

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

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

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF BOSTON UNIVERSITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 881 COMMONWEALTH AVE, 4TH FL City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02215-1303 F Name and address of principal officer: ROBERT A. BROWN, PRESIDENT ONE SILBER WAY, BOSTON, MA 02215
D Employer identification number 04-2103547	
E Telephone number (617) 353-2290	
G Gross receipts \$ 5,660,019,071.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions	
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 <input type="checkbox"/>	
L Year of formation: 1869 M State of legal domicile: MA	

Part I Summary																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 40 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 25,806 6 Total number of volunteers (estimate if necessary) 6 73 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 27,668,968. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b NONE																								
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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	<div style="display: flex; justify-content: space-between;"> <div> Signature of officer GARY W. NICKSA Type or print name and title SVP, CFO, & TREASURER </div> <div> Date 5-12-23 </div> </div>															
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name SHYAMALEE JOSEPH</td> <td>Preparer's signature </td> <td>Date 05/11/2023</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN P01085371</td> </tr> <tr> <td>Firm's name KPMG LLP</td> <td>Firm's EIN 13-5565207</td> <td colspan="3">Phone no. 617-988-1000</td> </tr> <tr> <td colspan="3">Firm's address 60 SOUTH STREET BOSTON, MA 02111</td> <td colspan="2"></td> </tr> </table>	Print/Type preparer's name SHYAMALEE JOSEPH	Preparer's signature 	Date 05/11/2023	Check <input type="checkbox"/> if self-employed	PTIN P01085371	Firm's name KPMG LLP	Firm's EIN 13-5565207	Phone no. 617-988-1000			Firm's address 60 SOUTH STREET BOSTON, MA 02111				
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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 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,658,881,812. including grants of \$ 645,091,751.) (Revenue \$ 1,846,194,147.)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 461,077,089. including grants of \$ 174,492,836.) (Revenue \$ 22,054,777.)

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 \$ 318,290,393. including grants of \$) (Revenue \$ 311,117,848.)

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 on Schedule O.) SEE SCHEDULE O

(Expenses \$ 162,246,897. including grants of \$) (Revenue \$)

4e Total program service expenses ► 2,600,496,191.

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)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	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? If "Yes," complete Schedule C, Part II.	4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5	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? If "Yes," complete Schedule D, Part I.	6	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? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10 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? If "Yes," complete Schedule D, Part VI.	11a 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? If "Yes," complete Schedule D, Part VII.	11b 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? If "Yes," complete Schedule D, Part VIII.	11c	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? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e 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)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 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? If "Yes," complete Schedule G, Part I. See instructions.	17 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? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input checked="" type="checkbox"/>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<input checked="" type="checkbox"/>	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 25806		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 14		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent.		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
NICOLE TIRELLA 881 COMMONWEALTH AVENUE, 4TH FLOOR BOSTON, MA 02215-1303

617-353-2290

Form 990 (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. BROWN PRESIDENT	55.00 1.00	X		X				1,541,037.	NONE	491,411.
(2) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00 NONE					X		1,856,464.	NONE	30,304.
(3) TONY TANNOURY PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,361,078.	106,923.
(4) KINNING LI PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,388,449.	28,475.
(5) CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	55.00 NONE					X		1,222,839.	NONE	1,419.
(6) WILLIAM CREEVY PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,166,669.	28,053.
(7) JEAN MORRISON UNIVERSITY PROVOST	55.00 NONE				X			847,834.	NONE	252,238.
(8) KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	55.00 4.00				X			924,659.	NONE	1,121.
(9) GARY W. NICKSA SR VP, CFO, TRS(AS OF 10/1/21)	55.00 1.00			X				601,111.	NONE	29,382.
(10) ERIKA GEETTER SR VP, GEN COUNSEL, BOARD SEC	55.00 NONE			X				619,297.	NONE	2,727.
(11) MARTIN J. HOWARD SR VP, CFO, TRS(UNTIL 10/1/21)	55.00 1.00			X				576,159.	NONE	2,645.
(12) DEREK HOWE SR VP FOR OP (AS OF 10/1/21)	55.00 2.00				X			395,196.	NONE	31,751.
(13) TODD L. C. KLIPP FMR SR VP, SR COUNSEL, & SECRE	NONE NONE						X	283,102.	NONE	NONE
(14) KIMBERLY A.S. HOWARD TRUSTEE (AS OF 6/1/22) & PROF	55.00 NONE	X						146,735.	NONE	9,818.

Form **990** (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) EILEEN B. O'KEEFE TRUSTEE (UNTIL 5/30/22) & PROF	55.00 NONE	X						122,369.	NONE	27,712.
(16) MAUREEN ALPHONSE-CHARLES TRUSTEE (AS OF 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(17) WILLIAM D. BLOOM TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(18) CASSANDRA M. CLAY TRUSTEE (AS OF 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(19) CYNTHIA R. COHEN TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(20) SHAMIM A. DAHOD TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(21) NATHANIEL DALTON TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(22) SUDARSHANA DEVADHAR TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(23) AHMASS L. FAKAHANY TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(24) KENNETH J. FELD TRUSTEE - CHAIR	3.00 NONE	X						NONE	NONE	NONE
(25) MAURICE R. FERRE TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
1b Sub-total								9,136,802.	3,916,196.	1,043,979.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								9,136,802.	3,916,196.	1,043,979.

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 ► 3,631

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SANDRA A. FRAZIER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(27) MICHAEL D. FRICKLAS TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(28) RYAN K. ROTH GALLO TRUSTEE - VICE CHAIR	3.00 NONE	X						NONE	NONE	NONE
(29) RICHARD C. GODFREY TRUSTEE (UNTIL 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(30) JOHN P. HOWE III TRUSTEE (UNTIL 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(31) STEPHEN R. KARP TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(32) RAJEN A. KILACHAND TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(33) RANCH C. KIMBALL TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(34) ROBERT A. KNOX TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(35) ANTOINETTE R. LEATHERBERRY TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(36) KENNETH LIN TRUSTEE (AS OF 12/2/21)	3.00 NONE	X						NONE	NONE	NONE
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 ►

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOSEPH LOSCALZO TRUSTEE (AS OF 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(38) J. KENNETH MENGES, JR. TRUSTEE (UNTIL 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(39) KEVIN MERIDA TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(40) CARLA E. MEYER TRUSTEE-VCHAIR (UNTIL 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(41) JANE P. MONCREIFF TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(42) RUTH A. MOORMAN TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(43) ALICIA C. MULLEN TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(44) REBECCA NORLANDER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(45) M. LEE PELTON TRUSTEE (AS OF 4/15/22)	3.00 NONE	X						NONE	NONE	NONE
(46) C. A. LANCE PICCOLO TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(47) JONATHAN PRIESTER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
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 ►

	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>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) RICHARD D. REIDY TRUSTEE - VICE CHAIR	3.00 NONE	X						NONE	NONE	NONE
(49) SHARON G. RYAN TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(50) S.D. SHIBULAL TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(51) RICHARD C. SHIPLEY TRUSTEE (UNTIL 9/22/21)	3.00 NONE	X						NONE	NONE	NONE
(52) HUGO X. SHONG TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(53) KENNETH Z. SLATER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(54) MALEK SUKKAR TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(55) NINA C. TASSLER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(56) ELIZABETH C. THORS TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(57) PETER L. WEXLER TRUSTEE	3.00 NONE	X						NONE	NONE	NONE
(58) STEPHEN M. ZIDE TRUSTEE-VICE CHAIR(AS OF 9/22)	3.00 NONE	X						NONE	NONE	NONE
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 ►

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
SEE SCHEDULE O		

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 ► 305

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	743,505.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	482,335,223.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	269,585,245.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 14,971,202.			
	h	Total. Add lines 1a-1f		752,663,973.			
	Program Service Revenue				Business Code		
2a		TUITION AND FEES	900099	1,846,194,147.	1,846,194,147.		
b		AUX SALES & SERVICES	900099	311,117,848.	311,117,848.		
c		NON-GOVERNMENT GRANTS	900099	22,054,777.	22,054,777.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,179,366,772.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,025,305.		2,264,744.	17,760,561.
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		3,487,018.			3,487,018.
	6a	Gross rents	6a	(i) Real 29,790,144.			
	b	Less: rental expenses	6b	13,746,680.			
	c	Rental income or (loss)	6c	16,043,464.	NONE		
	d	Net rental income or (loss)		16,043,464.			16,043,464.
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 2,652,921,316.	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b	2,515,726,467.			
	c	Gain or (loss)	7c	137,194,849.			
	d	Net gain or (loss)		137,194,849.		4,329,788.	132,865,061.
	8a	Gross income from fundraising events (not including \$ 743,505. of contributions reported on line 1c). See Part IV, line 18	8a	690,107.			
	b	Less: direct expenses	8b	893,641.			
	c	Net income or (loss) from fundraising events		-203,534.			-203,534.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	REAL ESTATE AND RENTAL AND LEASING	530000	15,401,151.		15,401,151.	
	b	OTHER SERVICES	810000	2,962,937.		2,962,937.	
	c	ARTS, ENTERTAINMENT, AND RECREATION	710000	334,701.		334,701.	
	d	All other revenue	900099	2,375,647.		2,375,647.	
	e	Total. Add lines 11a-11d		21,074,436.			
12	Total revenue. See instructions			3,129,652,283.	2,179,366,772.	27,668,968.	169,952,570.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**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 domestic organizations and domestic governments. See Part IV, line 21	137,049,797.	137,049,797.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	638,085,823.	638,085,823.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	44,448,967.	44,448,967.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,979,944.	4,565,843.	504,216.	909,885.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	343,217.	343,217.		
7 Other salaries and wages	1,013,525,577.	899,870,127.	95,707,066.	17,948,384.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,488,850.	81,229,408.	8,639,279.	1,620,163.
9 Other employee benefits	139,340,610.	123,715,134.	13,157,912.	2,467,564.
10 Payroll taxes	82,782,121.	73,499,041.	7,817,103.	1,465,977.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	4,009,414.		4,009,414.	
c Accounting	397,986.		397,986.	
d Lobbying	467,524.	467,524.		
e Professional fundraising services. See Part IV, line 17	202,829.			202,829.
f Investment management fees	3,848,532.		3,848,532.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	140,456,968.	106,602,405.	32,351,157.	1,503,406.
12 Advertising and promotion	12,540,564.	11,727,068.	764,268.	49,228.
13 Office expenses	45,708,343.	41,459,317.	3,120,645.	1,128,381.
14 Information technology.	46,560,270.	41,765,795.	4,688,669.	105,806.
15 Royalties.	1,300,895.	1,300,895.		
16 Occupancy	189,926,034.	169,487,722.	20,436,411.	1,901.
17 Travel	17,596,499.	15,792,587.	795,902.	1,008,010.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	8,114,737.	7,722,667.	309,228.	82,842.
20 Interest	NONE			
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	147,070,261.	138,377,651.	8,687,675.	4,935.
23 Insurance	6,212,600.	3,451,661.	2,760,939.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RESEARCH & LAB SUPPLIES	46,739,436.	46,739,436.		
b DUES & MEMBERSHIPS	6,345,643.	5,092,334.	1,221,706.	31,603.
c BOOKS & PERIODICALS	5,130,281.	5,130,281.		
d EDUCATIONAL SERVICES	80,286.	80,286.		
e All other expenses	2,510,638.	2,491,205.	15,124.	4,309.
25 Total functional expenses. Add lines 1 through 24e	2,838,264,646.	2,600,496,191.	209,233,232.	28,535,223.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments.	435,018,912.	2	416,602,234.
	3 Pledges and grants receivable, net	189,376,065.	3	181,994,006.
	4 Accounts receivable, net	200,327,849.	4	226,849,802.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	10,549,675.	7	9,314,737.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	70,284,276.	9	55,399,864.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5056964387.		
	b Less: accumulated depreciation.	10b 2136631662.		
		2,822,071,156.	10c	2,920,332,725.
	11 Investments - publicly traded securities.	1,923,433,000.	11	1,626,518,000.
	12 Investments - other securities. See Part IV, line 11.	2,517,960,754.	12	2,468,593,790.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	123,135,406.	15	112,113,329.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,292,157,093.	16	8,017,718,487.	
Liabilities	17 Accounts payable and accrued expenses.	280,587,031.	17	284,912,443.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	287,401,478.	19	314,551,627.
	20 Tax-exempt bond liabilities	1,079,879,716.	20	1,075,879,716.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	681,242,664.	23	670,942,859.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	614,237,319.	25	434,221,980.
	26 Total liabilities. Add lines 17 through 25.	2,943,348,208.	26	2,780,508,625.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	3,018,754,818.	27	3,153,996,472.
	28 Net assets with donor restrictions.	2,330,054,067.	28	2,083,213,390.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,348,808,885.	32	5,237,209,862.
33 Total liabilities and net assets/fund balances.	8,292,157,093.	33	8,017,718,487.	

