLLEGE STATION, TX 77845	74-1238434	501C3	767,392.				RESEARCH
(3)	THE UNIVERSITY OF NEW MEXICO P.O. BOX 30001 LAS CRUCES, NM 88003	85-0275408	501C3	19,888,155.				RESEARCH
(4)	THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	501C3	28,516,133.				RESEARCH
(5)	THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON HOUSTON, TX 77216	74-1761309	501C3	14,362,474.				RESEARCH
(6)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT ST PHILADELPHIA, PA 19107	23-1352651	501C3	11,011,842.				RESEARCH
(7)	TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD HANOVER, NH 03755	02-0222111	501C3	110,280.				RESEARCH
(8)	TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501C3	42,172,924.				RESEARCH
(9)	U OF MINNESOTA VENDOR NO.#109653 SC1 214 ME ANNEX ROLLA, MO 65409	41-6007513	STATE OF MN	3,170,025.				RESEARCH
(10)	U OF MISSOURI VENDOR NO.#70193 SC1 214 ME ANNEX ROLLA, MO 65409	43-6003859	STATE OF MO	1,910,901.				RESEARCH
(11)	UCAR CONTRACTS OFFICE BOULDER, CO 80307	84-0412668		46,262,878.				RESEARCH
(12)	UMASS AMHERST 70 BUTTERFIELD TERRACE AMHERST, MA 01003	04-3167352	STATE OF MA	13,014,624.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
- 3 Enter total number of other organizations ▶ -----

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIV. OF KENTUCKY RESEARCH FOUNDATION C/O NATIONAL CITY BANK CLEVELAND, OH 44193	61-6033693	STATE OF KY	4,013,434.				RESEARCH
(2)	UNIV. OF MIAMI INST. FOR HUMAN GENOMICS 1120 NW 14TH ST,#804 MIAMI, FL 33136	59-0624458	STATE OF FL	2,995,974.				RESEARCH
(3)	UNIV. OF OKLAHOMA HEALTH SCIENCES CTR. P.O. BOX 26901 OKLAHOMA CITY, OK 73126	73-6017987	STATE OF OK	966,639.				RESEARCH
(4)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 703 S 19TH ST. BIRMINGHAM, AL 35294	63-5005396	STATE OF AL	2,484,049.				RESEARCH
(5)	UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE, AL 35899	63-6001138	STATE OF AL	2,409,141.				RESEARCH
(6)	UNIVERSITY OF ARIZONA P.O. BOX 210117 TUCSON, AZ 85721-0117	74-2652689	STATE OF AZ	107,486.				RESEARCH
(7)	UNIVERSITY OF CALIFORNIA SANTA BARBARA 3227 CHEADLE HALL SANTA BARBARA, CA 93106	95-6006145	STATE OF CA	6,877,229.				RESEARCH
(8)	UNIVERSITY OF CHICAGO 970 EAST 58TH STREET CHICAGO, IL 60637	36-2177139	STATE OF IL	289,348.				RESEARCH
(9)	UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	STATE OF OH	43,618,596.				RESEARCH
(10)	UNIVERSITY OF COLORADO 1231 E 17TH AVE ROOM 5322 AURORA, CO 80054	84-6000555	STATE OF CO	2,818,519.				RESEARCH
(11)	UNIVERSITY OF COLORADO BOULDER PO BOX 6511 BOULDER, CO 80291-0220	84-6000555	STATE OF CO	1,150,683.				RESEARCH
(12)	UNIVERSITY OF COLORADO DENVER 1231 E 17TH AVE ROOM 5322 AURORA, CO 80054	84-6000555	STATE OF CO	6,839,168.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 FLORIDA PO BOX 113201 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	16,545,402.				RESEARCH
(2)	UNIVERSITY OF ILLINOIS 1408 W. GREGORY DRIVE URBANA, IL 61801	36-6000511	STATE OF IL	5,908,472.				RESEARCH
(3)	UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	STATE OF KS	1,879,664.				RESEARCH
(4)	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATI 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	STATE OF KY	12,148,652.				RESEARCH
(5)	UNIVERSITY OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	STATE OF MD	132,194,869.				RESEARCH
(6)	UNIVERSITY OF MASSACHUSTTS DARTMOUTH 285 OLD WESTPORT N DARTMOUTH, MA 02747-2300	04-6002284	STATE OF MA	3,268,679.				RESEARCH
(7)	UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	STATE OF MA	9,120,720.				RESEARCH
(8)	UNIVERSITY OF MASSACHUSETTS BOSTON 100 MORRISSEY BLVD. BOSTON, MA 02125	04-3167352	STATE OF MA	5,606,800.				RESEARCH
(9)	UNIVERSITY OF MASSACHUSETTS LOWELL 600 SUFFOLK STREET LOWELL, MA 01854	04-4167352	STATE OF MA	8,495,656.				RESEARCH
(10)	UNIVERSITY OF MASSACHUSETTS MED SCHOOL 55 NORTH LAKE AVENUE WORCESTER, MA 01655	04-3167352	STATE OF MA	72,988,176.				RESEARCH
(11)	UNIVERSITY OF MIAMI 1400 NW 10TH AVE. MIAMI, FL 33136	59-0624458	STATE OF FL	2,712,973.				RESEARCH
(12)	UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 48109-1274	38-6006309	STATE OF MI	13,022,761.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 MINNESOTA 200 OAK ST. MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	13,423,654.				RESEARCH
(2)	UNIVERSITY OF NEBRASKA BOARD OF REGENTS 982170 NE MED CTR OMAHA, NE 68198	47-0049123	STATE OF NE	5,577,359.				RESEARCH
(3)	UNIVERSITY OF NEVADA RENO CONTROLLER'S OFFICE RENO, NV 89557	88-6000024	STATE OF NV	2,595,125.				RESEARCH
(4)	UNIVERSITY OF NEW HAMPSHIRE 51 COLLEGE ROAD ROOM 109 DURHAM, NH 03824	02-6000937	STATE OF NH	64,156,272.				RESEARCH
(5)	UNIVERSITY OF NEW MEXICO 1 U OF NM MSC 09 5222 ALBUQUERQUE, NM 87131	85-6000642	STATE OF NM	6,721,533.				RESEARCH
(6)	UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104	23-1352685	STATE OF PA	75,335,698.				RESEARCH
(7)	UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL PITTSBURGH, PA 15260	25-0965591	STATE OF PA	18,243,583.				RESEARCH
(8)	UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33620	59-3102112	STATE OF FL	11,905,103.				RESEARCH
(9)	UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	STATE OF CA	4,703,401.				RESEARCH
(10)	UNIVERSITY OF TENNESSEE 1534 WHITE AVENUE KNOXVILLE, TN 37996	62-6001636	STATE OF TN	17,576,160.				RESEARCH
(11)	UNIVERSITY OF TEXAS AT ARLINGTON 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TX	18,283,025.				RESEARCH
(12)	UNIVERSITY OF TEXAS AT AUSTIN WCH 4. 132 AUSTIN, TX 78712	74-6000203	STATE OF TX	3,513,338.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
- 3 Enter total number of other organizations ▶ -----

