

Return of Organization Exempt From Income Tax

2011

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

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 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF BOSTON UNIVERSITY			D Employer identification number 04-2103547	
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 881 COMMONWEALTH AVENUE, 4TH FLOOR			E Telephone number (617) 353-2290	
	City or town, state or country, and ZIP + 4 BOSTON, MA 02215-1303			G Gross receipts \$ 2,263,870,532.	
	F Name and address of principal officer: ROBERT A. BROWN, PRESIDENT ONE SILBER WAY BOSTON, MA 02215			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ HTTP://WWW.BU.EDU					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1869 M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 41.		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 38.		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) 25,429.		
	6	Total number of volunteers (estimate if necessary) 1,400.		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 23,078,317.		
7b	Net unrelated business taxable income from Form 990-T, line 34 -313,120.			
Revenue		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	458,854,387.	420,933,836.
	9	Program service revenue (Part VIII, line 2g)	1,440,442,188.	1,469,318,894.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,030,431.	38,572,839.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,779,602.	35,079,042.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,035,106,608.	1,963,904,611.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	354,644,193.	351,372,445.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	932,117,873.	949,059,771.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	126,945.	204,283.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,473,440.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	461,915,985.	529,627,382.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,748,804,996.	1,830,263,881.	
19	Revenue less expenses. Subtract line 18 from line 12	286,301,612.	133,640,730.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	4,228,025,731.	4,329,848,069.
	21	Total liabilities (Part X, line 26)	1,998,371,096.	2,180,943,056.
22	Net assets or fund balances. Subtract line 21 from line 20	2,229,654,635.	2,148,905,013.	

Part II Signature Block

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

Sign Here		Date 5-13-13
	Signature of officer Treasurer	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name GWEN SPENCER	Preparer's signature 	Date 5-10-13	Check <input type="checkbox"/> if self-employed	PTIN P00641463
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110			Phone no. 617-530-5000	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ▶ BOSTON UNIVERSITY, OFFICE OF THE COMPTROLLER

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, 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, 2011, and ending JUNE 30, 2012.

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.

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

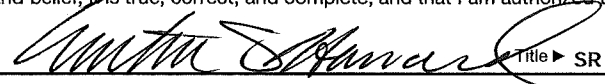
- The books are in the care of ► BOSTON UNIVERSITY, OFFICE OF THE COMPTROLLER
Telephone No. ► 617-353-2290 FAX No. ► 617-353-5492
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit 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.

- 4 I request an additional 3-month extension of time until MAY 15, 20 13.
- 5 For calendar year _____, or other tax year beginning JULY 1, 20 11, and ending JUNE 30, 20 12.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension EXTENSION OF TIME TO FILE REQUESTED TO PREPARE A MORE COMPLETE AND ACCURATE RETURN.

8a If this application is for 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 must be completed for Part II only.

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

Signature ►  Title ► **SR VP, CFO AND TREASURER** Date ► _____

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,078,998,000. including grants of \$ 310,770,342.) (Revenue \$ 1,123,800,014.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 242,917,000. including grants of \$ 40,602,103.) (Revenue \$ 55,066,605.)

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 \$ 226,226,000. including grants of \$) (Revenue \$ 270,306,000.)

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

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

(Expenses \$ 86,481,673. including grants of \$) (Revenue \$ 20,146,275.)

4e Total program service expenses 1,634,622,673.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and charitable trusts.

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 (38), 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 CA, MA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GILLIAN EMMONS 881 COMMONWEALTH AVENUE, 4TH FLOOR BOSTON, MA 02215-1303 617-353-2290

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

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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 2										
(1) ROBERT A. BROWN PRESIDENT	55.00	X		X				846,310.	0	534,954.
(2) ADAM W. SWEETING TRUSTEE (UNTIL 05/20/12)	55.00	X						82,569.	0	34,473.
(3) KATHERYN PFISTERER DARR TRUSTEE (AS OF 05/21/12)	55.00	X						133,899.	0	17,393.
(4) JOHN L. BATTAGLINO TRUSTEE (UNTIL 09/22/11)	3.00	X						0	0	0
(5) PHILIP L. BULLEN TRUSTEE (UNTIL 09/22/11)	3.00	X						0	0	0
(6) FREDERICK H. CHICOS TRUSTEE (UNTIL 09/22/11)	3.00	X						0	0	0
(7) ROBERT A. KNOX TRUSTEE	3.00	X						0	0	0
(8) JOHN P. HOWE III TRUSTEE	3.00	X						0	0	0
(9) RICHARD D. COHEN TRUSTEE	3.00	X						0	0	0
(10) JONATHAN R. COLE TRUSTEE	3.00	X						0	0	0
(11) SHAMIM A. DAHOD TRUSTEE (AS OF 09/22/11)	3.00	X						0	0	0
(12) DAVID F. D'ALESSANDRO TRUSTEE	3.00	X						0	0	0
(13) RICHARD B. DEWOLFE TRUSTEE	3.00	X						0	0	0
(14) KENNETH J. FELD 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SIDNEY J. FELTENSTEIN TRUSTEE	3.00	X						0	0	0
(16) RONALD G. GARRIQUES TRUSTEE	3.00	X						0	0	0
(17) RICHARD C. GODFREY TRUSTEE	3.00	X						0	0	0
(18) SUNGEUN HAN-ANDERSON TRUSTEE	3.00	X						0	0	0
(19) BAHAA R. HARIRI TRUSTEE	3.00	X						0	0	0
(20) ROBERT J. HILDRETH TRUSTEE	3.00	X						0	0	0
(21) STEPHEN R. KARP TRUSTEE	3.00	X						0	0	0
(22) RAJEN A. KILACHAND TRUSTEE	3.00	X						0	0	0
(23) CLEVE L. KILLINGSWORTH, JR. TRUSTEE	3.00	X						0	0	0
(24) ELAINE B. KIRSHENBAUM TRUSTEE	3.00	X						0	0	0
(25) ANDREW R. LACK TRUSTEE	3.00	X						0	0	0
1b Sub-total								1,062,778.	0	586,820.
c Total from continuation sheets to Part VII, Section A								7,842,972.	5,968,228.	956,228.
d Total (add lines 1b and 1c)								8,905,750.	5,968,228.	1,543,048.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2264

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 242

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
26) ERIC S. LANDER TRUSTEE	3.00	X						0	0	0	
27) ALAN M. LEVENTHAL TRUSTEE	3.00	X						0	0	0	
28) J. KENNETH MENGES, JR. TRUSTEE	3.00	X						0	0	0	
29) CARLA E. MEYER TRUSTEE	3.00	X						0	0	0	
30) ALICIA C. MULLEN TRUSTEE (AS OF 09/22/11)	3.00	X						0	0	0	
31) PETER T. PAUL TRUSTEE	3.00	X						0	0	0	
32) C.A. LANCE PICCOLO TRUSTEE	3.00	X						0	0	0	
33) CHRISTINE A. POON TRUSTEE	3.00	X						0	0	0	
34) STUART W. PRATT TRUSTEE	3.00	X						0	0	0	
35) ALLEN I. QUESTROM TRUSTEE	3.00	X						0	0	0	
36) RICHARD D. REIDY TRUSTEE	3.00	X						0	0	0	
1b Sub-total							▶				
c Total from continuation sheets to Part VII, Section A							▶				
d Total (add lines 1b and 1c)							▶				