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,129,652,283.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,838,264,646.
3	Revenue less expenses. Subtract line 2 from line 1	3	291,387,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,348,808,885.
5	Net unrealized gains (losses) on investments	5	-531,944,242.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	128,957,582.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,237,209,862.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
2a		<input checked="" type="checkbox"/> X
2b	<input checked="" type="checkbox"/> X	
2c	<input checked="" type="checkbox"/> X	
3a	<input checked="" type="checkbox"/> X	
3b	<input checked="" type="checkbox"/> X	

Form **990** (2021)

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2021

**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 12, check only one box.)

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

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

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

Schedule A (Form 990) 2021

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	514,583,182.	523,093,884.	572,381,320.	671,730,194.	752,663,973.	3,034,452,553.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	514,583,182.	523,093,884.	572,381,320.	671,730,194.	752,663,973.	3,034,452,553.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						20,214,314.
6 Public support. Subtract line 5 from line 4						3,014,238,239.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	514,583,182.	523,093,884.	572,381,320.	671,730,194.	752,663,973.	3,034,452,553.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,772,534.	91,446,337.	75,817,833.	44,974,798.	51,037,723.	337,049,225.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 Total support. Add lines 7 through 10						3,371,501,778.
12 Gross receipts from related activities, etc. (see instructions)					12	9,772,986,428.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	89.40 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.28 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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
1a Total lobbying expenditures to influence public opinion (grassroots 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.			
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a 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					

Schedule C (Form 990) 2021

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		713,762.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			713,762.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

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

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

Part IV Supplemental Information (continued)

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

04-2103547

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

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

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

Part II Conservation Easements.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,392,513,000.	2,421,115,000.	2,292,537,000.	2,128,183,005.	1,901,152,882.
b Contributions	62,460,046.	80,427,257.	42,034,734.	101,819,085.	127,245,589.
c Net investment earnings, gains, and losses	-387,169,121.	981,004,273.	169,262,496.	142,075,738.	171,346,295.
d Grants or scholarships	25,075,971.	23,693,212.	22,071,059.	20,661,758.	18,565,345.
e Other expenditures for facilities and programs	59,489,634.	56,172,716.	53,098,001.	50,550,131.	45,447,184.
f Administrative expenses	9,886,320.	10,167,602.	7,550,170.	8,328,939.	7,549,232.
g End of year balance	2,973,352,000.	3,392,513,000.	2,421,115,000.	2,292,537,000.	2,128,183,005.

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

a Board designated or quasi-endowment 42.6700 %

b Permanent endowment 27.2500 %

c Term endowment 30.0800 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,996,440.	209,354,227.		221,350,667.
b Buildings	149,412,436.	391,029,145.	158,042,454.	2,479,279,340.
c Leasehold improvements	54,056,781.	41,392,310.	60,939,494.	34,509,597.
d Equipment	744,264.	396,809,587.	263,753,843.	133,800,008.
e Other		282,906,884.	231,513,771.	51,393,113.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,920,332,725.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVES-HEDGE	802,736,702.	FMV
(B) ALTERNATIVES-NATURAL RESOURCES	71,725,750.	FMV
(C) ALTERNATIVES-PRIVATE	1,052,978,050.	FMV
(D) NON-MARKETABLE ALTERNATIVES	13,529,373.	FMV
(E) ALTERNATIVES - REAL ESTATE	495,496,940.	FMV
(F) RESIDUAL ASSET NOTE RECEIVABLE	32,126,975.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	2,468,593,790.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	8,218,558.
(3) FINANCE LEASE OBLIGATION	79,590,161.
(4) OPERATING LEASE OBLIGATION	116,087,680.
(5) FEDERAL LOAN ADVANCES	21,069,165.
(6) COND. ASSET RETIREMENT OBLIGATION	12,056,512.
(7) POST-RETIREMENT OBLIGATION	1,668,558.
(8) FV OF INT. RATE EXCHANGE AGREEMENTS	195,531,346.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	434,221,980.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

THE UNIVERSITY'S COLLECTIONS, ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS, AND ART OBJECTS 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 POLICY THAT REQUIRES PROCEEDS FROM DISPOSITIONS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND GIVES THE UNIVERSITY THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, HELPS REDUCE RISES IN TUITION BY PROVIDING NEEDED FINANCIAL AID, AND ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY RESEARCH, DEPARTMENTS, PROGRAMS, AND OPERATIONS.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY IS GENERALLY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT THE UNIVERSITY HAS UNRELATED BUSINESS INCOME. NO PROVISION FOR FEDERAL INCOME TAXES DUE WAS RECORDED AS OF JUNE 30, 2022 AND 2021. THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE E
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No. 1545-0047

2021

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 on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
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?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

SCHEDULE E, PART I, LINE 3

BOSTON UNIVERSITY PROHIBITS DISCRIMINATION AGAINST ANY INDIVIDUAL ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, MILITARY SERVICE, PREGNANCY OR PREGNANT-RELATED CONDITION, OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES, INCLUDING, ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS, HOUSING, EMPLOYMENT, COMPENSATION, EMPLOYEE BENEFITS, AND THE PROVIDING OF, OR ACCESS TO, UNIVERSITY SERVICES OR FACILITIES. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY. ACCORDINGLY, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ACHIEVE EQUAL OPPORTUNITY THROUGH RECRUITMENT, OUTREACH, AND INTERNAL REVIEWS OF POLICIES AND PRACTICES. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 888 COMMONWEALTH AVENUE, SUITE 303, BOSTON, MA 02215 (617-353-9286). THE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ON THE UNIVERSITY'S WEBSITE, WWW.BU.EDU.

SCHEDULE E, PART I, LINE 6A

BOSTON UNIVERSITY PARTICIPATES IN SEVERAL FEDERAL FINANCIAL AID PROGRAMS AND GRANTS INCLUDING THE FEDERAL PELL GRANT PROGRAM, THE FEDERAL WORK STUDY PROGRAM, AND THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT WHICH ARE ALL UNDER THE DEPARTMENT OF EDUCATION. IN ADDITION, THE UNIVERSITY RECEIVES FEDERAL GRANTS AND CONTRACTS IN SUPPORT OF ITS

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

RESEARCH MISSION. FEDERAL AGENCIES PROVIDING SUPPORT FOR UNIVERSITY
RESEARCH AND TRAINING INCLUDED THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES, 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. THE UNIVERSITY ALSO RECEIVED THE HIGHER
EDUCATION EMERGENCY RELIEF FUND II (HEERF II) USED FOR EMERGENCY
FINANCIAL AID AND GRANTS TO STUDENTS UNDER THE CORONAVIRUS RESPONSE AND
RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, PUBLIC LAW 116-260 (CRRSAA).

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	NONE	NONE	FUNDRAISING		55,804.
(2) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	FUNDRAISING		93,306.
(3) NORTH AMERICA	NONE	NONE	FUNDRAISING		1,416.
(4) SOUTH ASIA	NONE	NONE	FUNDRAISING		22,751.
(5) SUB-SAHARAN AFRICA	NONE	NONE	FUNDRAISING		5,712.
(6) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		65,038.
(7) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		2,813,260.
(8) EUROPE	NONE	NONE	GRANTMAKING		30,567,704.
(9) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		85,044.
(10) NORTH AMERICA	NONE	NONE	GRANTMAKING		128,021.
(11) SOUTH AMERICA	NONE	NONE	GRANTMAKING		33,472.
(12) SOUTH ASIA	NONE	NONE	GRANTMAKING		1,814,132.
(13) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		1,936,367.
(14) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		649,529,093.
(15) EAST ASIA AND THE PACIFIC	NONE	NONE	INVESTMENTS		16,299,759.
(16) EUROPE	NONE	NONE	INVESTMENTS		54,990,849.
(17) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	INVESTMENTS		1,000.
3a Subtotal					
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) 2021

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	NONE	NONE	INVESTMENTS		20,268,144.
(2) SOUTH AMERICA	NONE	NONE	INVESTMENTS		1,020,255.
(3) SUB-SAHARAN AFRICA	NONE	NONE	INVESTMENTS		26,386,679.
(4) CENTRAL AMERICA/CARIBBEAN	NONE	2	PROGRAM SERVICES	RESEARCH	318,116.
(5) EAST ASIA AND THE PACIFIC	NONE	5	PROGRAM SERVICES	RESEARCH	543,869.
(6) EUROPE	NONE	44	PROGRAM SERVICES	RESEARCH	1,701,909.
(7) MIDDLE EAST AND NORTH AFRICA	NONE	3	PROGRAM SERVICES	RESEARCH	49,078.
(8) NORTH AMERICA	NONE	12	PROGRAM SERVICES	RESEARCH	201,871.
(9) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	RESEARCH	1,120.
(10) SOUTH AMERICA	NONE	6	PROGRAM SERVICES	RESEARCH	104,076.
(11) SOUTH ASIA	1	6	PROGRAM SERVICES	RESEARCH	206,638.
(12) SUB-SAHARAN AFRICA	NONE	19	PROGRAM SERVICES	RESEARCH	1,149,821.
(13) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	SEMINAR	37,878.
(14) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	SEMINAR	46,179.
(15) EUROPE	NONE	NONE	PROGRAM SERVICES	SEMINAR	525,370.
(16) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEMINAR	72,110.
(17) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEMINAR	133,561.
3a Subtotal					
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) 2021

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEMINAR	49,798.
(2) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	SEMINAR	21,093.
(3) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	SEMINAR	41,246.
(4) EAST ASIA AND THE PACIFIC	3	36	PROGRAM SERVICES	STUDY ABROAD	4,003,438.
(5) EUROPE	11	210	PROGRAM SERVICES	STUDY ABROAD	20,497,706.
(6) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	STUDY ABROAD	175.
(7) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	STUDENT FINANCIAL AID	443,369.
(8) EUROPE	NONE	NONE	PROGRAM SERVICES	STUDENT FINANCIAL AID	6,529,409.
(9) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	STUDENT FINANCIAL AID	33,150.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			758,442,728.
b Total from continuation sheets to Part I	15.	343.			84,386,058.
c Totals (add lines 3a and 3b)	15.	343.			842,828,786.