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 UTAH 201 S PRESIDENTS SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	1,199,217.				RESEARCH
(2)	UNIVERSITY OF VERMONT 340 WATERMAN BLDG BURLINGTON, VT 05405	03-0179440	STATE OF VT	13,236,948.				RESEARCH
(3)	UNIVERSITY OF VIRGINIA 1815 STADIUM ROAD CHARLOTTESVILLE, VA 22903	54-6001796	STATE OF VA	1,450,984.				RESEARCH
(4)	UNIVERSITY OF WASHINGTON 129 SCHMITZ HALL SEATTLE, WA 98195	91-6001537	STATE OF WA	47,347,667.				RESEARCH
(5)	UNIVERSITY OF WISCONSIN PO BOX 413 MILWAUKEE, WI 53201	39-1805963	STATE OF WI	7,883,065.				RESEARCH
(6)	UNIVERSTIY OF TEXAS 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	STATE OF TX	2,015,153.				RESEARCH
(7)	UNIVERSITY OF UTAH 75 S 2000 E SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	16,655,057.				RESEARCH
(8)	VANDERBILT UNIVERSITY 211 KIRKLAND HALL NASHVILLE, TN 37240	62-0476822	501C3	2,216,790.				RESEARCH
(9)	VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284	54-6001758	501C3	7,590,440.				RESEARCH
(10)	WALTHAM PUBLIC SCHOOLS 617 LEXINGTON STREET WALTHAM, MA 02452-3009	04-6001416	STATE OF MA	216,997.				RESEARCH
(11)	WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE SAINT LOUIS, MO 63112	43-0653611	501C3	55,501,439.				RESEARCH
(12)	WATERTOWN PUBLIC SCHOOLS 30 COMMON STREET WATERTOWN, MA 02472	04-6001340	STATE OF MA	248,250.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	WAYNE STATE UNIVERSITY 5057 WOODWARD DETROIT, MI 48202	38-6028429	501C3	2,584,557.				RESEARCH
(2)	WESTAT, INC. 1600 RESEARCH BLVD ROCKVILLE, MD 20850	84-0529566		17,489,495.				RESEARCH
(3)	WESTON GEOPHYSICAL CORP. 181 BEDFORD STREET LEXINGTON, MA 02420	04-3548824		206,043.				RESEARCH
(4)	WHEELLOCK COLLEGE 200 THE RIVERWAY BOSTON, MA 02215	04-2103639	501C3	2,167,200.				RESEARCH
(5)	WHITTIER STREET HEALTH CENTER 1125 TREMONT STREET ROXBURY, MA 02120	42-2619517	501C3	3,879,803.				RESEARCH
(6)	WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE ROAD WOODS HOLE, MA 02543	04-2105850	501C3	48,558,270.				RESEARCH
(7)	YALE UNIVERSITY 155 WHITNEY AVENUE NEW HAVEN, CT 06520	06-0646973	501C3	10,461,976.				RESEARCH
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 113.