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2264**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) SHARON G. RYAN TRUSTEE	3.00	X					0	0	0	
(38) S.D. SHIBULAL TRUSTEE (AS OF 09/22/11)	3.00	X					0	0	0	
(39) RICHARD C. SHIPLEY TRUSTEE	3.00	X					0	0	0	
(40) HUGO X. SHONG TRUSTEE	3.00	X					0	0	0	
(41) BIPPY M. SIEGAL TRUSTEE	3.00	X					0	0	0	
(42) NINA C. TASSLER TRUSTEE	3.00	X					0	0	0	
(43) ANDREW L. TAYLOR TRUSTEE	3.00	X					0	0	0	
(44) PETER D. WEAVER TRUSTEE	3.00	X					0	0	0	
(45) STEPHEN M. ZIDE TRUSTEE	3.00	X					0	0	0	
(46) MARTIN J. HOWARD SR VP, CFO & TREASURER	55.00			X			407,798.	0	56,591.	
(47) TODD L.C. KLIPP SR VP, GEN COUNSEL & SECRETARY	55.00			X			508,264.	0	59,149.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2264**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) JEAN MORRISON UNIVERSITY PROVOST	55.00				X		623,790.	0	125,733.	
(49) KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	55.00				X		673,329.	0	33,660.	
(50) GARY W. NICKSA SR VP FOR OPERATIONS	55.00				X		348,114.	0	59,232.	
(51) JOSEPH P. MERCURIO EXECUTIVE VP (RETIRED)	40.00				X		3,429,599.	0	194,825.	
(52) JAMES M. BECKER PROFESSOR & PHYSICIAN (RETIRED)	5.00					X	0	2,494,086.	50,791.	
(53) JEFFREY H. SPIEGEL PROFESSOR & PHYSICIAN	0					X	0	1,405,058.	53,056.	
(54) TIMOTHY E. FOSTER PROFESSOR & PHYSICIAN	0					X	0	1,141,992.	57,385.	
(55) EDWARD KING VP GOVT&COMM AFFAIRS (RETIRED)	55.00					X	957,224.	0	33,012.	
(56) TONY TANNOURY PROFESSOR & PHYSICIAN	0					X	0	927,092.	47,585.	
(57) ARAM V. CHOBANIAN PRESIDENT (RETIRED)	40.00						367,403.	0	45,958.	
(58) DAVID CAMPBELL FORMER PROVOST	40.00					X	527,451.	0	139,251.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 2264**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,590,528.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	333,307,018.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	86,036,290.					
	g Noncash contributions included in lines 1a-1f: \$		8,551,969.					
	h Total. Add lines 1a-1f			420,933,836.				
Program Service Revenue	Business Code							
	2a TUITION AND FEES		900099	1,123,800,014.	1,123,800,014.			
	b AUX SALES & SERVICES		900099	290,452,275.	290,452,275.			
	c NON-GOVERNMENT GRANTS		900099	55,066,605.	55,066,605.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			1,469,318,894.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			39,616,466.			39,616,466.	
	4 Income from investment of tax-exempt bond proceeds . . .			56,126.			56,126.	
	5 Royalties			1,702,628.			1,702,628.	
	6a Gross rents	(i) Real						
		(ii) Personal						
			35,479,742.					
		b Less: rental expenses			24,456,690.			
	c Rental income or (loss)			11,023,052.				
	d Net rental income or (loss)				11,023,052.		11,023,052.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			271,881,478.	740,713.				
		b Less: cost or other basis and sales expenses			273,721,944.			
	c Gain or (loss)			-1,840,466.	740,713.			
	d Net gain or (loss)				-1,099,753.	740,713.	-1,840,466.	
	8a Gross income from fundraising events (not including \$ <u>1,590,528.</u> of contributions reported on line 1c). See Part IV, line 18	a		1,803,045.				
	b Less: direct expenses	b		1,787,287.				
	c Net income or (loss) from fundraising events				15,758.		15,758.	
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		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	6,722,846.		6,722,846.			
b HOTEL OPERATIONS		721110	5,296,434.		5,296,434.			
c RESTAURANT OPERATIONS		722100	8,283,973.		8,283,973.			
d All other revenue			2,034,351.		2,034,351.			
e Total. Add lines 11a-11d			22,337,604.					
12 Total revenue. See instructions			1,963,904,611.	1,469,318,894.	23,078,317.	50,573,564.		

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	37,383,136.	37,383,136.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	310,770,342.	310,770,342.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,218,967.	3,218,967.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,879,831.	5,830,556.	516,297.	532,978.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,334,905.	1,334,905.		
7 Other salaries and wages	723,335,898.	626,759,334.	84,515,272.	12,061,292.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,104,398.	52,946,013.	7,139,497.	1,018,888.
9 Other employee benefits	97,624,896.	84,590,458.	11,406,588.	1,627,850.
10 Payroll taxes	58,779,843.	50,931,822.	6,867,894.	980,127.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,646,539.		1,646,539.	
c Accounting	1,984,142.		1,984,142.	
d Lobbying	942,174.	942,174.		
e Professional fundraising services. See Part IV, line 17	204,283.			204,283.
f Investment management fees	2,699,076.		2,699,076.	
g Other	88,658,276.	76,821,021.	10,358,919.	1,478,336.
12 Advertising and promotion	4,872,815.	4,872,815.		
13 Office expenses	65,742,515.	52,256,740.	11,319,577.	2,166,198.
14 Information technology	23,025,688.	10,365,132.	12,660,556.	
15 Royalties	1,150,999.	1,150,999.		
16 Occupancy	159,762,888.	149,654,581.	10,043,662.	64,645.
17 Travel	23,358,632.	20,965,329.	1,155,953.	1,237,350.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,869,023.	16,716,545.	2,100,199.	1,052,279.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	82,276,712.	80,631,178.	1,645,534.	
23 Insurance	5,734,423.	1,995,950.	3,738,473.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH & LABORATORY SUPPLI	20,626,480.	20,626,480.		
b BOOKS & PERIODICALS	4,421,214.	4,278,951.	131,656.	10,607.
c DUES & MEMBERSHIPS	6,792,962.	4,012,805.	2,741,550.	38,607.
d EDUCATIONAL SERVICES	8,671,344.	8,671,344.		
e All other expenses	7,391,480.	6,895,096.	496,384.	
25 Total functional expenses. Add lines 1 through 24e	1,830,263,881.	1,634,622,673.	173,167,768.	22,473,440.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	621,096,722.	2	626,999,425.
	3 Pledges and grants receivable, net	96,964,949.	3	127,494,239.
	4 Accounts receivable, net	147,432,441.	4	174,566,838.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	5,521,000.	7	7,113,675.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	83,758,881.	9	86,875,629.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3069112210.		
	b Less: accumulated depreciation	10b 1062575637.		
		1,908,129,774.	10c	2,006,536,573.
	11 Investments - publicly traded securities	430,279,974.	11	364,890,170.
	12 Investments - other securities. See Part IV, line 11	934,841,990.	12	935,371,520.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,228,025,731.	16	4,329,848,069.	
Liabilities	17 Accounts payable and accrued expenses	520,229,889.	17	664,312,383.
	18 Grants payable	0	18	0
	19 Deferred revenue	115,852,018.	19	120,348,577.
	20 Tax-exempt bond liabilities	916,600,000.	20	914,900,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	301,685,376.	23	331,733,471.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	144,003,813.	25	149,648,625.
	26 Total liabilities. Add lines 17 through 25	1,998,371,096.	26	2,180,943,056.
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	1,250,365,599.	27	1,203,745,568.
	28 Temporarily restricted net assets	590,650,931.	28	521,813,552.
	29 Permanently restricted net assets	388,638,105.	29	423,345,893.
	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	2,229,654,635.	33	2,148,905,013.
	34 Total liabilities and net assets/fund balances	4,228,025,731.	34	4,329,848,069.

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	1,963,904,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,830,263,881.
3	Revenue less expenses. Subtract line 2 from line 1	3	133,640,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,229,654,635.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-214,390,352.
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	2,148,905,013.

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

2011

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - 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)	

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

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

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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Check box. Rows include: 14 Public support percentage for 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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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 in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2008	(b) 2009	(c) 2010	(d) 2011	(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
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		942,174.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			942,174.
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

THE UNIVERSITY DID NOT PARTICIPATE OR INTERVENE IN ANY POLITICAL CAMPAIGNS. THE 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 IN CONNECTION WITH THIS ACTIVITY.

BOSTON UNIVERSITY PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS IN AN EFFORT TO STAY CURRENT ON A WIDE VARIETY OF ACADEMIC, RESEARCH, GOVERNANCE, AND OTHER AREAS. 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

Questions 1a-1b and 2 regarding art and historical treasures, including amounts for revenues and assets.

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 XIV and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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	1143909982.	967,889,613.	869,769,410.	1085438014.	
b Contributions	18,112,036.	26,665,624.	22,384,929.	9,436,757.	
c Net investment earnings, gains, and losses	3,187,492.	181,672,889.	105,788,254.	-196408297.	
d Grants or scholarships	20,436,580.	11,414,768.	10,134,298.	9,992,733.	
e Other expenditures for facilities and programs	12,216,801.	15,509,591.	14,942,542.	13,452,024.	
f Administrative expenses	5,870,633.	5,393,785.	4,976,140.	5,252,307.	
g End of year balance	1126685496.	1143909982.	967,889,613.	869,769,410.	

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

- a** Board designated or quasi-endowment ▶ 37.0000 %
- b** Permanent endowment ▶ 33.0000 %
- c** Temporarily restricted endowment ▶ 30.0000 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,365,597.	78,411,936.		94,777,533.
b Buildings	124,739,285.	2350546743.	752,307,909.	1,722,978,119.
c Leasehold improvements	25,792,525.	35,423,807.	30,744,944.	30,471,388.
d Equipment		266,447,734.	148,359,725.	118,088,009.
e Other		171,384,583.	131,163,059.	40,221,524.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,006,536,573.