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

Schedule F (Form 990) 2021

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	RESEARCH	57,467.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	RESEARCH	7,571.	WIRE			
(3)			EAST ASIA/PACIFIC	RESEARCH	1,640,845.	WIRE			
(4)			EAST ASIA/PACIFIC	RESEARCH	624,311.	WIRE			
(5)			EAST ASIA/PACIFIC	RESEARCH	189,801.	WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH	130,793.	WIRE			
(7)			EAST ASIA/PACIFIC	RESEARCH	102,000.	WIRE			
(8)			EAST ASIA/PACIFIC	RESEARCH	48,972.	WIRE			
(9)			EAST ASIA/PACIFIC	RESEARCH	28,520.	WIRE			
(10)			EAST ASIA/PACIFIC	RESEARCH	26,879.	WIRE			
(11)			EAST ASIA/PACIFIC	RESEARCH	21,140.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	3,886,590.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	3,377,284.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	2,809,604.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,981,511.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,734,108.	WIRE			

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** 36
- 3** Enter total number of other organizations or entities . . . **▶** 28

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,602,271.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,456,599.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,443,429.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,312,893.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,243,536.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,174,969.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,095,822.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	916,625.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	912,194.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	837,879.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	718,764.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	574,820.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	570,174.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	523,003.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	327,237.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	326,162.	WIRE			

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

3 Enter total number of other organizations or entities ►

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	320,005.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	259,689.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	181,856.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	96,062.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	83,414.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	49,993.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	34,728.	WIRE & CHECK			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	34,647.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	29,538.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	22,012.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	20,391.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	13,869.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	RESEARCH	85,044.	WIRE			
(14)			NORTH AMERICA	RESEARCH	64,686.	CHECK			
(15)			NORTH AMERICA	RESEARCH	36,561.	CHECK			
(16)			NORTH AMERICA	RESEARCH	14,289.	CHECK			

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

3 Enter total number of other organizations or entities ►

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH	12,486.	CHECK			
(2)			SOUTH AMERICA	RESEARCH	33,472.	WIRE			
(3)			SOUTH ASIA	RESEARCH	719,200.	WIRE			
(4)			SOUTH ASIA	RESEARCH	460,283.	WIRE			
(5)			SOUTH ASIA	RESEARCH	313,661.	WIRE			
(6)			SOUTH ASIA	RESEARCH	93,305.	WIRE			
(7)			SOUTH ASIA	RESEARCH	84,395.	WIRE			
(8)			SOUTH ASIA	RESEARCH	48,855.	WIRE			
(9)			SOUTH ASIA	RESEARCH	34,606.	WIRE			
(10)			SOUTH ASIA	RESEARCH	31,061.	WIRE			
(11)			SOUTH ASIA	RESEARCH	28,765.	WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH	1,248,766.	WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	540,860.	WIRE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	120,210.	WIRE			
(15)			SUB-SAHARAN AFRICA	RESEARCH	26,531.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	596,026.	WIRE & CHECK			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	17			443,369.	TUITION	COST
(2) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	362			6,529,409.	TUITION	COST
(3) STUDENT FINANCIAL AID	NORTH AMERICA	1			33,150.	TUITION	COST
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☒ Yes ☐ No

Schedule F (Form 990) 2021

Part V**Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

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

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

BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS. A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS. KEY INDICATORS SUCH AS HIGH SCHOOL

Part V**Supplemental Information**

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

GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES

ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM

AND EXTRACURRICULAR ACTIVITIES.

SCHEDULE F, PART I, LINE 3

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				901,165.	202,829.	712,736.

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

ALL STATES

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

		(a) Event #1 WBUR VALENTINE (event type)	(b) Event #2 PUB RADIO GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	674,755.	670,157.	88,700.	1,433,612.
	2 Less: Contributions	34,518.	651,457.	57,530.	743,505.
	3 Gross income (line 1 minus line 2)	640,237.	18,700.	31,170.	690,107.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		3,946.	2,296.	6,242.
	7 Food and beverages		90,314.	124,035.	214,349.
	8 Entertainment		45,150.	75,277.	120,427.
	9 Other direct expenses	411,576.	75,323.	65,724.	552,623.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				893,641.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-203,534.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

DEVELOPMENT GUILD DDI, INC.

ADDRESS:

ONE BOSTON PLACE SUITE 2600
BOSTON, MA 02108

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 14,400.

NAME:

ADVANCED REMARKETING SERVICES, INC.

ADDRESS:

116 JOHNNY CAKE HILL
MIDDLETOWN, RI 02842

ACTIVITY :

PROFESS. FUNDRAISER

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : 901,165.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 188,429.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 712,736.

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABT ASSOCIATES INC 10 FAWCETT STREET CAMBRIDGE, MA 02138	42-2347643		5,906.				RESEARCH
(2) ACCELERATE DIAGNOSTICS INC 3950 S COUNTRY CLUB RD TUCSON, AZ 85714	84-1072256		151,576.				RESEARCH
(3) ACHAAGEN PLAN TRUST MCLNNIS PKWY STE SAN RAFAEL, CA 94903	68-0533693		216,611.				RESEARCH
(4) ADVANCED BUILDING ANALYSIS LLC 2 WOODLAWN STREET AMESBURY, MA 01913	26-3486448		65,324.				RESEARCH
(5) AFFINIVAX INC 301 BINNEY ST CAMBRIDGE, MA 02142	46-4701432		3,336,045.				RESEARCH
(6) AMERICAN ACADEMY OF PEDIATRICS PO BOX 776442 CHICAGO, IL 60677	36-2275597	501 C 3	124,521.				RESEARCH
(7) AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501 C 3	1,600,225.				RESEARCH
(8) AMERICAN UNIVERSITY OF BEIRUT 3 DAG HAMMARSKJOLD PLAZA, 8TH FLOOR	13-5596846	501 C 3	21,748.				RESEARCH
(9) AMICROBE INC 3142 TIGER RUN COURT, SUITE 101	27-4438018		3,606,691.				RESEARCH
(10) ANDERSONICS LLC 18 EMERSON STREET BELMONT, MA 02478			37,008.				RESEARCH
(11) ASSOCIATION FOR CLINICAL PASTORAL EDUCATION 55 IVAN ALLEN JR BLVD ATLANTA, GA 30308	58-1921094	501 C 3	23,950.				RESEARCH
(12) ASSOCIATION OF MATERNAL & CHILD HEALTH 1825 K STREET NW WASHINGTON, DC 20006	52-1529448	501 C 3	30,425.				RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 221

3 Enter total number of other organizations listed in the line 1 table 49

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

Schedule I (Form 990) 2021

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUGUSTA UNIVERSITY RESEARCH INSTITUTE PO BOX 945552 ATLANTA, GA 30394	58-1418202	501 C 3	99,038.				RESEARCH
(2) AVAILS MEDICAL INC 1455 ADAMS DRIVE MENLO PARK, CA 94025	46-4246007		1,580,380.				RESEARCH
(3) BAEBIES INC 615 DAVIS DR STE 800 DURHAM, NC 27709	46-3482298		1,448,511.				RESEARCH
(4) BANNER HEALTH 901 E WILLETTA STREET PHOENIX, AZ 85006	45-0233470	501 C 3	173,033.				RESEARCH
(5) BASE PAIR BIOTECHNOLOGIES 8619 BROADWAY ST, PEARLAND, TX 77584	45-4702942		46,200.				RESEARCH
(6) BAY AREA BIOSCIENCE CENTER 685 GATEWAY BLVD S SAN FRANCISCO, CA 94080	94-3118621	501 C 3	23,451.				RESEARCH
(7) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501 C 3	183,450.				RESEARCH
(8) BECKMAN RSRCH INST OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501 C 3	26,356.				RESEARCH
(9) BEDFORD VA RESEARCH CORPORATION, INC 200 SPRINGS RD BEDFORD, MA 01730	04-3512440	501 C 3	191,227.				RESEARCH
(10) BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452	04-1081650	501 C 3	96,524.				RESEARCH
(11) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501 C 3	1,233,318.				RESEARCH
(12) BOARD OF REGENTS UNIV. OF NEVADA 4505 MARYLAND PKWY LAS VEGAS, NV 89154	88-6000024	501 C 3	7,667.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOARD OF TRUSTEES OF THE LELAND STANFORD PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501 C 3	838,043.				RESEARCH
(2) BOARD OF TRUSTEES OF UNIVERSITY OF ILLINOIS 28392 NETWORK PLACE CHICAGO, IL 60673	37-6000511	STATE GOVT	161,563.				RESEARCH
(3) BOSTON HOUSING AUTHORITY 52 CHAUNCEY ST BOSTON, MA 02111	04-6001907	LOCAL GOVT	23,776.				RESEARCH
(4) BOSTON MEDICAL CENTER 660 HARRISON AVE, GAMBRO2, RES. FIN	04-3314093	501 C 3	2,302,283.				RESEARCH
(5) BOSTON MEDICAL CENTER CORPORATION 1 BOSTON MEDICAL CENTER PLACE	04-3314093	501 C 3	110,000.				CHARITABLE DONATION
(6) BOSTON VA RESEARCH INSTITUTE INC 150S HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501 C 3	47,598.				RESEARCH
(7) BOWDOIN COLLEGE 5400 COLLEGE STATIONS BRUNSWICK, ME 04011	01-0215213	501 C 3	76,519.				RESEARCH
(8) BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454	04-2103552	501 C 3	169,250.				RESEARCH
(9) BRIGHAM AND WOMEN'S HOSPITAL INC. 399 REVOLUTION DRIVE SOMERVILLE, MA 02145	04-2312909	501 C 3	25,000.				CHARITABLE DONATION
(10) BRONX VETERANS MEDICAL RESEARCH FOUNDATION 130 WEST KINGSBRIDGE ROAD BRONX, NY 10468	13-3699250	501 C 3	23,592.				RESEARCH
(11) BROWN UNIVERSITY 69 BROWN ST PROVIDENCE, RI 02912	05-0258809	501 C 3	795,916.				RESEARCH
(12) BUGWORKS RESEARCH INC 41635 JOYCE AVE FREMONT, CA 94539	46-4722591		1,434,458.				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) 2021

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BUTLER HOSPITAL 350 DUNCAN DR PROVIDENCE, RI 02906	05-0258812	501 C 3	119,586.				RESEARCH
(2) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501 C 3	22,986.				RESEARCH
(3) CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		212,895.				RESEARCH
(4) CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH, MA 15250	25-0969449	501 C 3	435,450.				RESEARCH
(5) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501 C 3	220,533.				RESEARCH
(6) CELRICS THERAPEUTICS INC 11588 SORRENTO VALY RD SAN DIEGO, CA 92121	46-5220148		2,229,917.				RESEARCH
(7) CENTER FOR INNOVATIVE PUBLIC HEALTH 555 N EL CAMINO SAN CLEMENTE, CA 92672	20-0165973	501 C 3	40,495.				RESEARCH
(8) CHILDRENS HOSPITAL COLORADO 13123 E 16TH AVE AURORA, CO 80045	84-0166760	501 C 3	17,809.				RESEARCH
(9) CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501 C 3	458,930.				RESEARCH
(10) CHILDRENS HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0812532	501 C 3	77,803.				RESEARCH
(11) CIRCLE INC PO BOX 652 BARRE, VT 05641	03-0331147	501 C 3	33,249.				RESEARCH
(12) CLARAMETIX BIOSCIENCES, INC 1275 KINNEAR RD COLUMBUS, OH 43212	84-4245308		5,493,193.				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 ▶

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 44193	34-0714585	501 C 3	20,459.				RESEARCH
(2) CLINTON HEALTH ACCESS INITIATIVE INC 383 DORCHESTER AVE BOSTON, MA 02127	27-1414646	501 C 3	185,393.				RESEARCH
(3) COLORADO DEPARTMENT OF PUBLIC HEALTH 4300 CHERRY CREEK DR S DENVER, CO 80246	84-0644739	STATE GOVT	15,704.				RESEARCH
(4) COLORADO SEMINARY PO BOX 911811 OSP DENVER, CO 80291	84-0404231	501 C 3	448,666.				RESEARCH
(5) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	STATE GOVT	80,870.				RESEARCH
(6) COMMONWEALTH OF KENTUCKY CABINET FO 310 WHITTINGTON PKWY LOUISVILLE, KY 40222	61-6001481	STATE GOVT	238,921.				RESEARCH
(7) CONTRAFECT CORP 28 WELLS AVE 3RD FL YONKERS, NY 10701	39-2072586		3,144,521.				RESEARCH
(8) CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501 C 3	543,156.				RESEARCH
(9) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501 C 3	269,832.				RESEARCH
(10) DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501 C 3	122,817.				RESEARCH
(11) DAY ZERO DIAGNOSTICS INC 40 GUEST STREET STE 3300 BOSTON, MA 02465	81-2254210		3,196,186.				RESEARCH
(12) DENVER RESEARCH INSTITUTE 3401 QUEBEC ST STE 5000 DENVER, CO 80207	84-1392442	501 C 3	20,610.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