3 Enter total number of other organizations 74.

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT FINANCIAL AID	15,174.	319,412,425.		COST	TUITION OFFSET
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

SCHEDULE I, PART III

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

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 ROBERT A. BROWN	(i)	734,349.	0.	95,697.	32,540.	278,744.	1,141,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOSEPH P. MERCURIO	(i)	562,543.	0.	124,660.	49,040.	243,465.	979,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARTIN J. HOWARD	(i)	366,641.	0.	15,060.	32,540.	59,533.	473,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 TODD L. C. KLIPP	(i)	420,110.	0.	47,805.	32,540.	28,819.	529,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DAVID K. CAMPBELL	(i)	480,149.	0.	45,991.	32,540.	190,644.	749,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KAREN H. ANTMAN	(i)	594,365.	0.	56,488.	32,540.	1,322.	684,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ARAM V. CHOBANIAN	(i)	268,076.	0.	35,142.	32,540.	20,569.	356,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JON WESTLING	(i)	128,472.	0.	2,208,453.	17,023.	16,945.	2,370,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ROBERT POSTON	(i)	236,191.	0.	1,931,281.	0.	42,168.	2,209,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JEFFREY H. SPIEGEL	(i)	229,697.	0.	1,510,025.	22,740.	27,402.	1,789,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 TIMOTHY E. FOSTER	(i)	234,697.	0.	930,683.	32,540.	22,460.	1,220,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JAMES M. BECKER	(i)	442,871.	0.	547,813.	32,540.	17,731.	1,040,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 KENNETH G. CONDON	(i)	179,333.	0.	44,290.	23,347.	5,629.	252,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I

ROBERT POSTON, JEFFREY H. SPIEGEL, TIMOTHY E. FOSTER, AND JAMES M. BECKER ARE COMPENSATED UNDER A COMMON PAYMASTER AGREEMENT FOR THEIR CLINICAL WORK IN CONNECTION WITH THE BOSTON MEDICAL CENTER. ROBERT POSTON'S REPORTED COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$1,532,833.

SCHEDULE J, PART I, LINE 1A

(1) AMOUNTS REPORTED IN COLUMN (D) INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, UNIVERSITY-PROVIDED HOUSING AT AN ESTIMATED FAIR MARKET RENTAL VALUE, BASED UPON AN INDEPENDENT OPINION, FOR PRESIDENT ROBERT BROWN (\$261,419), EXECUTIVE VICE PRESIDENT JOSEPH MERCURIO (\$158,495), AND PROVOST DAVID CAMPBELL (\$136,646), AS WELL AS TUITION REMISSION FOR EXECUTIVE VICE PRESIDENT JOSEPH MERCURIO (\$59,577), VICE PRESIDENT, CFO AND TREASURER MARTIN HOWARD (\$38,612), PROVOST DAVID CAMPBELL (\$31,655).

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY AIRFARE. EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TRAVEL TIME ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S

Part III Supplemental Information

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

TRAVEL AND BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT

AGREEMENT ALLOWS FOR FIRST CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES.

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

(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.