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	276,299,024.	FMV
(B) NON-MARKETABLE ALTERNATIVES	224,015,111.	FMV
(C) REAL ASSETS	387,435,057.	FMV
(D) RESIDUAL ASSET NOTE	47,622,328.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	935,371,520.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITIES PAYABLE	17,696,253.	
(3) CAPITAL LEASE OBLIGATION	84,330,044.	
(4) DISCOUNTED NOTE OBLIGATION	47,622,328.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,648,625.	

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

2011

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

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

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

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2011)

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 EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 19 DEERFIELD 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 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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	INVESTMENTS	320,756,991.
(2) CENTRAL AMERICA/CARIBBEAN		2.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(3) CENTRAL AMERICA/CARIBBEAN		4.	PROGRAM SERVICES	RESEARCH	
(4) CENTRAL AMERICA/CARIBBEAN			SEND AGENTS TO SEMINAR		
(5) EAST ASIA AND THE PACIFIC			FUNDRAISING		
(6) EAST ASIA AND THE PACIFIC	4.	46.	PROGRAM SERVICES	STUDY ABROAD	
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	
(8) EAST ASIA AND THE PACIFIC			SEND AGENTS TO SEMINAR		
(9) EAST ASIA AND THE PACIFIC			GRANTMAKING		512,543.
(10) EUROPE			FUNDRAISING		
(11) EUROPE			GRANTMAKING		1,234,463.
(12) EUROPE			INVESTMENTS	INVESTMENTS	11,469,521.
(13) EUROPE	1.	2.	PROGRAM SERVICES	RESEARCH	
(14) EUROPE	14.	229.	PROGRAM SERVICES	STUDY ABROAD	
(15) EUROPE			SEND AGENTS TO SEMINAR		
(16) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		
(17) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		64,990.
3a Sub-total	19.	283.			334,038,508.
b Total from continuation sheets to Part I	7.	378.			2,068,855.
c Totals (add lines 3a and 3b)	26.	661.			336,107,363.

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

Schedule F (Form 990) 2011

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	
(3) MIDDLE EAST AND NORTH AFRICA			SEND AGENTS TO SEMINAR		
(4) NORTH AMERICA			FUNDRAISING		
(5) NORTH AMERICA			GRANTMAKING		335,625.
(6) NORTH AMERICA			INVESTMENTS	INVESTMENTS	671,115.
(7) NORTH AMERICA			PROGRAM SERVICES	RESEARCH	
(8) NORTH AMERICA			SEND AGENTS TO SEMINAR		
(9) RUSSIA/INDEPENDENT STATES			SEND AGENTS TO SEMINAR		
(10) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH	
(11) SOUTH AMERICA			GRANTMAKING		5,154.
(12) SOUTH AMERICA	1.	11.	PROGRAM SERVICES	STUDY ABROAD	
(13) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	
(14) SOUTH AMERICA			SEND AGENTS TO SEMINAR		
(15) SOUTH ASIA			FUNDRAISING		
(16) SOUTH ASIA		1.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(17) SOUTH ASIA			PROGRAM SERVICES	RESEARCH	
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) 2011

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			SEND AGENTS TO SEMINAR		
(2) SUB-SAHARAN AFRICA	6.	364.	PROGRAM SERVICES	PUBLIC HEALTH PROJECTS	
(3) SUB-SAHARAN AFRICA		1.	PROGRAM SERVICES	STUDY ABROAD	
(4) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH	
(5) SUB-SAHARAN AFRICA			SEND AGENTS TO SEMINAR		
(6) SUB-SAHARAN AFRICA			GRANTMAKING		1,056,961.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2011

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	127,740.	CHECK			
(2)			EAST ASIA/PACIFIC	RESEARCH	53,731.	CHECK			
(3)			EAST ASIA/PACIFIC	RESEARCH	72,000.	CHECK			
(4)			EAST ASIA/PACIFIC	RESEARCH	156,480.	CHECK			
(5)			EAST ASIA/PACIFIC	RESEARCH	80,992.	CHECK			
(6)			EAST ASIA/PACIFIC	RESEARCH	21,600.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	298,616.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	19,641.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	48,748.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	291,840.	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	7,290.	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	43,313.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	199,745.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	25,000.	CHECK			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	78,533.	CHECK			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	22,501.	CHECK			

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	95,795.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	96,961.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	6,480.	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	RESEARCH	43,352.	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	RESEARCH	21,638.	CHECK			
(6)			NORTH AMERICA	RESEARCH	173,032.	CHECK			
(7)			NORTH AMERICA	RESEARCH	9,805.	CHECK			
(8)			NORTH AMERICA	RESEARCH	122,767.	CHECK			
(9)			NORTH AMERICA	RESEARCH	8,594.	CHECK			
(10)			NORTH AMERICA	RESEARCH	21,427.	CHECK			
(11)			SOUTH AMERICA	RESEARCH	5,154.	CHECK			
(12)			SUB-SAHARAN AFRICA	RESEARCH	59,300.	CHECK			
(13)			SUB-SAHARAN AFRICA	RESEARCH	78,330.	CHECK			
(14)			SUB-SAHARAN AFRICA	RESEARCH	108,754.	CHECK			
(15)			SUB-SAHARAN AFRICA	RESEARCH	265,502.	CHECK			
(16)			SUB-SAHARAN AFRICA	RESEARCH	545,075.	CHECK			

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 31.

3 Enter total number of other organizations or entities 1.

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 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 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

2011

**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		60,539.	
2 PLUS DELTA PARTNERS	FUNDRAISING CONSULTANT		X		124,599.	
3 T. HANDLER CONSULTING	FUNDRAISING CONSULTANT		X		13,320.	
4 CAREER DIRECTIONS	FUNDRAISING CONSULTANT		X		5,825.	
5						
6						
7						
8						
9						
10						
Total					204,283.	

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, AZ, CA, CO, CT, KY, MA, MI, MN, MS, NH, NJ, NY, ND, OH, OK, OR, SC, 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))
		WBUR VALENTINE (event type)		WBUR MOTHER ' S (event type)		12. (total number)		
Revenue	1 Gross receipts	1,379,347.		1,018,670.		995,556.		3,393,573.
	2 Less: Charitable contributions	724,824.		489,530.		376,174.		1,590,528.
	3 Gross income (line 1 minus line 2).	654,523.		529,140.		619,382.		1,803,045.
Direct Expenses	4 Cash prizes							
	5 Noncash prizes					193,954.		193,954.
	6 Rent/facility costs					143,794.		143,794.
	7 Food and beverages	5,553.		2,677.		71,566.		79,796.
	8 Entertainment							
	9 Other direct expenses	648,970.		526,463.		194,310.		1,369,743.
	10 Direct expense summary. Add lines 4 through 9 in column (d)							(1,787,287.)
	11 Net income summary. Combine line 3, column (d), and line 10							15,758.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2011

**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. PO BOX 14650 DURHAM, NC 27709	55-0826074		254,609.				RESEARCH
(2)	AHS HOSPITAL CORP PO BOX 48328 NEWARK, NJ 07101	52-1958352	501C3	9,464.				RESEARCH
(3)	ALABAMA A&M UNIVERSITY 4900 MERIDIAN ST. NORMAL, AL 35762	63-6001097	501C3	198,685.				RESEARCH
(4)	ARIDIS PHARMACEUTICALS, LLC 5941 OPTICAL COURT SAN JOSE, CA 95138	32-0074500		33,987.				RESEARCH
(5)	ASSOC OF UNIVERSITIES FOR RESEARCH 3700 SAN MARTIN DRIVE BALTIMORE, MD 21218	86-0138043	501C3	50,949.				RESEARCH
(6)	ATLANTIC OFFSHORE LOBSTERMANS ASSOCIATION 221 THIRD STREET NEWPORT, RI 02840	05-0355848	501C6	6,535.				RESEARCH
(7)	AURITEC PHARMACEUTICALS, INC. 15 BRAEBURN ROAD HYDE PARK, MA 02136	84-1629188		39,835.				RESEARCH
(8)	BAYLOR RESEARCH INSTITUTE 3310 LIVE OAK DALLAS, TX 75204	75-1921898	501C3	6,090.				RESEARCH
(9)	BAYSTATE MEDICAL CENTER, INC. 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501C3	76,011.				RESEARCH
(10)	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	50,375.				RESEARCH
(11)	BIRMINGHAM SOUTHERN COLLEGE 900 ARKADELPHIA ROAD BIRMINGHAM, AL 35254	63-0288811	501C3	19,819.				RESEARCH
(12)	BOARD OF REGENTS OF UNIV. OF NEBRASKA 985100 NEBRASKA MED CTR OMAHA, NE 68198	47-0049123	501C3	46,323.				RESEARCH