2021

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1) DIGNITY HEALTH FILE 57431 LOS ANGELES, CA 90074	94-1196203	501 C 3	5,453.				RESEARCH
(2) DREXEL UNIVERSITY PO BOX 95000 PHILADELPHIA, PA 19195	23-1352630	501 C 3	8,300.				RESEARCH
(3) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501 C 3	162,086.				RESEARCH
(4) EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH NORFOLK, VA 23507	54-6055378	501 C 3	263,397.				RESEARCH
(5) EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501 C 3	200,805.				RESEARCH
(6) ENDICOTT COLLEGE 376 HALE ST BEVERLY, MA 01915	04-2103567	501 C 3	22,279.				RESEARCH
(7) ENTASIS THERAPEUTICS INC 35 GATEHOUSE DRIVE WALTHAM, MA 02451	47-3440942		2,633,304.				RESEARCH
(8) ESPLANADE ASSOCIATION, INC. 575 BOYLSTON ST BOSTON, MA 02116	04-3550635	501 C 3	10,600.				CHARITABLE DONATION
(9) FACILE THERAPEUTICS INC 2708 WEMBERLY DRIVE BELMONT, CA 94002	82-0616802		33,551.				RESEARCH
(10) FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET #200 DURHAM, NC 27701	23-7413005	501 C 3	51,242.				RESEARCH
(11) FAMILY VOICES 561 VIRGINIA RD CONCORD, MA 01742	85-0430800	501 C 3	35,684.				RESEARCH
(12) FERMI RESEARCH ALLIANCE LLC P.O. BOX 500 BATAVIA, IL 60510	57-1239010	501 C 3	250,539.				RESEARCH

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Schedule I (Form 990) 2021

**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" on Form 990, Part IV, line 21 or 22.

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Employer identification number

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(1) FLORIDA INTERNATIONAL UNIV BOT 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	501 C 3	683,738.				RESEARCH
(2) FORGE THERAPEUTICS INC 10578 SCIENCE CENTER DR SAN DIEGO, CA 92121	80-0940055		139,829.				RESEARCH
(3) FORSYTH DENTAL INFIRMARY FOR CHILDREN 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501 C 3	466,459.				RESEARCH
(4) FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604	23-1352635	501 C 3	48,824.				RESEARCH
(5) FRANKLIN W. OLIN COLLEGE OF ENGINEERING 1000 OLIN WAY NEEDHAM, MA 02492	06-1519057	501 C 3	48,959.				RESEARCH
(6) FRAUNHOFER USA INC PO BOX 673308 DETROIT, MI 48267	38-3203030	501 C 3	7,547.				RESEARCH
(7) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501 C 3	31,829.				RESEARCH
(8) GENERAL ELECTRIC COMPANY LB645044 500 1STAVE PITTSBURGH, PA 15219	14-0689340		143,007.				RESEARCH
(9) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	STATE GOVT	67,351.				RESEARCH
(10) GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057	53-0196603	501 C 3	78,039.				RESEARCH
(11) GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501 C 3	36,994.				RESEARCH
(12) GILLETTE CHILDRENS SPECIALTY HEALTH 200 UNIVERSITY AVE E SAINT PAUL, MN 55101	36-3379150	501 C 3	106,707.				RESEARCH

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Schedule I (Form 990) 2021

**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

2021

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Employer identification number

04-2103547

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(1) GLAXOSMITHKLINE HOLDINGS AMERICAS INC 5 CRESCENT DRIVE PHILADELPHIA, PA 19112	51-0395640		6,166,429.				RESEARCH
(2) GREENROOTS INC 227 MARGINAL ST SUITE 1 CHELSEA, MA 02150	81-2718273	501 C 3	158,892.				RESEARCH
(3) HARVARD PILGRIM HEALTH CARE INC P. O. BOX 3672 BOSTON, MA 02241	04-2452600	501 C 3	27,797.				RESEARCH
(4) HEALTH MANAGEMENT ASSOCIATES INC 120 N WASHINGTON SQUARE LANSING, MI 48933	38-2599727	501 C 3	50,531.				RESEARCH
(5) HEALTH RESEARCH, INC. PO BOX 2966 BUFFALO, NY 14240	14-1402155	501 C 3	235,932.				RESEARCH
(6) HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501 C 3	28,594.				RESEARCH
(7) HELIXBIND INC. 181 CEDAR HILL ST MARLBOROUGH, MA 01752	46-1399706		1,556,427.				RESEARCH
(8) HENRY FORD HEALTH SYSTEM ONE FORD PLACE DETROIT, MI 48202	38-1357020	501 C 3	101,999.				RESEARCH
(9) HERRERA CONSULTING GROUP LLC 6123 UTAH AVE NW WASHINGTON, DC 20015	81-2848801		7,275.				RESEARCH
(10) HOLYOKE HEALTH CENTER INC 230 MAPLE STREET HOLYOKE, MA 01041	04-2492730	501 C 3	165,944.				RESEARCH
(11) HORIZON RESEARCH INC 326 CLOISTER COURT CHAPEL HILL, NC 27514	56-1550276		74,667.				RESEARCH
(12) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE LEVY PL. NEW YORK, NY 10029	13-6171197	501 C 3	885,039.				RESEARCH

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Schedule I (Form 990) 2021

**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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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1) IHC HEALTH SERVICES INC PO BOX 57828 SALT LAKE CITY, UT 84157	94-2854057	501 C 3	31,432.				RESEARCH
(2) INDIANA UNIVERSITY PO BOX 78000 DEPT 78867 DETROIT, MI 48278	35-6001673	STATE GOVT	434,345.				RESEARCH
(3) INFORMATION TECHNOLOGY AND INNOVATION 700 K STREET WASHINGTON, DC 20001	20-4403497	501 C 3	50,018.				RESEARCH
(4) INSTITUTE FOR HEALTH AND RECOVERY 349 BROADWAY CAMBRIDGE, MA 02139	04-3086647	501 C 3	82,622.				RESEARCH
(5) INSTITUTE FOR LIFE SCIENCE ENTREPRENEURSHIP 1000 MORRIS AVE UNION, NJ 07083	46-5632420	501 C 3	362,893.				RESEARCH
(6) INTEGRATED BIOTHERAPEUTICS 4 RESEARCH COURT ROCKVILLE, MD 20850	20-3052840		2,897,347.				RESEARCH
(7) J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE LA JOLLA, CA 92037	52-1842938	501 C 3	434,031.				RESEARCH
(8) JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111	501 C 3	124,597.				RESEARCH
(9) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE	52-0595110	501 C 3	468,076.				RESEARCH
(10) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST. OAKLAND, CA 94612	94-1105628	501 C 3	837,598.				RESEARCH
(11) KANSAS STATE UNIVERSITY 2323 ANDERSON AVENUE MANHATTAN, KS 66502	48-0771751	501 C 3	14,035.				RESEARCH
(12) LOCUS BIOSCIENCES INC 523 DAVIS DRIVE MORRISVILLE, NC 27560	47-4084065		1,628,651.				RESEARCH

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Schedule I (Form 990) 2021

**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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(1) LOUISIANA STATE UNIVERSITY AND AGRICULTURE 6400 PERKINS ROAD BATON ROUGE, LA 70808	72-6000848	STATE GOVT	273,679.				RESEARCH
(2) LOWELL OBSERVATORY 1400 W MARS HILL ROAD FLAGSTAFF, AZ 86001	86-0098918	501 C 3	20,878.				RESEARCH
(3) LUMEN BIOSCIENCE INC 1441 N. 34TH ST SEATTLE, WA 98103	82-0810906		2,405,046.				RESEARCH
(4) LUNDQUIST INSTITUTE FOR BIOMEDICAL 1124 W CARSON ST TORRANCE, CA 90502	95-2138184	501 C 3	829,218.				RESEARCH
(5) LYTICA THERAPEUTICS INC ONE INTERNATIONAL PL BOSTON, MA 02110	84-3243210		1,263,898.				RESEARCH
(6) MASSACHUSETTS ALLIANCE OF BOYS & GIRLS PO BOX 815 LUDLOW, MA 01056	06-1684675	501 C 3	37,807.				RESEARCH
(7) MASSACHUSETTS GREEN HIGH PERFORMANCE 100 BIGELOW ST. HOLYOKE, MA 01040	27-3014805	501 C 3	52,865.				RESEARCH
(8) MASSACHUSETTS INSTITUTE OF TECHNOLOGT 77 MASS AVE CAMBRIDGE, MA 02139	27-3014805	501 C 3	1,781,858.				RESEARCH
(9) MAYO CLINIC JACKSONVILLE PO BOX 860334 MINNEAPOLIS, MN 55486	59-3337028	501 C 3	606,075.				RESEARCH
(10) MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SO PK CIR CHARLESTON, SC 29407	57-6000722	STATE GOVT	64,948.				RESEARCH
(11) MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946	501 C 3	17,664.				RESEARCH
(12) MENTOR WASHINGTON 15500 SE30TH PLACE BELLEVUE, WA 98007	20-8335617	501 C 3	35,665.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►
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TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
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(1) MERRIMACK COLLEGE 315 TURNPIKE ST NORTH ANDOVER, MA 01845	04-2103731	501 C 3	20,423.				RESEARCH
(2) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	STATE GOVT	33,841.				RESEARCH
(3) MICROBION CORPORATION 5 WEST MENDENHALL ST BOZEMAN, MT 59715	92-0173760		2,378,106.				RESEARCH
(4) MICROBIOTIX INC ONE INNOVATION DR WORCESTER, MA 01605	06-1538344		1,191,136.				RESEARCH
(5) MICURX PHARMACEUTICALS 555 BRYANT ST PALO ALTO, CA 94301	26-0358968		2,495,408.				RESEARCH
(6) MIRIAM HOSPITAL 1 HOPPIN ST PROVIDENCE, RI 02903	05-0258905	501 C 3	5,945.				RESEARCH
(7) MUCOMMUNE LLC 1040 DOLORES ST SAN FRANCISCO, CA 94110	47-3360279		35,357.				RESEARCH
(8) MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501 C 3	5,690.				RESEARCH
(9) MYCOSYNTHETIX INC 505 MEADOWLANDS DR HILLSBOROUGH, NC 27278	36-4468884		43,701.				RESEARCH
(10) NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK ST CONCORD, NH 03301	02-0453814	501 C 3	47,284.				RESEARCH
(11) NEW YORK UNIVERSITY PO BOX 415026 BOSTON, MA 02241	13-5562308	501 C 3	149,234.				RESEARCH
(12) NORTH CAROLINA STATE UNIVERSITY BOX 721 RALEIGH, NC 27695	56-6000756	501 C 3	145,596.				RESEARCH