(5) HOUSING: AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN, EXECUTIVE VICE PRESIDENT JOSEPH MERCURIO, AND PROVOST DAVID CAMPBELL WERE ALL REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. THE ESTIMATED ANNUAL RENTAL VALUE OF THE UNIVERSITY PROVIDED RESIDENCES WITHOUT REDUCTION FOR BUSINESS USE OF THE

Part III Supplemental Information

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

RESIDENCES FOR EACH OF THESE INDIVIDUALS IS INCLUDED IN SCHEDULE J, COLUMN D - NON-TAXABLE BENEFITS. AN INDEPENDENT REAL ESTATE APPRAISER PROVIDED THE ESTIMATED RENTAL VALUES OF THE UNIVERSITY PROVIDED RESIDENCES.

(6)HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: PRESIDENT ROBERT BROWN WAS A MEMBER OF A SOCIAL CLUB, WHICH IS USED FOR BUSINESS PURPOSES ONLY. THEREFORE, THE DUES ARE NOT INCLUDED IN TAXABLE WAGES. THIS MEMBERSHIP HAS BEEN CANCELLED.

SCHEDULE J, PART I, LINE 4A

(1)AS A RESULT OF COMMITMENTS MADE TO KENNETH CONDON WHILE HE SERVED AS VICE PRESIDENT FOR FINANCIAL AFFAIRS AND TREASURER, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 33 YEARS OF SERVICE AND DISBURSED IN THE CURRENT YEAR.

(2)AS A RESULT OF COMMITMENTS MADE TO JON WESTLING WHILE HE SERVED AS PROVOST, EXECUTIVE VICE PRESIDENT, AND LATER PRESIDENT, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED, ACCRUED, AND REPORTED OVER MORE THAN 36 YEARS OF SERVICE AND DISBURSED IN THE CURRENT YEAR.

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

EFFECTIVE APRIL 12, 2002, THE UNIVERSITY ESTABLISHED THE BOSTON UNIVERSITY 457(F) LONG TERM SAVINGS PLAN (THE PLAN) TO PROVIDE CERTAIN KEY EMPLOYEES OF THE UNIVERSITY WITH RETIREMENT BENEFITS (PROVIDED THEY REMAINED EMPLOYED) IN ADDITION TO BENEFITS PROVIDED UNDER OTHER UNIVERSITY SPONSORED RETIREMENT PLANS. THE PLAN IS INTENDED TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF CODE SECTION 409A. EXECUTIVE VICE PRESIDENT JOSEPH MERCURIO WAS THE ONLY REMAINING EMPLOYEE PARTICIPATING IN THE PLAN.

SCHEDULE J, PART II

DAVID CAMPBELL CEASED SERVING AS UNIVERSITY PROVOST ON DECEMBER 31, 2010, FOLLOWING WHICH JEAN MORRISON BECAME UNIVERSITY PROVOST AND CHIEF ACADEMIC OFFICER ON JANUARY 1, 2011.

SCHEDULE J, PART II

THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S OFFICERS, DIRECTORS,

Part III Supplemental Information

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

TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED EMPLOYEES FOR
WHOM THE SUM OF CALENDAR YEAR 2010 REPORTABLE COMPENSATION AND OTHER
COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS GREATER THAN
\$150,000. JEAN MORRISON BEGAN HER SERVICE TO THE UNIVERSITY DURING
DECEMBER OF 2010; BECAUSE HER COMPENSATION DURING CALENDAR 2010 WAS BELOW
THE REPORTING THRESHOLD FOR THIS SCHEDULE, SHE IS NOT INCLUDED.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired						4,900,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue	35,497,833.		184,106,197.		539,644,778.		117,370,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	355,425.		1,008,534.		863,269.		395,000.	
8 Credit enhancement from proceeds	1,506,076.		4,981,946.		727,358.			
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	33,636,332.		178,115,717.		168,676,174.			
11 Other spent proceeds								
12 Other unspent proceeds					34,013,247.			
13 Year of substantial completion	2004		2007					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X			X	X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Schedule K (Form 990) 2010

JSA
0E1295 0.060

160400 7377

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.0000 %		1.3400 %		0.0000 %		0.0000 %	
6 Total of lines 4 and 5	0.0000 %		1.3400 %		0.0000 %		0.0000 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X	X			X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b Name of provider					SEE SCHEDULE O			
c Term of hedge								
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		
4a Were gross proceeds invested in a GIC?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X	X		X			X
6 Did the bond issue qualify for an exception to rebate?	X			X		X		X

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

- 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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) 2010