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

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

Schedule I (Form 990) (2011)

**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

2011

**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)	BOARD OF REGENTS/NSHE 1664 N. VIRGINIA ST. RENO, NV 89557	88-6000024	501C3	205,190.				RESEARCH
(2)	BOARD OF TRUSTEES OF THE LELAND STANFORD JU PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	85,338.				RESEARCH
(3)	BOARD OF TRUSTEES OF UNIV OF IL P.O BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501C3	140,785.				RESEARCH
(4)	BOSTON BIOMEDICAL RESEARCH INSTITUTION 64 GROVE STREET WATERTOWN, MA 02472	04-2451939	501C3	257,223.				RESEARCH
(5)	BOSTON HOUSING AUTHORITY 52 CHAUNCY ST BOSTON, MA 02111	04-6001907	STATE OF MA	66,695.				RESEARCH
(6)	BOSTON MEDICAL CENTER 660 HARRISON AVE. BOSTON, MA 02118	04-3314093	501C3	3,628,915.				RESEARCH
(7)	BOSTON MICROMACHINES CORPORATION 30 SPINELLI PLACE CAMBRIDGE, MA 02138	04-3465874		57,803.				RESEARCH
(8)	BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	STATE OF MA	58,409.				RESEARCH
(9)	BOSTON VA RESEARCH INSTITUTE, INC. 150 SOUTH HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501C3	8,767.				RESEARCH
(10)	BRENTWOOD BIOMEDICAL RESEARCH INSTI PO BOX 25027 LOS ANGELES, CA 90025	95-4183712	501C3	87,500.				RESEARCH
(11)	BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	86,003.				RESEARCH
(12)	CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501C3	10,130.				RESEARCH

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

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

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

Schedule I (Form 990) (2011)

**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

2011

**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)	CAMBRIDGE PUBLIC HEALTH COMMISSION 1493 CAMBRIDGE ST. CAMBRIDGE, MA 02139	04-3320571	STATE OF MA	90,011.				RESEARCH
(2)	CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		178,797.				RESEARCH
(3)	CATHOLIC MEDICAL MISSION BOARD 10 WEST 17TH STREET NEW YORK, NY 10017	13-5602319	501C3	30,075.				RESEARCH
(4)	CHELSEA COLLABORATIVE, INC 318 BROADWAY CHELSEA, MA 02150	22-2906521	501C3	75,000.				RESEARCH
(5)	CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501C3	696,064.				RESEARCH
(6)	CINCINNATI CHILDRENS HOSPITAL MEDICAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501C3	13,214.				RESEARCH
(7)	CITY OF LAWRENCE P. O. BOX 1498 LAWRENCE, MA 01842	04-6001394	501C5	15,201.				RESEARCH
(8)	CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 44193	34-0714585	501C3	184,375.				RESEARCH
(9)	COMMONWEALTH OF MASSACHUSETTS 250 WASHINGTON ST, 5TH BOSTON, MA 02108	04-6002284	STATE OF MA	229,100.				RESEARCH
(10)	COMMUNITY AIDS RESEARCH, INC. 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198	501C3	33,657.				RESEARCH
(11)	CORIELL INSTITUTE FOR MEDICAL RESEARCH, INC 403 HADDON AVENUE CAMDEN, NJ 08103	21-0672684	501C3	126,488.				RESEARCH
(12)	CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501C3	16,422.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**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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2011

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Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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- 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)	COUNTY OF RIVERSIDE 26520 CACTUS AVE MORENO VALLEY, CA 92555	95-6000930		5,950.				RESEARCH
(2)	CRECARE, LLC 31 CAMPAU CIRCLE GRAND RAPIDS, MI 49503	20-3055639		11,436.				RESEARCH
(3)	CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178	47-0376583	501C3	46,230.				RESEARCH
(4)	DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501C3	55,964.				RESEARCH
(5)	DAVIS SQUARE RESEARCH ASSOC. 119 COLLEGE AVENUE SOMERVILLE, MA 02144	38-3792037		49,536.				RESEARCH
(6)	DCG SYSTEMS, INC. PO BOX 54957 SANTA CLARA, CA 95054	26-1929542		14,125.				RESEARCH
(7)	DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093 DENVER, CO 80217	84-1343242	STATE OF CO	7,363.				RESEARCH
(8)	DEPARTMENT OF VETERANS AFFAIRS 200 SPRINGS ROAD BEDFORD, MA 01730	74-1612229	GOVERNMENT	39,412.				RESEARCH
(9)	DM-STAT NP, INC. ONE SALEM STREET MALDEN, MA 02148	20-2981457		38,445.				RESEARCH
(10)	DREXEL UNIVERSITY P.O. BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501C3	511,815.				RESEARCH
(11)	DUKE UNIVERSITY 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501C3	275,331.				RESEARCH
(12)	EDUCATION DEVELOPMENT CENTER INC. 43 FOUNDRY AVE. WALTHAM, MA 02453	04-2241718	501C3	227,275.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**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

2011

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C3	677,110.				RESEARCH
(2)	ENGINEERED CARE, INC 1618 BELLEVUE AVE SEATTLE, MA 98122	26-4490896		41,000.				RESEARCH
(3)	FENWAY COMMUNITY HEALTH CENTER INC. 1340 BOYLSTON STREET BOSTON, MA 02215	04-2510564	501C3	12,601.				RESEARCH
(4)	FISHER BIOSERVICES, INC. PO BOX 418395 BOSTON, MA 02241	54-1348241		11,381.				RESEARCH
(5)	FORSYTH DENTAL INFIRMARY FOR CHILDREN 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501C3	39,795.				RESEARCH
(6)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	501C3	23,426.				RESEARCH
(7)	GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501C3	14,955.				RESEARCH
(8)	GREATER NEW YORK HOSPITAL FOUNDATION 555 WEST 57TH STREET NEW YORK, NY 10019	13-2954140	501C3	106,619.				RESEARCH
(9)	HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501C3	21,077.				RESEARCH
(10)	HENRY FORD MACOMB HOSPITAL ONE FORD PLACE DETROIT, MI 48202	38-2947657	501C3	103,576.				RESEARCH
(11)	HENRY HEYWOOD MEMORIAL HOSPITAL 242 GREEN STREET GARDNER, MA 01440	04-2103581	501C3	67,228.				RESEARCH
(12)	HOLYOKE HEALTH CENTER INC. P. O. BOX 6260 HOLYOKE, MA 01041	04-2492730	501C3	202,110.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**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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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)	HONEYBEE ROBOTICS, LTD. 460 WEST 34TH STREET NEW YORK, NY 10001	88-0193033		9,188.				RESEARCH
(2)	INDIANA UNIVERSITY 400 E. 7TH STREET BLOOMINGTON, IN 47405	35-6001673	501C3	110,921.				RESEARCH
(3)	INSTITUTE FOR SYSTEMS BIOLOGY 1441 NORTH 34TH STREET SEATTLE, WA 98103	91-2003593	501C3	206,612.				RESEARCH
(4)	INTERNATIONAL BUSINESS MACHINES CORP 1101 KITCHAWAN YORKTOWN HEIGHTS, NY 10598	13-0871985	501C3	152,292.				RESEARCH
(5)	JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111	501C3	138,387.				RESEARCH
(6)	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	52-0595110	501C3	235,850.				RESEARCH
(7)	JUSTICE RESOURCE INSTITUTE, INC 545 BOYLSTON ST. BOSTON, MA 02116	04-2526357	501C3	7,806.				RESEARCH
(8)	KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST. OAKLAND, CA 94612	94-1105628	501C3	5,493.				RESEARCH
(9)	KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	5,352.				RESEARCH
(10)	KESSLER FOUNDATION 300 EXECUTIVE DR WEST ORANGE, NJ 07052	31-1562134	501C3	30,135.				RESEARCH
(11)	KNOWLEDGE NETWORKS & SUBSIDIARY 2100 GENG ROAD PALO ALTO, CA 94303	94-3314617		29,300.				RESEARCH
(12)	LEHIGH UNIVERSITY 526 BRODHEAD AVENUE BETHLEHEM, PA 18015	24-0795445	501C3	16,084.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2011)