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(1) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501 C 3	224,130.				RESEARCH
(2) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH 4150 CLEMENT ST SAN FRANCISCO, CA 94121	94-3084159	501 C 3	283,872.				RESEARCH
(3) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501 C 3	189,914.				RESEARCH
(4) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FORT LAUDERDALE, FL 33314	59-1083502	501 C 3	157,166.				RESEARCH
(5) NOVEL MICRODEVICES INC 6200 SEAFORTH ST BALTIMORE, MD 21224	86-2171054		1,651,990.				RESEARCH
(6) NOVEL MICRODEVICES LLC 701 EAST PRATT ST BALTIMORE, MD 21202	47-1747787		1,257,820.				RESEARCH
(7) OHIO UNIVERSITY PO BOX 960 ATHENS, OH 45701	31-6402113	501 C 3	200,102.				RESEARCH
(8) OREGON HEALTH & SCIENCE UNIVERSITY POB 3003 OP&AM PORTLAND, OR 97208	93-1176109	501 C 3	38,985.				RESEARCH
(9) OSU OREGON STATE UNIVERSITY 312 KERR ADMIN BLDG CORVALLIS, OR 97331	48-1278540	STATE GOVT	40,610.				RESEARCH
(10) PARENT EDUCATION ADVOCACY AND LEADERSHIP 2325 E CARSON ST PITTSBURGH, PA 15203	20-2943378	501 C 3	6,218.				RESEARCH
(11) PATTERN BIOSCIENCE INC 9600 GREAT HILLS TRAIL AUSTIN, TX 78759	82-4883088		7,992,199.				RESEARCH
(12) PEPTILOGICS INC 2730 SIDNEY ST PITTSBURGH, PA 15203	46-3732713		4,802,154.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

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(1) PHILADELPHIA HUNE, INC 2215 NORTH AMER ST PHILADELPHIA, PA 19133	23-3049815	501 C 3	12,793.				RESEARCH
(2) PLANETARY SCIENCE INSTITUTE 1700 E. FORT LOWELL RD TUCSON, AZ 85719	33-0175263	501 C 3	5,922.				RESEARCH
(3) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501 C 3	1,708,420.				RESEARCH
(4) PROPEL CAREERS 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	27-1093470		28,200.				RESEARCH
(5) RABIN STRATEGIC PARTNERS INC 220 E. 42ND ST NEW YORK, NY 10017	20-0554687		152,932.				RESEARCH
(6) RAYTHEON COMPANY PO BOX 419370 BOSTON, MA 02215	95-1778500		178,072.				RESEARCH
(7) RECTOR AND VISITORS OF THE UNIV. OF PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501 C 3	1,334,178.				RESEARCH
(8) REGENTS OF THE UNIV OF CA SANTA BARBARA SAASB BUILD., RM 1212	95-6006145	501 C 3	79,159.				RESEARCH
(9) REGENTS OF THE UNIV. OF CA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501 C 3	8,098.				RESEARCH
(10) REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501 C 3	1,648,001.				RESEARCH
(11) REGENTS OF THE UNIVERSITY OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	501 C 3	464,936.				RESEARCH
(12) REGENTS OF THE UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501 C 3	33,682.				RESEARCH

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Schedule I (Form 990) 2021

**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

2021

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TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

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(1) REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501 C 3	2,009,753.				RESEARCH
(2) RESEARCH FOUNDATION FOR STATE UNIVERSITY OF P. O. BOX 9 ALBANY, NY 12201	14-1368361	501 C 3	29,987.				RESEARCH
(3) RESEARCH FOUNDATION OF THE CITY UNIVERSITY 230 WEST 41ST ST NEW YORK, NY 10036	13-1988190	501 C 3	29,023.				RESEARCH
(4) RESEARCH TRIANGLE INSTITUTE P.O. BOX 896945 CHARLOTTE, NC 28289-6945	56-0686338	501 C 3	250,990.				RESEARCH
(5) RMC RESEARCH CORPORATION 1501 WILSON BLVD. ARLINGTON, VA 22209	52-0819071		18,764.				RESEARCH
(6) ROGER WILLIAMS UNIVERSITY ONE OLD FERRY RD BRISTOL, RI 02809	05-0277222	501 C 3	5,252.				RESEARCH
(7) ROSE FITZGERALD KENNEDY GREENWAY CONSERVANC 185 KNEELAND STREET BOSTON, MA 02111	20-1678932	501 C 3	10,000.				CHARITABLE DONATION
(8) ROWAN UNIVERSITY 201 MULICA HILL ROAD GLASSBORO, NJ 08028	22-2482802	501 C 3	67,555.				RESEARCH
(9) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST CHICAGO, IL 60612	36-2174823	501 C 3	239,869.				RESEARCH
(10) RUTGERS, THE STATE UNIVERSITY OF NJ 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854	22-6001086	501 C 3	117,758.				RESEARCH
(11) SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE SAN FRANCISCO, CA 94132	93-1137247	501 C 3	30,716.				RESEARCH
(12) SEATTLE CHILDRENS HOSPITAL PO BOX 24728 SEATTLE, WA 98124	91-0564748	501 C 3	74,643.				RESEARCH

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Schedule I (Form 990) 2021

**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" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

2021

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TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1) SEATTLE INSTITUTE FOR BIOMEDICAL AN 1660 S COLUMBIAN WAY SEATTLE, WA 98108	91-1452438	501 C 3	378,720.				RESEARCH
(2) SERES THERAPEUTICS INC 200 SIDNEY STREET CAMBRIDGE, MA 02139	27-4326290		1,150,339.				RESEARCH
(3) SOSTENICA INC 1019 ASHLEY RD WEST CHESTER, PA 19382	23-3061896		215,381.				RESEARCH
(4) SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION 1201 NW 16TH ST MIAMI, FL 33125	65-0207903	501 C 3	39,285.				RESEARCH
(5) SOUTHWEST RESEARCH INSTITUTE 6220 CULEBRA RD SAN ANTONIO, TX 78238	74-1070544	501 C 3	29,740.				RESEARCH
(6) SPACE SCIENCE INSTITUTE 4765 WALNUT STREET STE B BOULDER, CO 80301	84-1215290	501 C 3	118,824.				RESEARCH
(7) STANLEY STREET TREATMENT AND RESOURCE 386 STANLEY STREET FALL RIVER, MA 02720	04-2604426	501 C 3	26,480.				RESEARCH
(8) STATE OF ALABAMA 602 SOUTH LAWRENCE ST MONTGOMERY, AL 36104	63-6000619	STATE GOVT	53,778.				RESEARCH
(9) STATE OF INDIANA 2 N MERIDIAN ST INDIANAPOLIS, IN 46204-3021	35-6000158	STATE GOVT	135,000.				RESEARCH
(10) STATE OF MARYLAND 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	STATE GOVT	213,740.				RESEARCH
(11) STATE OF MISSISSIPPI-UNIVERSITY OF MS 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	STATE GOVT	268,391.				RESEARCH
(12) SUFFOLK UNIVERSITY 73 TREMONT ST ORSP BOSTON, MA 02108	04-2133255	501 C 3	25,000.				RESEARCH

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Schedule I (Form 990) 2021

**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" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1) SYRACUSE UNIVERSITY 640 SKYTOP RD SYRACUSE, NY 13244	15-0532081	501 C 3	56,939.				RESEARCH
(2) TAXIS PHARMACEUTICALS INC 9 DEER PARK DR MONMOUTH JUNCTION, NJ 08852	26-4516108		933,421.				RESEARCH
(3) TEMPLE UNIVERSITY OF THE COMMONWEALTH PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501 C 3	19,423.				RESEARCH
(4) TERC INC 2067 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	04-6134355	501 C 3	227,379.				RESEARCH
(5) TEXAS A&M ENGINEERING EXPERIMENT ST 400 HARVEY MCHL PKWY	74-1974733	501 C 3	160,494.				RESEARCH
(6) TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKY SO STE 300	74-6000531	STATE GOVT	6,168.				RESEARCH
(7) THE BRIGHAM & WOMENS HOSPITAL INC P.O. BOX 3887 BOSTON, MA 02241	04-2312909	501 C 3	1,603,837.				RESEARCH
(8) THE BROAD INSTITUTE INC. 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501 C 3	552,361.				RESEARCH
(9) THE CENTER FOR HEALTH POLICY DEVELOPMENT TWO MONUMENT SQUARE PORTLAND, ME 04101	52-1576801	501 C 3	93,318.				RESEARCH
(10) THE CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501 C 3	50,130.				RESEARCH
(11) THE FLORIDA STATE UNIVERSITY PO BOX 3064166 TALLAHASSEE, FL 32306	59-1961248	STATE GOVT	60,723.				RESEARCH
(12) THE GENERAL HOSPITAL CORPORATION PO BOX 3829 BOSTON, MA 02241	04-2697983	501 C 3	2,468,072.				RESEARCH

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Schedule I (Form 990) 2021

**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" on Form 990, Part IV, line 21 or 22.

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04-2103547

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(1) THE GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA, PA 19182	53-0196584	501 C 3	102,227.				RESEARCH
(2) THE HENRY M. JACKSON FOUNDATION FOR THE ADV 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501 C 3	55,262.				RESEARCH
(3) THE JACKSON LABORATORY 610 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501 C 3	199,449.				RESEARCH
(4) THE JOHN B PIERCE LABORATORY INC 290 CONGRESS AVE NEW HAVEN, CT 06519	06-0646780	501 C 3	189,780.				RESEARCH
(5) THE MCLEAN HOSPITAL CORPORATION PO BOX 3951 BOSTON, MA 02241	04-2697981	501 C 3	240,869.				RESEARCH
(6) THE METHODIST HOSPITAL RESEARCH INSTITUTE POB 4806 HOUSTON, TX 77210	87-0721923	501 C 3	122,174.				RESEARCH
(7) THE MGH INSTITUTE OF HEALTH PROFESS 399 REVOLUTION DR SOMERVILLE, MA 02145	04-2868893	501 C 3	220,980.				RESEARCH
(8) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA P.O. BOX 741539 LOS ANGELES, CA 90074	94-6002123	501 C 3	1,025,614.				RESEARCH
(9) THE REGENTS OF THE UNIVERSITY OF MI 3003 S STATE ST ANN ARBOR, MI 48109	38-6006309	501 C 3	1,764,590.				RESEARCH
(10) THE SCRIPPS RESEARCH INSTITUTE P. O. BOX 843209 DALLAS, TX 75284	33-0435954	501 C 3	47,553.				RESEARCH
(11) THE SPAULDING REHABILITATION HOSPITAL 399 REVOLUTION DR SOMERVILLE, MA 02145	04-2551124	501 C 3	30,842.				RESEARCH
(12) THE THRESHOLDS P. O. BOX 87618 CHICAGO, IL 60680	36-2518901	501 C 3	10,882.				RESEARCH

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501 C 3	700,006.				RESEARCH
(2) THE TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501 C 3	417,915.				RESEARCH
(3) THE TRUSTEES OF PURDUE UNIVERSITY 23510 NETWORK PL CHICAGO, IL 60673	35-6002041	STATE GOVT	13,050.				RESEARCH
(4) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DR HUNTSVILLE, AL 35899	63-0520830	STATE GOVT	25,208.				RESEARCH
(5) THE UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	STATE GOVT	86,077.				RESEARCH
(6) THE UNIVERSITY OF CHICAGO 6054 SO DREXEL AVE CHICAGO, IL 60637	36-2177139	501 C 3	153,752.				RESEARCH
(7) THE UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE RD KINGSTON, RI 02881	05-6000522	501 C 3	32,441.				RESEARCH
(8) THE UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	501 C 3	22,356.				RESEARCH
(9) THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7159 AUSTIN, TX 78713	74-6000203	STATE GOVT	898,356.				RESEARCH
(10) THE VANDERBILT UNIVERSITY 2301 VANDERBUILT PLACE NASHVILLE, TN 37240	62-0476822	501 C 3	121,383.				RESEARCH
(11) THEATRE COMMUNITY BENEVOLENT FUND 411A HIGHLAND AVENUE 327	31-1712935	501 C 3	9,150.				CHARITABLE DONATION
(12) THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET #700 BOSTON, MA 02111	04-2261109	501 C 3	118,549.				RESEARCH