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) BARNES & NOBLE COLLEGE BOOKSTORES	SEE PART V	1,641,189.	SEE PART V		X
(2) IRON MOUNTAIN	SEE PART V	195,717.	SEE PART V		X
(3) JOHN BATTAGLINO JR.	SEE PART V	112,077.	EMPLOYMENT COMPENSATION		X
(4) JENNIFER BATTAGLINO	SEE PART V	54,558.	EMPLOYMENT COMPENSATION		X
(5) MARY BETH HOWARD	SEE PART V	89,191.	EMPLOYMENT COMPENSATION		X
(6) ANDREA MERCURIO	SEE PART V	62,766.	EMPLOYMENT COMPENSATION		X
(7) ANTONIO MERCURIO	SEE PART V	91,144.	EMPLOYMENT COMPENSATION		X
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 1

(B) TRUSTEE JOHN BATTAGLINO SERVES AS SENIOR VICE PRESIDENT OF BARNES & NOBLE COLLEGE BOOKSTORES. THE UNIVERSITY'S RELATIONSHIP WITH BARNES & NOBLE PREDATES MR. BATTAGLINO'S BECOMING A TRUSTEE.

(D) UNDER A 1994 AGREEMENT BETWEEN BARNES & NOBLE AND THE UNIVERSITY, BARNES & NOBLE MAKES RENTAL AND OTHER PAYMENTS TO THE UNIVERSITY IN EXCHANGE FOR THE RIGHT TO OPERATE THE BOSTON UNIVERSITY BOOKSTORE. UNIVERSITY STUDENTS MAY PURCHASE THEIR BOOKS AND SUPPLIES THROUGH THE USE OF A DEBIT CARD, USING "CONVENIENCE POINTS" THROUGH THE UNIVERSITY. IN ADDITION, AS REFLECTED ABOVE, THE UNIVERSITY PURCHASES BOOKS AND SUPPLIES FOR ITS OWN USE ON A DISCOUNTED BASIS.

SCHEDULE L, PART IV, LINE 2

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF TRUSTEE JOHN BATTAGLINO.

SCHEDULE L, PART IV, LINE 4

(B) FAMILY MEMBER OF TRUSTEE JOHN BATTAGLINO.

SCHEDULE L, PART IV, LINE 5

(B) FAMILY MEMBER OF OFFICER MARTIN J. HOWARD.

SCHEDULE L, PART IV, LINE 6

(B) FAMILY MEMBER OF KEY EMPLOYEE JOSEPH P. MERCURIO.

SCHEDULE L, PART IV, LINE 7

(B) FAMILY MEMBER OF KEY EMPLOYEE JOSEPH P. MERCURIO.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1.	1,000.	INDEP. APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		248,322.	INDEP. APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles	X	1,079.	512,862.	NET PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17.	2,403,384.	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 ▶ (<u>ATCH 1</u>)		141.	2,007,529.	
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** 0.

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

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I

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

SCHEDULE M, PART I, LINE 32B

EXPLANATION OF THIRD PARTY USED TO ENGAGE IN NONCASH TRANSACTIONS; THE
UNIVERSITY USES A TRADING BROKERAGE ACCOUNT AT STATE STREET BANK TO
RECEIVE AND SELL GIFTS OF MARKETABLE SECURITIES. THE BANK CHARGES THE
UNIVERSITY A COMMISSION WHEN EACH SECURITY IS SOLD.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.ATTACHMENT 1SCHEDULE 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>
ELECTRONICS & INFORMATION	X	6.	1,719,842.	INDEP. APPRAISAL
EVENT SUPPORT	X	14.	41,571.	EVENT SUPPORT COST
EQUIPMENT - MEDICAL, RESE	X	9.	114,193.	INDEP. APPRAISAL
DONATED AUCTION ITEMS	X	112.	131,923.	INDEP. APPRAISAL
TOTALS		<u>141.</u>	<u>2,007,529.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

ORGANIZATION'S MISSION

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMERSSED 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 OUR TWO CAMPUSES, WE OFFER OUR STUDENTS MORE THAN 250 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES. OUR STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN MORE THAN 75 PROGRAMS AND 23 FOREIGN COUNTRIES. OUR FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP. THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL EVOLUTION AND

Name of the organization

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

FORM 990, PART III, LINE 4D

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

FORM 990, PART IV, LINE 12 & PART XI, LINE 2

THE TRUSTEES OF BOSTON UNIVERSITY'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS.