**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

2011

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- 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)	LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02138	04-2103589	501C3	132,043.				RESEARCH
(2)	MAPP BIOPHARMACEUTICAL, INC 6160 LUSK BLVD SAN DIEGO, CA 92121	20-0037593		725,966.				RESEARCH
(3)	MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501C3	15,893.				RESEARCH
(4)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE, MA 02139	04-2103594	501C3	2,432,111.				RESEARCH
(5)	MATTEK CORPORATION 200 HOMER AVENUE ASHLAND, MA 01721	04-2877744		44,454.				RESEARCH
(6)	MAYO CLINIC (MC) 200 FIRST STREET ROCHESTER, MN 55905	41-6011702	501C3	526,193.				RESEARCH
(7)	MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	59-3337028	501C3	47,764.				RESEARCH
(8)	MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK MILWAUKEE, WI 53226	39-0806261	501C3	48,800.				RESEARCH
(9)	MERCY HOSPITAL INC 1221 MAIN ST. HOLYOKE, MA 01040	04-3398280	501C3	62,690.				RESEARCH
(10)	MIAMI UNIVERSITY 501 E HIGH ST. OXFORD, OH 45056	31-6402089	501C3	10,371.				RESEARCH
(11)	MICHIGAN STATE UNIVERSITY 301 ADMIN. BLD. EAST LANSING, MI 48824	38-6005984	501C3	133,033.				RESEARCH
(12)	MIRIAM HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258905	501C3	187,276.				RESEARCH

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

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Schedule I (Form 990) (2011)

**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

2011

**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)	MONTEFIORE MEDICAL CENTER 111 E 210TH ST NEW YORK, NY 10087	13-1740114	501C3	464,748.				RESEARCH
(2)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501C3	39,147.				RESEARCH
(3)	MULBERRY STUDIO, INC. 64 CHURCH STREET CAMBRIDGE, MA 02138	04-3153022		5,229.				RESEARCH
(4)	NATIONAL ASSOC. OF STATE DIRECTORS 113 ORONOCO STREET ALEXANDRIA, VA 22314	23-7013310	501C3	46,445.				RESEARCH
(5)	NEW ENGLAND AQUARIUM CORPORATION 1 CENTRAL WHARF BOSTON, MA 02110	04-2297514	501C3	10,696.				RESEARCH
(6)	NEW ENGLAND BIOLABS INC. 240 COUNTY RD. IPSWICH, MA 01938	04-2631963	501C3	71,199.				RESEARCH
(7)	NEW ENGLAND RESEARCH INSTITUTES, INC. 9 GALEN STREET WATERTOWN, MA 02472	04-2919509	501C3	86,642.				RESEARCH
(8)	NORTH FLORIDA FOUNDATION FOR RESEARCH 1601 SW ARCHER RD GAINESVILLE, FL 32608	59-3432918	501C3	10,536.				RESEARCH
(9)	NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE. BOSTON, MA 02115	04-1679980	501C3	284,559.				RESEARCH
(10)	NORTHERN ARIZONA UNIVERSITY PO BOX 4070 FLAGSTAFF, AZ 86011	74-2579628	501C3	25,555.				RESEARCH
(11)	NORTHSTAR LEARNING CENTERS, INC. 53 LINDEN STREET NEW BEDFORD, MA 02740	51-0200575	501C3	36,346.				RESEARCH
(12)	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501C3	117,663.				RESEARCH

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Schedule I (Form 990) (2011)

**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

2011

**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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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

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(1)	OCEAN STATE RESEARCH INSTITUTE, INC 830 CHALKSTONE AVENUE PROVIDENCE, RI 02908	05-0440574	501C3	14,785.				RESEARCH
(2)	ORDWAY RESEARCH INSTITUTE, INC. 150 NEW SCOTLAND AVENUE ALBANY, NY 12208	01-0682614	501C3	14,757.				RESEARCH
(3)	OSU OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97339	48-1278540	501C6	31,129.				RESEARCH
(4)	PATHWAYS TO WELLNESS INC. 1601 WASHINGTON STREET BOSTON, MA 02118	04-3131334	501C3	25,000.				RESEARCH
(5)	PREDICTIVE SCIENCE INCORPORATED 9990 MESA RIM ROAD SAN DIEGO, CA 92121	26-3200502		174,028.				RESEARCH
(6)	PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501C3	663,637.				RESEARCH
(7)	PRIMARY CARE COALITION OF MONTGOMERY 8757 GEORGIA AVENUE SILVER SPRING, MD 20910	52-1847976	501C3	14,023.				RESEARCH
(8)	PUERTO RICO COMMUNITY NETWORK PO BOX 20850 SAN JUAN, PR 00928	66-0466365	501C3	100,938.				RESEARCH
(9)	REGENTS OF THE UNIV. OF CA BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501C3	305,731.				RESEARCH
(10)	REGENTS OF THE UNIV. OF CA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501C3	445,800.				RESEARCH
(11)	REGENTS OF THE UNIV. OF CA SAN FRAN 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6035493	501C3	156,642.				RESEARCH
(12)	REGENTS OF THE UNIV. OF CA SANTA BARBARA SAASB BULD. SANTA BARBARA, CA 93106	95-6006145	501C3	212,144.				RESEARCH

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Schedule I (Form 990) (2011)

**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

2011

**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)	REGENTS OF THE UNIV. OF CA SANTA CRUZ 1156 HIGH ST. SANTA CRUZ, CA 95064	94-1539563	501C3	41,059.				RESEARCH
(2)	REGENTS OF THE UNIVERSITY OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	501C3	482,505.				RESEARCH
(3)	REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501C3	491,495.				RESEARCH
(4)	REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	41-6007513	501C3	184,835.				RESEARCH
(5)	RESEARCH FDN OF THE CITY UNIV. OF NY 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501C3	29,716.				RESEARCH
(6)	RUTGERS THE STATE UNIVERSITY OF NJ 249 UNIVERSITY AVE NEWARK, NJ 07102	22-6001086	501C3	151,450.				RESEARCH
(7)	SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 NORTH TORREY LA JOLLA, CA 92037	51-0197108	501C3	19,100.				RESEARCH
(8)	SCIENTIFIC SOLUTIONS, INC. 55 MIDDLESEX STREET CHELMSFORD, MA 01863	04-3275340		107,710.				RESEARCH
(9)	SEATTLE CHILDRENS HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98145	91-0564748	501C3	263,723.				RESEARCH
(10)	SHEPHERD CENTER, INC. 2020 PEACHTREE ROAD ATLANTA, GA 30309	51-0141601		13,258.				RESEARCH
(11)	SIGMA-ALDRICH INC 3050 SPRUCE STREET ST. LOUIS, MO 63103	43-1742718		559,928.				RESEARCH
(12)	SIMMONS COLLEGE 300 THE FENWAY BOSTON, MA 02115	04-2103629	501C3	114,115.				RESEARCH

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

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

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Schedule I (Form 990) (2011)

**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

2011

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Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 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)	SMITHSONIAN ASTROPHYSICAL OBSERVATORY 24351 NETWORK PL. CHICAGO, IL 60673	53-0206027	501C3	5,949.				RESEARCH
(2)	SOUTH SHORE HOSPITAL, INC 55 FOGG RD, BOX 80 SOUTH WEYMOUTH, MA 02190	04-2769210	501C3	100,868.				RESEARCH
(3)	STATE OF RHODE ISLAND 70 LOWER COLLEGE ROAD KINGSTON, RI 02881	05-6000522	STATE OF RI	15,193.				RESEARCH
(4)	STEWART ST. ANNES HOSPITAL CORPORATION 795 MIDDLE STREET FALL RIVER, MA 02721	27-2473637	501C3	74,240.				RESEARCH
(5)	TEMPLE UNIVERSITY OF THE COMMONWEALTH PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501C3	10,192.				RESEARCH
(6)	TEXAS A&M RESEARCH FOUNDATION P. O. BOX 201918 DALLAS, TX 75320	74-1238434	501C3	45,192.				RESEARCH
(7)	THE AEROSPACE CORPORATION PO BOX 92957 LOS ANGELES, CA 92957	95-2102389		57,386.				RESEARCH
(8)	THE AMERICAN ACADEMY OF ALLERGY, ASTHMA 555 EAST WELLS ST. MILWAUKEE, WI 53202	39-6061326	501C3	57,200.				RESEARCH
(9)	THE BRIGHAM & WOMENS HOSPITAL, INC. P.O. BOX 3887 BOSTON, MA 02241	04-2312909	501C3	781,030.				RESEARCH
(10)	THE BROAD INSTITUTE INC. 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501C3	255,725.				RESEARCH
(11)	THE CENTER FOR HEALTH CARE SERVICES 3031 IH 10 WEST SAN ANTONIO, TX 78201	74-1590659	501C3	31,283.				RESEARCH
(12)	THE CENTER FOR HEALTH POLICY DEVELOPMENT 10 FREE STREET PORTLAND, ME 04101	52-1576801	501C3	15,411.				RESEARCH