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(Form 990)**

Department of the Treasury
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(1) TRELLIS BIOSCIENCE INC 702 MARSHALL ST REDWOOD CITY, CA 94063	27-2173377		1,755,059.				RESEARCH
(2) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD, #6210 HANOVER, NH 03755	02-0222111	501 C 3	68,316.				RESEARCH
(3) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501 C 3	309,151.				RESEARCH
(4) TUFTS MEDICAL CENTER, INC. 800 WASHINGTON ST. BOX 453 BOSTON, MA 02111	04-3400617	501 C 3	216,831.				RESEARCH
(5) UNIVERSITY CORPORATION FOR ATMOSPHE PO BOX 3000 BOULDER, CO 80307	84-0412668	501 C 3	31,611.				RESEARCH
(6) UNIVERSITY CORPORATION FOR ATMOSPHERIC 1720 2ND AVE. S BIRMINGHAM, AL 35294	63-6005396	501 C 3	2,200,410.				RESEARCH
(7) UNIVERSITY OF ALASKA P.O. BOX 757880 FAIRBANKS, AK 99775	92-6000147	STATE GOVT	39,559.				RESEARCH
(8) UNIVERSITY OF ARKANSAS FAYETTEVILLE PO BOX 1404 FAYETTEVILLE, AR 72702	71-6003252	501 C 3	102,691.				RESEARCH
(9) UNIVERSITY OF CONNECTICUT 438 WHITNEY RD STORRS, CT 06269	06-0772160	STATE GOVT	270,327.				RESEARCH
(10) UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG NEWARK, DE 19716	51-6000297	501 C 3	213,315.				RESEARCH
(11) UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	STATE GOVT	99,087.				RESEARCH
(12) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 310 EAST CAMPUS RD ATHENS, GA 30602	58-1353149	501 C 3	222,514.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF HOUSTON POB 988 HOUSTON, TX 77001	74-6001399	STATE GOVT	144,616.				RESEARCH
(2) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION P O BOX 931113 CLEVELAND, OH 44193	61-6033693	501 C 3	103,318.				RESEARCH
(3) UNIVERSITY OF LOUISVILLE 300 E MARKET ST LOUISVILLE, KY 40202	61-1014882	501 C 3	836,950.				RESEARCH
(4) UNIVERSITY OF MASSACHUSETTS 285 OLD WESTPORT RD	04-3167352	501 C 3	1,082,222.				RESEARCH
(5) UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE GOVT	37,933.				RESEARCH
(6) UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD. BIDDEFORD, ME 04005	01-0211810	501 C 3	33,367.				RESEARCH
(7) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	STATE GOVT	22,500.				RESEARCH
(8) UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501 C 3	303,608.				RESEARCH
(9) UNIVERSITY OF NORTH CAROLINA GREENSBORO PO BOX 26170 GREENSBORO, NC 27402	56-6001468	501 C 3	50,572.				RESEARCH
(10) UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DR GRAND FORKS, ND 58202	45-6002491	STATE GOVT	190,234.				RESEARCH
(11) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCES 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501 C 3	54,794.				RESEARCH
(12) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL RSPA NOTRE DAME, IN 46556	35-0868188	501 C 3	10,384.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501 C 3	1,851,917.				RESEARCH
(2) UNIVERSITY OF PITTSBURGH 500 ROSS ST PITTSBURGH, PA 15262	25-0965591	STATE GOVT	171,290.				RESEARCH
(3) UNIVERSITY OF ROCHESTER 910 GENESEE ST ROCHESTER, NY 14642	16-0743209	501 C 3	409,021.				RESEARCH
(4) UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	STATE GOVT	34,970.				RESEARCH
(5) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 1898 SAN ANTONIO, TX 78297	74-1586031	STATE GOVT	884,713.				RESEARCH
(6) UNIVERSITY OF UTAH 201 S PRESIDENTS C SALT LAKE CITY, UT 84112	87-6000525	STATE GOVT	36,112.				RESEARCH
(7) UNIVERSITY OF VERMONT & STATE AGRICULTURE PO BOX 1389 WILLISTON, VT 05495	03-0179440	501 C 3	952,824.				RESEARCH
(8) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501 C 3	1,060,804.				RESEARCH
(9) UNIVERSITY OF WISCONSIN DRAWER #538 MILWAUKEE, WI 53278	39-1805963	STATE GOVT	151,834.				RESEARCH
(10) UT MD ANDERSON CANCER CENTER P.O. BOX 4266 HOUSTON, TX 77210	74-6001118	STATE GOVT	172,988.				RESEARCH
(11) UTICA COLLEGE 1600 BURRSTONE RD UTICA, NY 13502	16-1476258	501 C 3	145,737.				RESEARCH
(12) VANDERBILT UNIVERSITY PO BOX 121236 DALLAS, TX 75312	35-2528741	501 C 3	260,893.				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) 2021

**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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VAXCYTE INC 825 INDUSTRIAL RD SAN CARLOS, CA 94070	46-4233385		1,627,355.				RESEARCH
(2) VEDANTA BIOSCIENCES INC 19 BLACKSTONE ST CAMBRIDGE, MA 02139	27-5440202		1,671,542.				RESEARCH
(3) VENATORK PHARMACEUTICALS INC 30 SPRING MILL DR MALVERN, PA 19355	27-2782193		1,302,079.				RESEARCH
(4) VERMONT PUBLIC HEALTH ASSOCIATION INC PO BOX 732 BURLINGTON, VT 05401	02-0608866	501 C 3	17,060.				RESEARCH
(5) VETERANS EDUCATION AND RESEARCH ASSOCIATION 215 N MAIN ST	22-3091219	501 C 3	27,444.				RESEARCH
(6) VETERANS RESEARCH FND OF PITTSBURGH UNIVERSITY DRI PITTSBURGH, PA 15240	25-1666090	501 C 3	29,101.				RESEARCH
(7) VIRGINIA POLYTECHNIC INSTITUTE & ST N END CTR, STE 4200 BLACKSBURG, VA 24061	54-6001805	STATE GOVT	188,842.				RESEARCH
(8) WAKE FOREST UNIVERSITY HEALTH SCIENCE EPICARE 525@VINE WINSTON SALEM, NC 27157	22-3849199	501 C 3	47,451.				RESEARCH
(9) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE SAINT LOUIS, MO 63112	43-0653611	501 C 3	369,492.				RESEARCH
(10) WAYNE STATE UNIVERSITY 5057 WOODWARD DETROIT, MI 48202	38-6028429	501 C 3	129,868.				RESEARCH
(11) WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501 C 3	123,142.				RESEARCH
(12) WEST END HOUSE, INC. 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501 C 3	7,500.				CHARITABLE DONATION

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) 2021

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST VIRGINIA UNIVERSITY RESEARCH CENTER PO BOX 6002 MORGANTOWN, WV 26506	55-0665758	501 C 3	33,134.				RESEARCH
(2) WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 77251	74-1109620	501 C 3	50,248.				RESEARCH
(3) WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD. WORCESTER, MA 01609	04-2121659	501 C 3	76,125.				RESEARCH
(4) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501 C 3	158,729.				RESEARCH
(5) YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501 C 3	743,500.				RESEARCH
(6) ZABBIO INC 6160 LUSK BLVD SAN DIEGO, CA 92121	82-2969965		592,600.				RESEARCH
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION AND AUXILIARY	20,281	8,004,641.	568,292,426.	COST	TUITION OFFSET
2 STIPEND AND FELLOWSHIP	4,279	34,652,958.			
3 EMERGENCY FINANCIAL AID GRANTS FROM THE HEERF	10,360	21,425,800.			
4 PHD STUDENT COVID-19 ASSISTANCE	2,031	2,004,000.			
5 PRIZES AND AWARDS	810	1,200,446.			
6 HONORARIUM	2,515	2,505,552.			
7					

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

SCHEDULE I, PART III

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

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

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

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

AND EXTRACURRICULAR ACTIVITIES. ALL GRANTS AND OTHER STUDENT FINANCIAL

AID IS DESIGNATED FOR EDUCATIONAL PURPOSES ONLY.

THE UNIVERSITY RECEIVED \$21,425,800 OF FUNDING UNDER THE AMERICAN RESCUE
PLAN, PUBLIC LAW 117-2 (ARP), USED TO PROVIDE EMERGENCY FINANCIAL AID TO
STUDENTS DURING THE YEAR ENDED JUNE 30, 2022.

STARTING IN SEPTEMBER 2020, BOSTON UNIVERSITY MEETS 100% OF THE
DEMONSTRATED FINANCIAL NEED FOR ADMITTED, FIRST-YEAR STUDENTS WHO ARE
U.S. CITIZENS OR PERMANENT RESIDENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Questions Regarding Compensation

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

☒

First-class or charter travel

☒

Housing allowance or residence for personal use

☒

Travel for companions

☐

Payments for business use of personal residence

☐

Tax indemnification and gross-up payments

☐

Health or social club dues or initiation fees

☐

Discretionary spending account

☐

Personal services (such as maid, chauffeur, chef)

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

1b

X

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

2

X

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

☒

Compensation committee

☒

Written employment contract

☒

Independent compensation consultant

☒

Compensation survey or study

☐

Form 990 of other organizations

☒

Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4b

X

c Participate in or receive payment from an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" on line 6a or 6b, describe in Part III.

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A. BROWN PRESIDENT	(i)	1,113,468.		427,569.	213,100.	278,311.	2,032,448.	160,000.
	(ii)							
2 PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i)	491,988.	1,238,177.	126,299.	600.	29,704.	1,886,768.	
	(ii)							
3 TONY TANNOURY PROFESSOR & PHYSICIAN	(i)							
	(ii)	1,358,456.		2,622.	600.	106,323.	1,468,001.	
4 XINNING LI PROFESSOR & PHYSICIAN	(i)							
	(ii)	1,387,295.		1,154.	450.	28,025.	1,416,924.	
5 CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	(i)	688,050.	529,732.	5,057.	600.	819.	1,224,258.	
	(ii)							
6 WILLIAM CREEVY PROFESSOR & PHYSICIAN	(i)							
	(ii)	956,780.	202,650.	7,239.	600.	27,453.	1,194,722.	
7 JEAN MORRISON UNIVERSITY PROVOST	(i)	767,080.		80,754.	75,600.	176,638.	1,100,072.	37,500.
	(ii)							
8 KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	(i)	915,700.		8,959.	600.	521.	925,780.	
	(ii)							
9 GARY W. NICKSA SR VP, CFO, TRS(AS OF 10/1/21)	(i)	596,674.		4,437.	600.	28,782.	630,493.	
	(ii)							
10 ERIKA GEETTER SR VP, GEN COUNSEL, BOARD SEC	(i)	616,366.		2,931.	600.	2,127.	622,024.	
	(ii)							
11 MARTIN J. HOWARD SR VP, CFO, TRS(UNTIL 10/1/21)	(i)	572,496.		3,663.	600.	2,045.	578,804.	
	(ii)							
12 DEREK HOWE SR VP FOR OP (AS OF 10/1/21)	(i)	394,232.		964.	12,480.	19,271.	426,947.	
	(ii)							
13 TODD L. C. KLIPP FMR SR VP, SR COUNSEL, & SECRE	(i)			283,102.			283,102.	283,102.
	(ii)							
14 EILEEN B. O'KEEFE TRUSTEE (UNTIL 5/30/22) & PROF	(i)	121,812.		557.	8,417.	19,295.	150,081.	
	(ii)							
15 KIMBERLY A.S. HOWARD TRUSTEE (AS OF 6/1/22) & PROF	(i)	146,542.		193.	9,261.	557.	156,553.	
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

SCHEDULE J, PART I

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

SCHEDULE J, PART I, LINE 1A

(1) HOUSING ALLOWANCE: AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN AND PROVOST JEAN MORRISON WERE BOTH REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. AMOUNTS REPORTED IN COLUMN (D) INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE

Part III Supplemental Information

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

AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE
PREMISES, FOR PRESIDENT BROWN \$258,839 AND PROVOST MORRISON \$147,463.