FOREIGN ACCOUNTS

FORM 990, PART V, LINE 4B

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

FOREIGN COUNTRIES INCLUDE:

AUSTRALIA

BELGIUM

ECUADOR

IRELAND

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

FRANCE

GERMANY

ITALY

NIGER

NEW ZEALAND

SPAIN

SWITZERLAND

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

ZAMBIA

FORM 990, PART V, LINE 5A

IN 1998, BOSTON UNIVERSITY ENTERED INTO A TRANSACTION NOW DESCRIBED IN SECTION 4965 (E). THE OTHER PARTIES TO THE TRANSACTION ARE JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, AIG-FP FUNDING (CAYMAN) LIMITED, AIG-FP SPECIAL FINANCE (CAYMAN) LIMITED, AND WILMINGTON TRUST COMPANY, AS TRUSTEE. ALL INCOME EARNED BY THE UNIVERSITY FROM THIS TRANSACTION WAS ALLOCATED, IN ACCORDANCE WITH THE UNIVERSITY'S ESTABLISHED ACCOUNTING METHODS, TO ITS FISCAL YEAR ENDING JUNE 30, 1998.

FORM 990, PART VI, SECTION A, LINE 2

TRUSTEE RICHARD D. COHEN WAS AN OFFICER AND DIRECTOR OF, AND HELD AN OWNERSHIP INTEREST IN, AN ENTITY OWNING THE RESIDENTIAL COMPONENT OF A MIXED-USE REAL ESTATE DEVELOPMENT. TRUSTEE ALAN M. LEVENTHAL HAD AN OWNERSHIP INTEREST IN AN ENTITY OWNING THE COMMERCIAL COMPONENT OF THE SAME DEVELOPMENT. THE TWO COMPONENTS AGREED TO ALLOCATE, ON A PROPORTIONATE BASIS, COMMON COSTS ASSOCIATED WITH OPERATING THE

Name of the organization

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DEVELOPMENT.

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

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

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

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

MUST PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY SUCH RELATIONSHIP TO THE COMPLIANCE COMMITTEE.

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

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number
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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

MARTIN J. HOWARD, OFFICER OF BOSTON UNIVERSITY, DEVOTES LESS THAN ONE HOUR EACH PER WEEK TO 660 CORPORATION AND 520 COMMONWEALTH AVENUE REAL ESTATE CORPORATION, BOTH RELATED ORGANIZATIONS. KAREN H. ANTMAN MD, KEY EMPLOYEE OF BOSTON UNIVERSITY, ARAM V. CHOBANIAN MD, FORMER OFFICER OF BOSTON UNIVERSITY, AND JAMES M. BECKER MD, ONE OF THE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTE APPROXIMATELY ONE HOUR PER WEEK TO FACULTY PRACTICE FOUNDATION, INC., A RELATED ORGANIZATION. TRUSTEE ADAM SWEETING WAS COMPENSATED AS A FACULTY MEMBER, NOT AS A TRUSTEE.

FORM 990, PART XI, LINE 5

AMOUNTS SHOWN IN LINE 5 AS OTHER CHANGES IN NET ASSETS OR FUND BALANCES CONSIST OF UNREALIZED GAINS/(LOSSES) ON UNIVERSITY INVESTMENTS AND SWAP TRANSACTIONS.

SCHEDULE K, PART I, LINE C

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

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

AMOUNT OF \$200,000,000 WERE NEW MONEY BONDS.

SCHEDULE K, PART I, LINE D

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

SCHEDULE K, PART II, LINES 5-7, COLUMNS A-D

COST OF ISSUANCE IN THE AMOUNT OF \$355,425 IS COMPRISED OF ISSUANCE COSTS TOTALING \$197,925 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$157,500. COLUMN B: COST OF ISSUANCE IN THE AMOUNT OF \$1,008,534 IS COMPRISED OF ISSUANCE COSTS TOTALING \$276,204 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$732,330. COLUMN C: COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$498,602. COLUMN D: COST OF ISSUANCE IN THE AMOUNT OF \$395,000 IS COMPRISED OF ISSUANCE COSTS TOTALING \$150,179 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$244,821.

SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-C

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%.