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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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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(1)	THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501C3	122,584.				RESEARCH
(2)	THE CURATORS OF THE UNIV. OF MISSOURI PO BOX 806010 KANSAS CITY, MO 64180	43-6003859	501C3	29,662.				RESEARCH
(3)	THE GENERAL HOSPITAL CORPORATION 529 MAIN STREET CHARLESTOWN, MA 02129	04-2697983	501C3	3,901,025.				RESEARCH
(4)	THE HENRY M. JACKSON FOUNDATION FOR ADV 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501C3	80,677.				RESEARCH
(5)	THE LEARNING CENTER FOR THE DEAF, INC. 848 CENTRAL STREET FRAMINGHAM, MA 01701	23-7064431	501C3	58,004.				RESEARCH
(6)	THE POPULATION COUNCIL, INC. ONE DAG HAMMARSKJOLD NEW YORK, NY 10017	13-1687001		40,527.				RESEARCH
(7)	THE PRESIDENT & DIRECTORS OF GEORGETOWN BOX 571164 WASHINGTON, DC 20057	53-0196603	501C3	32,160.				RESEARCH
(8)	THE RESEARCH FOUNDATION OF SUNY P. O. BOX 9 ALBANY, NY 12201	14-1368361	501C3	130,026.				RESEARCH
(9)	THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 715245 COLUMBUS, OH 43271	31-6056230	501C3	8,692.				RESEARCH
(10)	THE SPAULDING REHABILITATION HOSP CORP PO BOX 3903 BOSTON, MA 02241	04-2551124	501C3	231,883.				RESEARCH
(11)	THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501C3	74,373.				RESEARCH
(12)	THE TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5292 PRINCETON, NJ 08544	21-0634501	501C3	1,067,258.				RESEARCH

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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(1)	THE UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722	74-2652689	STATE OF AZ	19,153.				RESEARCH
(2)	THE UNIVERSITY OF TEXAS AT ARLINGTON BOX 19136 ARLINGTON, TX 76019	75-6000121	501C3	120,409.				RESEARCH
(3)	THE UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	501C3	224,682.				RESEARCH
(4)	THE VANDERBILT UNIVERSITY DEPT AT 40303 ATLANTA, GA 31192	62-0476822	501C3	20,545.				RESEARCH
(5)	THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501C3	105,685.				RESEARCH
(6)	TOWN OF FRAMINGHAM 31 FLAGG DRIVE FRAMINGHAM, MA 01702	04-6001151	STATE OF MA	8,519.				RESEARCH
(7)	TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501C3	517,288.				RESEARCH
(8)	TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE M V 701 BOSTON, MA 02111	04-2103634	501C3	276,125.				RESEARCH
(9)	TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501C3	57,453.				RESEARCH
(10)	UNIVERSITY CORPORATION FOR ATMOSPHERE 1850 TABLE MESA DRIVE BOULDER, CO 80301	84-0412668	501C3	581,809.				RESEARCH
(11)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE, SOUTH BIRMINGHAM, AL 35294	63-6005396	501C3	48,849.				RESEARCH
(12)	UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI, OH 45269	31-6000989	501C3	286,308.				RESEARCH

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1)	UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	STATE OF FL	9,494.				RESEARCH
(2)	UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501C3	162,533.				RESEARCH
(3)	UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION P O BOX 931113 CLEVELAND, OH 44193	61-6033693	501C3	147,979.				RESEARCH
(4)	UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	STATE OF MD	965,200.				RESEARCH
(5)	UNIVERSITY OF MASSACHUSETTS 55 LAKE AVE. NORTH WORCESTER, MA 01655	04-3167352	STATE OF MA	1,596,977.				RESEARCH
(6)	UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501C3	85,879.				RESEARCH
(7)	UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD. BIDDEFORD, ME 04005	01-0211810	501C3	26,300.				RESEARCH
(8)	UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501C3	46,139.				RESEARCH
(9)	UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DR. NEW ORLEANS, LA 70148	72-0702000	STATE OF LA	29,154.				RESEARCH
(10)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 7024 BURNETT WOMACK CHAPEL HILL, NC 27599	56-6001393	501C3	47,384.				RESEARCH
(11)	UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501C3	822,057.				RESEARCH
(12)	UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL PITTSBURGH, PA 15260	25-0965591	501C3	115,539.				RESEARCH

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

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

Schedule I (Form 990) (2011)

**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

2011

**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 SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620	59-3102112	STATE OF FL	102,197.				RESEARCH
(2)	UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90074	95-1642394	501C3	74,345.				RESEARCH
(3)	UNIVERSITY OF TENNESSEE 210 STUDENT SERV. KNOXVILLE, TN 37996	62-6001636	501C3	5,534.				RESEARCH
(4)	UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 203382 HOUSTON, TX 77216	74-1761309	501C3	66,531.				RESEARCH
(5)	UNIVERSITY OF TEXAS SOUTHWESTERN ME PO BOX 841765 DALLAS, TX 75284	75-6002868	STATE OF TX	11,378.				RESEARCH
(6)	UNIVERSITY OF UTAH 201 S PRES. SALT LAKE CITY, UT 84112	87-6000525	501C3	80,317.				RESEARCH
(7)	UNIV OF VT AND STATE AGRICULTURAL COLLEGE 85 S. PROSPECT BURLINGTON, VT 05405	03-0179440	501C3	39,225.				RESEARCH
(8)	UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501C3	422,948.				RESEARCH
(9)	UNIVERSITY OF WISCONSIN 1220 LINDEN DRIVE MILWAUKEE, WI 53278	39-1805963	STATE OF WI	18,400.				RESEARCH
(10)	VA PUGET SOUND HEALTH CARE SYSTEM 1660 S. COLUMBIAN WAY SEATTLE, WA 98108	91-0565166		38,693.				RESEARCH
(11)	VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 RICHMOND, VA 23284	54-6001758	501C3	79,225.				RESEARCH
(12)	WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE SAINT LOUIS, MO 63112	43-0653611	501C3	293,492.				RESEARCH

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

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

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

Schedule I (Form 990) (2011)

**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

2011

**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 PO BOX 02788 DETROIT, MI 48202	38-6028429	501C3	43,692.				RESEARCH
(2)	WESTAT, INC. PO BOX 1004 ROCKVILLE, MD 20850	84-0529566		547,946.				RESEARCH
(3)	WHITTIER ST HEALTH CTR COMMITTEE IN 1290 TREMONT STREET ROXBURY, MA 02120	04-2619517	501C3	34,690.				RESEARCH
(4)	WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 77251	74-1109620	501C3	83,346.				RESEARCH
(5)	WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE ROAD WOODS HOLE, MA 02543	04-2105850	501C3	311,107.				RESEARCH
(6)	YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501C3	184,331.				RESEARCH
(7)	YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501C3	25,543.				RESEARCH
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 143.

3 Enter total number of other organizations listed in the line 1 table 44.

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

Schedule I (Form 990) (2011)

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	14,986.	310,770,342.		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

2011

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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A. BROWN	(i)	752,732.	0	93,578.	256,064.	278,890.	1,381,264.
	(ii)	0	0	0			
2 MARTIN J. HOWARD	(i)	388,329.	0	19,469.	32,540.	24,051.	464,389.
	(ii)	0	0	0			
3 TODD L.C. KLIPP	(i)	457,828.	0	50,436.	32,540.	26,609.	567,413.
	(ii)	0	0	0			
4 JEAN MORRISON	(i)	544,131.	0	79,659.		125,733.	749,523.
	(ii)	0	0	0			
5 KAREN H. ANTMAN	(i)	619,900.	0	53,429.	32,540.	1,120.	706,989.
	(ii)	0	0	0			
6 GARY W. NICKSA	(i)	339,378.	0	8,736.	32,540.	26,692.	407,346.
	(ii)	0	0	0			
7 KATHERYN PFISTERER DARR	(i)	133,556.	0	343.	17,093.	300.	151,292.
	(ii)	0	0	0			
8 JOSEPH P. MERCURIO	(i)	507,448.	0	2,922,151.	32,540.	162,285.	3,624,424.
	(ii)	0	0	0			1,300,053.
9 DAVID CAMPBELL	(i)	489,262.	0	38,189.	32,540.	106,711.	666,702.
	(ii)	0	0	0			
10 ARAM V. CHOBANIAN	(i)	334,942.	0	32,461.	26,241.	19,717.	413,361.
	(ii)	0	0	0			
11 JAMES M. BECKER	(i)	0	0	0			
	(ii)	441,273.	0	2,052,813.	32,540.	18,251.	2,544,877.
12 JEFFREY H. SPIEGEL	(i)	0	0	0			
	(ii)	228,334.	0	1,176,724.	22,740.	30,316.	1,458,114.
13 TIMOTHY E. FOSTER	(i)	0	0	0			
	(ii)	233,834.	0	908,158.	32,540.	24,845.	1,199,377.
14 EDWARD KING	(i)	294,876.	0	662,348.	32,540.	472.	990,236.
	(ii)	0	0	0			
15 TONY TANNOURY	(i)	0	0	0			
	(ii)	234,615.	0	692,477.	22,740.	24,845.	974,677.
16	(i)						
	(ii)						

Schedule J (Form 990) 2011

Part III Supplemental Information

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

SCHEDULE J, PART I

JAMES M. BECKER, JEFFREY H. SPIEGEL, TIMOTHY E. FOSTER, AND TONY TANNOURY
 ARE COMPENSATED UNDER A COMMON PAYMASTER AGREEMENT FOR THEIR CLINICAL
 WORK IN CONNECTION WITH THE BOSTON MEDICAL CENTER.