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND
BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY
AIRFARE. EXCEPTIONS FOR INVOLVING AN EXTENDED PERIOD OF TIME ARE
PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND
BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS
FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING
FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN IS
THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO TRAVELED
FIRST-CLASS DURING CALENDAR YEAR 2021.

(3) TRAVEL FOR COMPANIONS: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND
BUSINESS EXPENSE GUIDELINES, BOSTON UNIVERSITY ALLOWS COMPANION TRAVEL
FOR BONA FIDE BUSINESS PURPOSES. ALL SUCH CASES REQUIRE PRIOR WRITTEN
APPROVAL OF AN AUTHORIZED SENIOR EXECUTIVE. THE PRESIDENT'S EMPLOYMENT
AGREEMENT ALLOWS FOR SPOUSAL TRAVEL. COMPANION TRAVEL FOR BUSINESS

Part III Supplemental Information

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

PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2021.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2021, PRESIDENT BROWN RECEIVED AN AMOUNT EQUAL TO 40% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$394,500 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2021 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION. THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN (C) OF PRIOR FORMS 990 IS \$160,000. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN (F).

Part III Supplemental Information

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

UNDER THE SAME SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2022, PRESIDENT BROWN WAS TO BECOME ENTITLED TO RECEIVE AN AMOUNT EQUAL TO 40% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. PRESIDENT BROWN'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$212,500 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2021 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2021 TO AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO PRESIDENT BROWN.

(3) UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JULY 1, 2021, PROVOST MORRISON RECEIVED A FIXED AMOUNT THAT ACCRUED DURING THE

Part III Supplemental Information

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

PRECEDING 12-MONTH PERIOD. THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. UPON VESTING, SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN OF \$75,000 WAS DISTRIBUTED TO PROVOST MORRISON IN CALENDAR YEAR 2021 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION. THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN (C) OF PRIOR FORMS 990 IS \$37,500. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN (F).

UNDER THE SAME SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2022, PROVOST MORRISON WAS TO BECOME ENTITLED TO RECEIVE A FIXED AMOUNT FOR THE PRECEDING 12-MONTH PERIOD. PROVOST MORRISON'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FOREFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION OF \$75,000 WAS ACCRUED FOR PROVOST MORRISON IN CALENDAR YEAR 2021 AND IS

Part III Supplemental Information

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

REPORTED ON SCHEDULE J, COLUMN (C) AS RETIREMENT AND OTHER DEFERRED
COMPENSATION.

(4) IN CALENDAR YEAR 2021, TODD KLIPP RECEIVED A LUMP-SUM DISTRIBUTION
FROM AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN
THE AMOUNT OF \$283,102. THIS PAYMENT IS REPORTED IN SCHEDULE J, PART II,
COLUMN (B) (III) AS OTHER REPORTABLE COMPENSATION. THE FULL DISTRIBUTION
WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON
SCHEDULE J, PART II, COLUMN (C) OF PRIOR FORM 990, THIS AMOUNT IS
THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN (F).

SCHEDULE J, PART I, LINE 6A

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 6B

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

SCHEDULE J, PART I, LINE 7

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

SCHEDULE J, PART II

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

Part III Supplemental Information

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

EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2021 REPORTABLE COMPENSATION
AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS
GREATER THAN \$150,000.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MASS DEV FIN AGENCY - SERIES AA-1 AND AA-2	04-3431814	000000000	09/30/2015	162,740,000.	REFUNDING 2005 BOND ISSUE		X		X		X
B MASS DEV FIN AGENCY- SERIES U1, U2, U3, U4, U5, U6	04-3431814	57583RWD3	05/15/2008	536,365,000.	PARTIAL REF/CAP PROJ/PROP ACQ	X			X		X
C MASS DEV FIN AGENCY-SER. BB-1, BB-2, BB-3(2016)	04-3431814	57584XWV9	11/08/2016	231,838,996.	CAP PROJ/ADV REF 2008 & 2009 BONDS		X		X		X
D MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04/30/2013	120,736,790.	CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			107,475,000.					
2 Amount of bonds legally defeased			50,000,000.					
3 Total proceeds of issue	162,740,000.		539,836,174.		233,015,994.		120,780,965.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			848,766.		1,035,243.		734,856.	
8 Credit enhancement from proceeds			727,358.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			202,760,050.		126,236,514.		120,046,109.	
11 Other spent proceeds	162,740,000.		335,500,000.		105,744,237.			
12 Other unspent proceeds								
13 Year of substantial completion			2012				2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2021

Part III Private Business Use

BOND GROUP 1

	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		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			X	X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		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		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		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		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.8831 %		0.1604 %					
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 ▶								
6 Total of lines 4 and 5	0.8831 %		0.1604 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)

BOND GROUP 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a 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 PART VI							
c Term of hedge.								
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K, PART I, LINE A

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

SCHEDULE K, PART I, LINE B

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

SCHEDULE K, PART I, LINE C

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

SCHEDULE K, PART I, LINE A(2)

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

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

SCHEDULE K, PART I, LINE B(2)

MDFA SERIES DD-1 AND DD-2 BONDS WERE ISSUED TO CURRENTLY REFUND MDFA SERIES Z-1 AND Z-2 BONDS IN THE AMOUNT OF \$73,370,000 AND SERIES H BONDS IN THE AMOUNT OF \$25,000,000.

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

COLUMN B: TOTAL PROCEEDS OF \$539,836,174 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$536,365,000 AND INVESTMENT EARNINGS TOTALING \$3,471,174.

COLUMN C: TOTAL PROCEEDS OF \$233,015,994 IS COMPRISED OF THE ISSUE PRICE IN THE AMOUNT OF \$231,838,996 AND INVESTMENT EARNINGS TOTALING \$1,176,998.

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

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

COLUMN B: COST OF ISSUANCE IN THE AMOUNT OF \$848,776 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$484,109.

COLUMN C: COST OF ISSUANCE IN THE AMOUNT OF \$1,035,243 IS COMPRISED OF ISSUANCE COSTS TOTALING \$607,924 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$427,319. ACTUAL COSTS DIFFER FROM ESTIMATES USED ON FORM 8038.

COLUMN D: COST OF ISSUANCE IN THE AMOUNT OF \$736,790 IS COMPRISED OF ISSUANCE COSTS TOTALING \$434,529 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$302,261.

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

SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-D (INCLUDING SERIES Y)

THE UNIVERSITY FINANCES CAPITAL PROJECTS WITH BOTH EQUITY AND DEBT AND MADE A TIMELY ELECTION TO ALLOCATE EQUITY PROCEEDS TO ANY PRIVATE BUSINESS USE FOR THE REFERENCED DEBT ISSUES. IF PRIVATE BUSINESS USE FOR THE REFERENCED DEBT ISSUES DOES NOT EXCEED THE EQUITY ALLOCATION, THE PRIVATE BUSINESS USE IS REPORTED AS 0.00%.

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

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

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS WAS PERFORMED IN MAY 2018. THE REBATE CALCULATION FOR THE SERIES X BONDS WAS PERFORMED IN APRIL 2018. THE REBATE CALCULATION FOR THE SERIES AA BONDS WAS PERFORMED IN SEPTEMBER 2020. THE REBATE CALCULATION FOR THE SERIES BB BONDS WAS PERFORMED IN APRIL 2021. THE REBATE CALCULATION FOR THE SERIES DD-1 AND DD-2 BONDS WAS PERFORMED IN JULY 2019.

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

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

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

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

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A (2) MASS DEV FIN AGENCY-SER. Y (2014)	04-3431814	57583UL89	09/30/2014	35,000,000.	REFUNDING 2004 & 2009 BOND ISSUES		X		X		X
B (2) MASS DEV FIN AGENCY- SER DD-1 AND DD-2 (2019)	04-3431814	57584VSM2	07/30/2019	98,375,886.	REFUNDING SERIES H, Z-1, AND Z-2		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	35,000,000.		98,375,886.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			117,235.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	35,000,000.		98,258,651.					
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2021

Part III Private Business Use**BOND GROUP 2**

	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?	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					
c Are there any research agreements that may result in private business use of bond-financed property?	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		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 ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X			X				
c No rebate due?		X	X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Schedule K (Form 990) 2021

Part IV Arbitrage (continued)

BOND GROUP 2

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b Name of provider	MERRILL LYNCH							
c Term of hedge.	25.000							
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE L
(Form 990)

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.**

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

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

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

Total ▶ \$

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FELD ENTERTAINMENT, INC.	SEE PART V	188,687.	SEE PART V	X	
(2) J. LAWFORD ANDERSON	SEE PART V	178,598.	EMPLOYMENT COMPENSATION		X
(3) KEITH A. BROWN	SEE PART V	164,619.	EMPLOYMENT COMPENSATION		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 1

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

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

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

SCHEDULE L, PART IV, LINE 2

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF PRESIDENT ROBERT BROWN.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	35,000.	IND. APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1,106	1,567,175.	NET PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	347	9,029,787.	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	X	1	4,690.	IND. APPRAISAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		27.	4,334,550.	
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 V, Donee Acknowledgement **29** 15

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 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 nonstandard contributions?	X	
32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

3754HQ L42K

3002780

111

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

SCHEDULE M, PART I

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

SCHEDULE M, PART I, LINE 32B

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

THE UNIVERSITY THROUGH ITS RADIO STATION WBUR USES ADVANCED REMARKETING
SERVICES AND CAR TALK VEHICLE DONATION PROGRAM TO ACCEPT AND SELL DONATED
VEHICLES ON BEHALF OF WBUR. PROCEEDS ARE SHARED BETWEEN WBUR AND CARS
BASED ON AN AGREED UPON AMOUNT PER VEHICLE WHEN IT IS SOLD.

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EQUPT-MED, RES	X	7	4,233,903.	IND. APPRAISAL
DONATED AUCTION	X	16	93,300.	IND. APPRAISAL
EVENT SUPPORT	X	1	7,344.	IND. APPRAISAL
SOFTWARE	X	3	3.	IND. APPRAISAL
TOTALS		27.	4,334,550.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

ORGANIZATION'S MISSION

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING
PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO
ARE IMMERSSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF
SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY
ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT. WITH 17 SCHOOLS AND COLLEGES
ON ITS THREE CAMPUSES, BOSTON UNIVERSITY OFFERS ITS STUDENTS MORE THAN
300 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING,
HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES. STUDENTS
COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH 75+
STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN 20 COUNTRIES. BOSTON
UNIVERSITY FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN
PATH-BREAKING RESEARCH AND SCHOLARSHIP. THROUGH THEIR RESEARCH,
SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF
KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL
EVOLUTION, AND HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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TRUSTEES OF BOSTON UNIVERSITY

04-2103547

PERFORMING ARTS. THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE
INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS,
WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS
BIOLOGY, PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, AND
GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR
EMERGING INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4D

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

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

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

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

UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE VICE
PRESIDENT OF OPERATIONS AND UNIVERSITY COMPTROLLER, BY THE CHIEF
FINANCIAL OFFICER (AS WELL AS OTHER FINANCE/ACCOUNTING STAFF), AND BY
UNIVERSITY COUNSEL. THE UNIVERSITY'S PUBLIC ACCOUNTING FIRM, KPMG, IS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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2021

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TRUSTEES OF BOSTON UNIVERSITY

04-2103547

INVOLVED THROUGHOUT THE PREPARATION AND REVIEW OF THE RETURN. THE FORM IS THEN SENT TO THE UNIVERSITY'S AUDIT COMMITTEE TO BE REVIEWED DURING ITS ANNUAL SPRING MEETING. AFTER AUDIT COMMITTEE REVIEW, THE FINAL RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA A SECURE SITE BEFORE IT IS FILED WITH THE IRS.