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number
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SCHEDULE K, PART IV, LINES 3A & 3B, COLUMN C

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

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

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

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM			
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	ORG.	(F) OTHER
29	C.A. LANCE PICCOLO TRUSTEE	3.00	X							0.	0.	0.
30	CHRISTINE A. POON TRUSTEE	3.00	X							0.	0.	0.
31	STUART W. PRATT TRUSTEE	3.00	X							0.	0.	0.
32	ALLEN I. QUESTROM TRUSTEE	3.00	X							0.	0.	0.
33	RICHARD D. REIDY TRUSTEE	3.00	X							0.	0.	0.
34	SHARON G. RYAN TRUSTEE	3.00	X							0.	0.	0.
35	RICHARD C. SHIPLEY TRUSTEE	3.00	X							0.	0.	0.
36	HUGO X. SHONG TRUSTEE	3.00	X							0.	0.	0.
37	BIPPY M. SIEGAL TRUSTEE	3.00	X							0.	0.	0.
38	NINA C. TASSLER TRUSTEE	3.00	X							0.	0.	0.
39	ANDREW L. TAYLOR TRUSTEE	3.00	X							0.	0.	0.
40	PETER D. WEAVER TRUSTEE	3.00	X							0.	0.	0.

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

 ATTACHMENT 1 (CONT'D)

41	STEPHEN M. ZIDE TRUSTEE AS OF 09/16/10	3.00	X		0.	0.	0.
42	MARTIN J. HOWARD VP, CFO & TREASURER	55.00		X	381,701.	0.	92,073.
43	TODD L. C. KLIPP VP, GEN COUNSEL & SECRETARY	55.00		X	467,915.	0.	61,359.
44	JOSEPH P. MERCURIO EXECUTIVE VICE PRESIDENT	55.00		X	687,203.	0.	292,505.
45	DAVID K. CAMPBELL UNIVERSITY PROVOST	55.00		X	526,140.	0.	223,184.
46	JEAN MORRISON UNIVERSITY PROVOST	55.00		X	54,543.	0.	18,183.
47	KAREN H. ANTMAN MEDICAL PROVOST	55.00		X	650,853.	0.	33,862.
48	JON WESTLING PROFESSOR & PRESIDENT EMERITUS	40.00		X	2,336,925.	0.	33,968.
49	ROBERT POSTON PROFESSOR & PHYSICIAN	55.00		X	2,167,472.	0.	42,168.
50	JEFFREY H. SPIEGEL PROFESSOR & PHYSICIAN	55.00		X	1,739,722.	0.	50,142.
51	TIMOTHY E. FOSTER PROFESSOR & PHYSICIAN	55.00		X	1,165,380.	0.	55,000.
52	JAMES M. BECKER PROFESSOR & PHYSICIAN	55.00		X	990,684.	0.	50,271.
53	ARAM V. CHOBANIAN PROFESSOR & PRESIDENT EMERITUS	40.00		X	303,218.	0.	53,109.
54	KENNETH G. CONDON FORMER VP & TREASURER	0.00		X	223,623.	0.	28,976.

 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>
EMBANET & COMPASS 225 SPARKS AVENUE M2H 2S5 TORONTO ON CANADA	GENERAL CONTRACTOR	9,849,456.
BOND BROTHERS, INC. 145 SPRING STREET EVERETT, MA 02149	GENERAL CONTRACTOR	5,856,330.
JK BLACKSTONE 40 L STREET BOSTON, MA 02127	GENERAL CONTRACTOR	3,229,144.

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

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>
THE WELCH GROUP LLC 3940 MONCLAIR ROAD, 5TH FLOOR BIRMINGHAM, AL 35213	GENERAL CONTRACTOR	3,115,139.
BRUNER/COTT & ASSOCIATES, INC. 130 PROSPECT STREET CAMBRIDGE, MA 02139	GENERAL CONTRACTOR	2,920,359.
TOTAL COMPENSATION		<u>24,970,428.</u>

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
	565,154.
TOTAL	<u>565,154.</u>

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
FIXED INCOME & GLOBAL EQUITIES	354,850,345.	430,279,974.	FMV
TOTALS	<u>354,850,345.</u>	<u>430,279,974.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LURE RESTAURANT GROUP, LLC 80-0032198 650 BEACON STREET, S. 501 BOSTON, MA 02215	RESTAURANT	MA	4,062,492.	2,837,623.	BU TRUSTEES
(2) UNIVERSITY INN, LLC 04-3493329 650 BEACON STREET, S. 501 BOSTON, MA 02215	HOTEL	MA	11,281,215.	4,457,947.	BU TRUSTEES
(3) BU FUNDING, LLC 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	LLC	MA	1,733.	42,789,072.	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 04-3286156 860 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(2) BOSTON REHABILITATION MED ASSOC, INC. 04-3286641 732 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(3) BU CARDIAC & THORACIC SURGICAL FDN, INC. 04-2966416 88 E NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(4) BOSTON UNIVERSITY DERMATOLOGY, INC. 04-3335166 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501C3	11C III-FI	N/A		X
(5) BU DERMATOLOGY SUPPORT SERVICES I, INC. 04-3452877 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501C3	11C III-FI	N/A		X
(6) BU DERMATOLOGY SUPPORT SERVICES II, INC. 04-3452874 49 PEARL STREET BROCKTON, MA 02301	MEDICINE	MA	501C3	11C III-FI	N/A		X
(7) BOSTON UNIVERSITY EYE ASSOCIATES, INC. 04-3137333 720 HARRISON AVENUE, 10TH FL BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X