SCHEDULE J, PART I, LINE 1A

(1) AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE
 UNIVERSITY, PRESIDENT ROBERT BROWN, PROVOST JEAN MORRISON, RETIRED
 EXECUTIVE VP JOSEPH MERCURIO, AND FORMER PROVOST DAVID CAMPBELL WERE ALL
 REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. AMOUNTS REPORTED IN COLUMN D
 INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR
 MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN
 INDEPENDENT OPINION OF VALUE AND WITHOUT ANY ALLOCATION OR REDUCTION FOR
 UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN (\$260,323), PROVOST
 MORRISON (\$108,218), MR. MERCURIO (\$115,055), AND DR. CAMPBELL (\$81,772).
 BOTH MR. MERCURIO AND DR. CAMPBELL VACATED UNIVERSITY-PROVIDED HOUSING IN
 CALENDAR 2011; ACCORDINGLY, THE FAIR MARKET RENTAL VALUE OF THEIR HOUSING
 HAS BEEN PRO-RATED TO REFLECT THE PORTION OF THE YEAR THE HOUSING WAS
 PROVIDED. MR. MERCURIO WAS ALSO PROVIDED TUITION REMISSION BENEFITS OF

Part III Supplemental Information

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

\$20,424.

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

AS A RESULT OF A CHANGE IN ROLES AND RESPONSIBILITIES AND IN RECOGNITION OF 16 YEARS OF SERVICE, JAMES BECKER RECEIVED A PAYMENT OF \$1,505,000 IN CALENDAR YEAR 2011 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, ON AUGUST 1, 2011, PRESIDENT BROWN RECEIVED A CREDIT EQUAL TO 30% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PRESIDENT BROWN'S RIGHTS IN THE PLAN WILL BECOME VESTED ON AUGUST 1, 2015, AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$223,524 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2011 AND IS REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) AS A RESULT OF COMMITMENTS MADE TO JOSEPH MERCURIO WHILE HE SERVED AS

Part III Supplemental Information

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

EXECUTIVE VICE PRESIDENT, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 37 YEARS OF SERVICE. THE SUM OF \$2,827,165 WAS PAID TO MR. MERCURIO IN CALENDAR YEAR 2011 AND IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.

(3) AS A RESULT OF COMMITMENTS MADE TO EDWARD KING WHILE HE SERVED AS VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 24 YEARS OF SERVICE. THE SUM OF \$594,331 WAS PAID TO MR. KING IN CALENDAR YEAR 2011 AND IS REPORTED ON SCHEDULE J, COLUMN B(III).

(4) AMOUNTS REPORTED IN SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION, INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2011 TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENTS BENEFITS TO JOSEPH MERCURIO, EDWARD KING, AND TODD KLIPP.

SCHEDULE J, PART II

THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY

Part III Supplemental Information

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

COMPENSATED EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2011 REPORTABLE
COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED
ENTITIES WAS GREATER THAN \$150,000. TRUSTEE ADAM SWEETING'S COMPENSATION
IS NOT INCLUDED BECAUSE IT WAS LESS THAN \$150,000.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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 5	04-2456011	57586CBR5	03/10/2004	35,348,869.	CAPITAL PROJECT, PROP ACQ		X		X		X
B MASS DEV FIN AGENCY - SERIES T1	04-3431814	57583RBR5	06/29/2005	172,664,008.	CAPITAL PROJECT, PROP ACQ		X		X		X
C MASS DEV FIN AGENCY - SERIES U1, U2, U3, U4, U5,U6	04-3431814	57583EWA9	05/15/2008	536,365,000.	PARTIAL REFUND/CAP PROJ/PROP A		X		X		X
D MASS DEV FIN AGENCY - SERIES V1, V2, V3	04-3431814	57583RQ32	12/01/2009	117,370,000.	REFUNDING		X		X		X

Part II Proceeds

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

Part III Private Business Use

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

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

Schedule K (Form 990) 2011

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 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X	X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 ▶							%	%
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 ▶				1.3400			%	%
6 Total of lines 4 and 5				1.3400			%	%
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	SEE SCHEDULE O							
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	SEE SCHEDULE O							
c Term of GIC	SEE SCHEDULE O							
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

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

SEE SCHEDULE O.

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

2011

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) 2011

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	1,956,236.	SEE PART V		X
(2) IRON MOUNTAIN, INC.	SEE PART V	185,633.	SEE PART V		X
(3) J. LAWFORD ANDERSON	SEE PART V	191,103.	EMPLOYMENT COMPENSATION		X
(4) JOHN BATTAGLINO, JR.	SEE PART V	192,830.	EMPLOYMENT COMPENSATION		X
(5) JENNIFER BATTAGLINO	SEE PART V	37,348.	EMPLOYMENT COMPENSATION		X
(6) ANDREA MERCURIO	SEE PART V	92,910.	EMPLOYMENT COMPENSATION		X
(7) ANTONIO MERCURIO	SEE PART V	99,068.	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) FORMER TRUSTEE JOHN BATTAGLINO SERVES AS SENIOR VICE PRESIDENT OF BARNES & NOBLE COLLEGE BOOKSTORES. THE UNIVERSITY'S RELATIONSHIP WITH BARNES & NOBLE PREDATED 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 IN COLUMN C, THE UNIVERSITY PURCHASES BOOKS AND SUPPLIES FOR ITS OWN USE ON A DISCOUNTED BASIS.

SCHEDULE L, PART IV, COLUMN C

COMPENSATION OF FAMILY MEMBERS INCLUDES TUITION REMISSION, IF APPLICABLE.

SCHEDULE L, PART IV, LINE 2

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

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).

MOUNTAIN PREDATES MS. MEYER'S BECOMING A TRUSTEE.

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

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.

SCHEDULE L, PART IV, LINE 4

(B) FAMILY MEMBER OF FORMER TRUSTEE JOHN BATTAGLINO.

SCHEDULE L, PART IV, LINE 5

(B) FAMILY MEMBER OF FORMER TRUSTEE JOHN BATTAGLINO.

SCHEDULE L, PART IV, LINE 6

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 7

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

JOSEPH P. MERCURIO.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		39,213.	INDEP. APPRAISAL
5 Clothing and household goods	X		42,250.	INDEP. APPRAISAL
6 Cars and other vehicles	X	960.	603,224.	NET PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	118.	5,497,712.	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>)		108.	2,369,570.	
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** 5.

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

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

THE UNIVERSITY USES A TRADING BROKERAGE ACCOUNT AT NORTHERN TRUST TO
RECEIVE AND SELL GIFTS OF MARKETABLE SECURITIES. THE BANK CHARGES THE
UNIVERSITY A COMMISSION WHEN EACH SECURITY IS SOLD. THE UNIVERSITY USES
TWO AUCTION HOUSES, INDEPENDENT CHARITIES OF AMERICA AND ARC THRIFT
STORE, TO RECEIVE AND SELL VEHICLE GIFTS.