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

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

TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES WHO HAVE DISCLOSED A POTENTIAL CONFLICT OF INTEREST MUST REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP IN WHICH THEY ARE INTERESTED, EXCEPT TO RESPOND TO QUESTIONS OR TO PROVIDE FURTHER INFORMATION. IF A TRANSACTION OR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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04-2103547

RELATIONSHIP REQUIRES A VOTE, THE INTERESTED PARTY SHOULD NOT BE PRESENT
AT THE TIME OF THE VOTE.

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

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

EACH YEAR, INCLUDING THE YEAR COVERED BY THIS RETURN, THE FOLLOWING
PROCESS IS USED TO ESTABLISH THE COMPENSATION FOR THE FOLLOWING
INDIVIDUALS: THE PRESIDENT; UNIVERSITY PROVOST; MEDICAL CAMPUS PROVOST;
CHIEF INVESTMENT OFFICER; SENIOR VICE PRESIDENT FOR OPERATIONS; SENIOR
VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND TREASURER; AND SENIOR VICE
PRESIDENT, GENERAL COUNSEL, AND SECRETARY OF THE BOARD OF TRUSTEES. THE
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 COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED
PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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 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 COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART VII, SECTION A

ROBERT A. BROWN, THE PRESIDENT OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO THE MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION. GARY W. NICKSA, AN OFFICER OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER MONTH TO EACH OF 660 CORPORATION, AKEAH INC., AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL RELATED ORGANIZATIONS. DEREK HOWE, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS OR LESS PER MONTH TO EACH OF PLEASANT VENTURES REALTY TRUST AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. KAREN H. ANTMAN, MD, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES FOUR HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC. AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. TONY TANNOURY, XINNING LI, AND WILLIAM CREEVY ARE ON THE LIST OF FIVE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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TRUSTEES OF BOSTON UNIVERSITY

04-2103547

HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTING 55
HOURS OR LESS PER WEEK TO FACULTY PRACTICE PLANS. EILEEN O'KEEFE AND
KIMBERLY A.S. HOWARD WERE COMPENSATED AS FACULTY MEMBERS, NOT AS
TRUSTEES.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OF FUND BALANCES

GAIN ON INTEREST RATE EXCHANGE AGREEMENTS \$129,339,139

UNREALIZED GAIN ON NON-INVESTMENT ASSETS \$1,989,927

NET ACTUARIAL LOSS -\$2,212,255

OTHER ADJUSTMENTS -\$159,229

TOTAL \$128,957,582

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
OTHER PROGRAM SERVICES		162,246,897.	
	-----	-----	-----
TOTALS		162,246,897.	
	=====	=====	=====

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

=====

AUSTRALIA
BELGIUM
IRELAND
FRANCE
GERMANY
ITALY
NEW ZEALAND
SPAIN
SWITZERLAND
UNITED KINGDOM

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

FORM 990, PART VI, LINE 17 - STATES
=====

AK, CA,
HI, KY, MD, MA, MI,
NV, NH, NY, ND, OR,
SC,

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	105,531,124.
ARAMARK FOOD AND SUPPORT SERVICES INC 775 COMMONWEALTH AVE BOSTON, MA 02115	FOOD & HOSPITALITY	15,587,618.
SHAWMUT WOODWORKING & SUPPLY, INC 560 HARRISON AVENUE BOSTON, MA 02118	CONSTRUCTION	9,488,015.
DELOITTE 4022 SELLS DRIVE HERMITAGE, TN 37076	CONSULTING	6,649,505.
INTEGRATES BIOTHERAPEUTICS 4 RESEARCH COURT, STE 300 ROCKVILLE, MD 20850	RESEARCH	6,590,083.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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TRUSTEES OF BOSTON UNIVERSITY

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BU (GT) FUNDING, LLC 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	INVESTMENTS	DE	909,563.	32,126,975.	BU TRUSTEES
(2) PLEASANT VENTURES REALTY TRUST 04-3006700 125 BAY STATE ROAD BOSTON, MA 02215	REAL ESTATE	MA	2,315,277.	22,189,465.	BU TRUSTEES
(3) SCARLET CASTLE BRR-I LLC 82-1985611 ONE SILBER WAY BOSTON, MA 02215	INVESTMENTS	MA	1,471,780.	2,234,938.	BU TRUSTEES
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE LONDON,	EDUCATION	UK	BU EUR/EUSA UK	RELATED	-871,004.	642,343.		X			X	100.0000
(2) LVPU L.P. 47-1582760 10000 MEMORIAL DRIVE, SUITE 55	INVESTMENTS	TX	BU TRUSTEES	UNRELATED	-14,027.	263,414.		X	-5,064.		X	100.0000
(3) BRIGHTSTAR CAPITAL PARTNERS IN 9859 BIG BEND BLVD., SUITE 202	INVESTMENTS	MO	BU TRUSTEES	UNRELATED	121,330.	313,562.		X	121,162.		X	59.4800
(4) BRIGHTSTAR CAPITAL PARTNERS CA 9859 BIG BEND BLVD., SUITE 202	INVESTMENTS	MO	BU TRUSTEES	UNRELATED	1,531,992.	7,208.		X	-6,737.		X	63.7600
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING COMPANY	MA	BU TRUSTEES	C CORP		44,205.	100.0000	X	
(2) CHARITABLE REMAINDER TRUSTS - MA(14)	SUPPORT	MA	BU TRUSTEES	TRUST					
(3) 660 CORPORATION 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENCE STORE	MA	520 CORP	C CORP	3,864,339.	5,500,500.	100.0000	X	
(4) AKEAH INC. 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	EDU SUPPORT	MA	520 CORP	C CORP	281,849.	405,010.	100.0000	X	
(5) BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON	CORP.		2,266,545.	100.0000	X	
(6) EUSA (UK) LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON	CORP.		3,125.	100.0000	X	
(7) SCARLET CASTLE TIR-I LLC 84-3380977 881 COMMONWEALTH AVENUE BOSTON, MA 02215	INVESTMENT	MA	BU TRUSTEES	C CORP	10,696.	32,726.	100.0000	X	

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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.	1a X	
b Gift, grant, or capital contribution to related organization(s).	1b X	
c Gift, grant, or capital contribution from related organization(s).	1c X	
d Loans or loan guarantees to or for related organization(s).	1d X	
e Loans or loan guarantees by related organization(s).	1e	X
f Dividends from related organization(s).	1f	X
g Sale of assets to related organization(s).	1g	X
h Purchase of assets from related organization(s).	1h	X
i Exchange of assets with related organization(s).	1i	X
j Lease of facilities, equipment, or other assets to related organization(s).	1j	X
k Lease of facilities, equipment, or other assets from related organization(s).	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s).	1l X	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	X
o Sharing of paid employees with related organization(s).	1o	X
p Reimbursement paid to related organization(s) for expenses.	1p	X
q Reimbursement paid by related organization(s) for expenses.	1q	X
r Other transfer of cash or property to related organization(s).	1r X	
s Other transfer of cash or property from related organization(s).	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON UNIVERSITY USA (EUROPE) LIMITED	A (I)	237,315.	ACTUAL PAYMENTS
(2) 660 CORPORATION	A (IV)	474,006.	ACTUAL PAYMENTS
(3) BRIGHTSTAR CAPITAL PARTNERS INFRASERV, LP	B	290,967.	ACTUAL PAYMENTS
(4) CHARITABLE REMAINDER TRUST (1)	C	208,357.	FMV
(5) EUSA LLP	D	900,050.	ACTUAL PAYMENTS
(6) 660 CORPORATION	L	100,000.	ACTUAL PAYMENTS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EUSA LLP	M	661,389.	ACTUAL PAYMENTS
(2) AKEAH, INC.	R	200,000.	ACTUAL PAYMENTS
(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 sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO

BOSTON EMERGENCY PHYSICIAN FOUNDATION 860 HARRISON AVENUE	04-3286156 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON REHABILITATION MED ASSOC, INC. 732 HARRISON AVENUE, SUITE 511	04-3286641 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU CARDIAC & THORACIC SURGICAL FDN, INC. 88 EAST NEWTON STREET	04-2966416 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY DERMATOLOGY, INC. 609 ALBANY STREET	04-3335166 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES I, INC. 609 ALBANY STREET	04-3452877 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES II, INC. 609 ALBANY STREET	04-3452874 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY EYE ASSOCIATES, INC. 2005 BAY STREET, SUITE 201	04-3137333 TAUNTON, MA 02780 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY FAMILY MEDICINE, INC. 1 BOSTON MEDICAL CTR DOWLING 5	04-3354353 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU GENERAL SURGICAL ASSOCIATES, INC. 88 EAST NEWTON STREET STE C500	04-3265008 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU MALLORY PATHOLOGY ASSOCIATES, INC. 670 ALBANY STREET, 3RD FLOOR	04-2794543 BOSTON, MA 02118 MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES	NO

BU MEDICAL CENTER ANESTHESIOLOGISTS, INC	04-3276227						
88 EAST NEWTON STREET	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU MEDICAL CENTER UROLOGISTS, INC.	04-3286643						
725 ALBANY STREET SHAPIRO 3B	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU NEUROLOGY ASSOCIATES, INC.	04-3428462						
72 EAST CONCORD STREET C3	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU NEUROSURGICAL ASSOCIATES, INC.	04-3296068						
72 EAST CONCORD STREET C3	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU OBSTETRICS & GYNECOLOGY FDN, INC.	04-3067465						
85 E. CONCORD 6TH FLOOR	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC.	04-3354360						
720 HARRISON AVE., SUITE 808	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU PLASTIC SURGERY ASSOCIATES, INC.	04-3555478						
720 HARRISON AVE., DOB 9TH FL	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU PSYCHIATRY ASSOCIATES, INC.	04-3355267						
85 EAST NEWTON STREET, STE 802	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU MEDICAL CENTER RADIOLOGISTS, INC.	04-3283573						
820 HARRISON AVE., FGH BLDG	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
BU SURGICAL ASSOCIATES, INC.	04-3291148						
88 EAST NEWTON STREET	BOSTON, MA 02118						
	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT	(G) SEC 512	
					CONTROLLING	YES	NO

CHILD HEALTH FOUNDATION OF BOSTON, INC.	04-2472758						
771 ALBANY ST, DOWLING 3 SOUTH BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
EVANS MEDICAL FOUNDATION, INC.	51-0172171						
88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
FACULTY PRACTICE FOUNDATION, INC.	04-3289381						
660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12B II	N/A		X
MERCOND, INC.	04-3099628						
881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING CO.	MA	501(C)(2)	N/A	BU TRUSTEES	X	
BU MEDICAL CENTER OTOLARYNGOLOGIC FDN	04-3156471						
820 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	12C III-FI	N/A		X
THE MASS GREEN HIGH PERF COMPUTING CTR	27-3014805						
77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
MGHPCC HOLYOKE INC.	45-2257442						
77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
BOSTON UNIVERSITY (USA) LONDON CHARITY							
5-10 ST. PAUL'S CHURCHYARD LONDON, UK EC4M 8AL	EDU. SUPPORT	UK		N/A	BU TRUSTEES	X	
EAST CONCORD MEDICAL FOUNDATION, INC.	04-6048207						
88 E. NEWTON STREET BOSTON, MA 02118	EDU. SUPPORT	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY FOUNDATION - INDIA							
S-505 LGF GREATER KAILASH-11 NEW DELHI, IN 110048	EDU. SUPPORT	IN		N/A	BU TRUSTEES	X	

Part VII **Supplemental Information**

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
TRANSPORTATION SOL FOR COMMUTERS INC. 881 COMMONWEALTH AVENUE, 4TH F BOSTON, MA 02215	04-3144411 TRANS SVCS	MA	501(C)(3)	7	N/A	X
BU RADIATION ONCOLOGY, INC. 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	81-0716773 MEDICINE	MA	501(C)(3)	12C III-FI	N/A	X