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

Schedule R (Form 990) 2010

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN 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 1 BOSTON MEDICAL CTR PL, SUITE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(2) BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 720 HARRISON AVENUE, SUITE 700 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(3) BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 784 MASSACHUSETTS AVENUE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(4) BU MEDICAL CENTER ANESTHESIOLOGISTS, INC 04-3276227 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(5) BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 720 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(6) BU NEUROLOGY ASSOCIATES, INC. 04-3428462 720 HARRISON AVENUE #707 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(7) BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X

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

Schedule R (Form 990) 2010

JSA

0E1307 1.000 160400 7377

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN 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 750 HARRISON AVENUE, SUITE 110 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(2) BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 720 HARRISON AVENUE #808 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(3) BU PLASTIC SURGERY ASSOCIATION, INC. 04-3555478 720 HARRISON AVENUE, SUITE 906 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(4) BU PSYCHIATRY ASSOCIATES, INC. 04-3355267 720 HARRISON AVENUE, SUITE 906 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(5) BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(6) BU SURGICAL ASSOCIATES, INC. 04-3291148 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(7) CENTER FOR HUMAN GENETICS, INC. 04-3154223 715 ALBANY STREET, W-4TH FLOOR BOSTON, MA 02118	RESEARCH	MA	501C3	11C III-FI	BU TRUSTEES	X	

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Schedule R (Form 990) 2010

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN 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) CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(2) EVANS MEDICAL FOUNDATION, INC. 51-0172171 88 EAST NEWTON STREET, #107 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(3) FACULTY PRACTICE FOUNDATION, INC. 04-3289381 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501C3	11B II	N/A		X
(4) MERCOND, INC. 04-3099628 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING CO.	MA	501C2	N/A	BU TRUSTEES	X	
(5) WRNI FOUNDATION, INC. 04-3428866 881 COMMONWEALTH AVENUE BOSTON, MA 02215	RADIO STATION	RI	501C3	7	BU TRUSTEES	X	
(6) BU MEDICAL CENTER OTOLARYNGOLOGIC FDN 04-3156471 88 NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(7) THE MASS GREEN HIGH PERF COMPUTING CTR 27-3014805 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501C3	11A-I	N/A		X

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Schedule R (Form 990) 2010

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN 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) MGHPC HOLYOKE INC. 45-2257442 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501C3	11A-I	N/A		X
(2) BOSTON UNIVERSITY (USA) LONDON CHARITY 5-10 ST. PAUL'S CHURCHYARD EC4 LONDON, UK	EDU. SUPPORT	UK	N/A	N/A	BU TRUSTEES	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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 SW7 2DL	EDUCATION	UK	BU EUR/EUSA LLP	N/A								
(2) -----												
(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
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	REAL ESTATE	MA	BU TRUSTEES	C CORP	2,565,104.	8,512,400.	100.0000
(2) LURE RESTAURANT GROUP/EASTERN STANDARD 20-2680347 650 BEACON STREET, SUITE 501 BOSTON, MA 02215	RESTAURANT	MA	BU TRUSTEES	S CORP	727,294.	3,164,579.	95.0000
(3) CHARITABLE REMAINDER TRUSTS (14)	SUPPORT	MA	BU TRUSTEES	TRUST			
(4) BOSTON UNIVERSITY (USA) EUROPE LIMITED 1A QUEENSBERRY PLACE SW7 2DL LONDON, UK	EDU. SUPPORT	UK	BU (USA) LONDON	CORP			
(5) EUSA (UK) LIMITED 1A QUEENSBERRY PLACE SW7 2DL LONDON, UK	EDU. SUPPORT	UK	BU (USA) EUROPE	CORP			
(6) -----							
(7) -----							

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

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

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

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

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP.	I	605,409.	
(2) 520 COMMONWEALTH AVENUE REAL ESTATE CORP.	N	200,000.	
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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