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 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
ELECTRONICS & INFORMATION	X	5.	1,596,280.	INDEP. APPRAISAL
EVENT SUPPORT	X	18.	58,986.	EVENT SUPPORT COST
EQUIPMENT - MEDICAL, RESE	X	11.	418,301.	INDEP. APPRAISAL
DONATED AUCTION ITEMS	X	74.	296,003.	INDEP. APPRAISAL
TOTALS		<u>108.</u>	<u>2,369,570.</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

2011

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

ORGANIZATION'S MISSION

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

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 (ATTACHMENT 1 CONTINUED):

SWITZERLAND

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

ZAMBIA

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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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 1A

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

FORM 990, PART VI, SECTION A, LINE 2

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

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

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

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

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

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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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.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART VII, SECTION A

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number
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DEVOTES LESS THAN ONE HOUR EACH PER WEEK TO 660 CORPORATION AND 520 COMMONWEALTH AVENUE REAL ESTATE CORPORATION, BOTH RELATED ORGANIZATIONS. GARY W. NICKSA, KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES THREE HOURS EACH OR LESS PER WEEK TO BIOSQUARE REALTY TRUST, FACULTY PRACTICE FOUNDATION, INC., AND EAST CONCORD MEDICAL FOUNDATION, INC., ALL RELATED ORGANIZATIONS. BOTH KAREN H. ANTMAN MD, KEY EMPLOYEE OF BOSTON UNIVERSITY, AND ARAM V. CHOBANIAN MD, FORMER OFFICER OF BOSTON UNIVERSITY, EACH DEVOTE FOUR HOURS OR LESS EACH PER WEEK TO FACULTY PRACTICE FOUNDATION, INC., AND EAST CONCORD MEDICAL FOUNDATION, INC. JAMES M. BECKER MD, JEFFREY H. SPIEGEL MD, TIMOTHY E. FOSTER MD, AND TONY TANNOURY MD, FOUR OF THE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTE 50 HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC. TRUSTEES ADAM SWEETING AND KATHERYN PFISTERER DARR WERE COMPENSATED AS FACULTY MEMBERS, NOT AS TRUSTEES.

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number
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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

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

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

AUSTRALIA
 BELGIUM
 ECUADOR
 IRELAND
 FRANCE
 GERMANY
 ITALY
 NIGER
 NEW ZEALAND
 SPAIN

ATTACHMENT 2

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number ATTACHMENT 2 (CONT'D)
---	---

ROBERT A. BROWN PRESIDENT	1.00
MARTIN J. HOWARD SR VP, CFO & TREASURER	2.00
KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	4.00
GARY W. NICKSA SR VP FOR OPERATIONS	5.00
JAMES M. BECKER PROFESSOR & PHYSICIAN (RETIRED)	49.00
JEFFREY H. SPIEGEL PROFESSOR & PHYSICIAN	50.00
TIMOTHY E. FOSTER PROFESSOR & PHYSICIAN	50.00
TONY TANNOURY PROFESSOR & PHYSICIAN	50.00
ARAM V. CHOBANIAN PRESIDENT (RETIRED)	5.00

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LSI EPI LLC 144 NORTH ROAD SUDBURY, MA 01776	CONSULTANT	12,015,719.
EMBANET-COMPASS KNOWLEDGE GROUP 50 NORTHWEST POINT BLVD, 5TH FLOOR ELK GROVE VILLAGE, IL 60007	ONLINE SER. PROVIDER	10,698,139.
THE WELCH CORPORATION 35 ELECTRIC AVENUE BRIGHTON, MA 02135	GENERAL CONTRACTOR	6,230,278.
BROOKLINE DEVELOPMENT 3 CRAFTSLAND ROAD CHESTNUT HILL, MA 02467	CONSTRUCTION MANAGER	3,858,808.
RICHARD WHITE SONS, INC. 70 ROWE STREET AUBURNDALE, MA 02466	GENERAL CONTRACTOR	3,663,705.
TOTAL COMPENSATION		<u>36,466,649.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN 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	4,844,707.	2,415,235.	BU TRUSTEES
(2) UNIVERSITY INN, LLC 04-3493329 650 BEACON STREET, S. 501 BOSTON, MA 02215	HOTEL	MA	1,527,367.	57,343,484.	BU TRUSTEES
(3) HAWTHORNE LOUNGE LLC 45-1859454 500A COMMONWEALTH AVENUE BOSTON, MA 02215	LOUNGE	MA	-31,319.	1,311,880.	BU TRUSTEES
(4) BU FUNDING, LLC 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	LLC	MA		47,622,000.	BU TRUSTEES
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON EMERGENCY PHYSICIAN FOUNDATION 04-3286156 860 HARRISON AVENUE BOSTON, MA 02118	MEDICINE	MA	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) 2011

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2011

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Internal Revenue Service

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON UNIVERSITY FAMILY MEDICINE, INC. 04-3354353 1 BOSTON MEDICAL CTR PL, SUITE BOSTON, MA 02118	MEDICINE	MA	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

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Schedule R (Form 990) 2011

JSA

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 750 HARRISON AVENUE, SUITE 110 BOSTON, MA 02118	MEDICINE	MA	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) 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

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Schedule R (Form 990) 2011

JSA

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

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Internal Revenue Service

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EVANS MEDICAL FOUNDATION, INC. 51-0172171 88 EAST NEWTON STREET, #107 BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(2) FACULTY PRACTICE FOUNDATION, INC. 04-3289381 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501C3	11B II	N/A		X
(3) MERCOND, INC. 04-3099628 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING CO.	MA	501C2	N/A	BU TRUSTEES	X	
(4) BU MEDICAL CENTER OTOLARYNGOLOGIC FDN 04-3156471 88 NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501C3	11C III-FI	N/A		X
(5) THE MASS GREEN HIGH PERF COMPUTING CTR 27-3014805 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501C3	11A-I	N/A		X
(6) MGHPC HOLYOKE INC. 45-2257442 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501C3	11A-I	N/A		X
(7) BOSTON UNIVERSITY (USA) LONDON CHARITY 5-10 ST. PAUL'S CHURCHYARD EC4 LONDON, UK	EDU. SUPPORT	UK		N/A	BU TRUSTEES	X	

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Schedule R (Form 990) 2011

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EAST CONCORD MEDICAL FOUNDATION, INC. 04-6048207 88 E. NEWTON STREET BOSTON, MA 02118	EDU. SUPPORT	MA	11C III-FI	501C3	N/A		X
(2) BOSTON UNIVERSITY FOUNDATION - INDIA S-405 LGF GREATER KAILASH-11 1 NEW DELHI, IN	EDU. SUPPORT	IN		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) 2011

JSA

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160400 7377

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE SW7 2DL	EDUCATION	UK	BU EUR/EUSA LLP		482,303.	380,806.		X			X	100.0000
(2) SMALLPHARMA LLC 04-3398901 881 COMMONWEALTH AVENUE, 4TH F	R&D MFG	MA	520 CORP.			21,385.		X		X		99.0000
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	REAL ESTATE	MA	BU TRUSTEES	C CORP	18,859,596.	10,462,540.	100.0000
(2) LURE RESTAURANT GROUP/EASTERN STANDARD 20-2680347 650 BEACON STREET, SUITE 501 BOSTON, MA 02215	RESTAURANT	MA	BU TRUSTEES	S CORP	6,793,021.	3,493,195.	95.0000
(3) CHARITABLE REMAINDER TRUSTS (16) -----	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	583,216.	12,209.	100.0000
(5) EUSA (UK) LIMITED ----- 1A QUEENSBERRY PLACE SW7 2DL LONDON, UK	EDU. SUPPORT	UK	BU(USA)EUROPE	CORP	-783.	1.	100.0000
(6) 660 CORPORATION ----- 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENT STORES	MA	520 CORP.	CORP.	7,624,043.	9,913,953.	100.0000
(7) AKEAH INC. ----- 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	LESSOR OF RE	MA	520 CORP.	CORP.	222,363.	483,211.	100.0000

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) COSIF ----- VIRIATO, 73 BAJO DERECHA 28010 MADRID, SP	EDU. SUPPORT	SP	BU(USA)EUROPE	CORP.	8,822.	40,113.	100.0000
(2) EUSA SARL ----- RUE DES PIERRES-DUE-NITON 17-19 1207 GENEVE, SZ	EDU. SUPPORT	SZ	EUSA LLP	CORP.	-51,117.	8,215.	100.0000
(3) -----							
(4) -----							
(5) -----							
(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	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Sale of assets to related organization(s)	1 f	X
g Purchase of assets from related organization(s)	1 g	X
h Exchange of assets with related organization(s)	1 h	X
i Lease of facilities, equipment, or other assets to related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets from related organization(s)	1 j	X
k Performance of services or membership or fundraising solicitations for related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations by related organization(s)	1 l	X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 m	X
n Sharing of paid employees with related organization(s)	1 n	X
o Reimbursement paid to related organization(s) for expenses	1 o	X
p Reimbursement paid by related organization(s) for expenses	1 p	X
q Other transfer of cash or property to related organization(s)	1 q	X
r Other transfer of cash or property from related organization(s)	1 r	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	621,333.	ACTUAL PAYMENT
(2)	520 COMMONWEALTH AVENUE REAL ESTATE CORP.	N	200,000.	ACTUAL PAYMENT
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
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Part VII **Supplemental Information**

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