

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization  TRUSTEES OF BOSTON UNIVERSITY		D Employer identification number  04-2103547	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	881 COMMONWEALTH AVE, 4TH FL		617-353-2290	
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02215-1303		G Gross receipts \$ 5,509,489,125.	
F Name and address of principal officer: MELISSA L. GILLIAM ONE SILBER WAY, BOSTON, MA 02215		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		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.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website: HTTP://WWW.BU.EDU				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1869	M State of legal domicile: MA	

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	28825
	6	Total number of volunteers (estimate if necessary)	6	47
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,413,875.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	838,648,817.	709,188,163.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,315,011,757.	2,399,893,218.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,603,011.	117,067,805.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,645,471.	31,414,164.
	12		3,310,909,056.	3,257,563,350.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	821,349,638.	858,377,304.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,422,252,179.	1,525,335,232.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	563,534.	528,998.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	40,652,143.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	762,275,546.	811,718,277.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,006,440,897.	3,195,959,811.
	19	Revenue less expenses. Subtract line 18 from line 12	304,468,159.	61,603,539.
	19			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8,318,947,751.	8,486,418,500.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,667,349,409.	2,530,552,719.
22		5,651,598,342.	5,955,865,781.	

## Part II Signature Block

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

Sign Here	Signature of officer	Date 5/13/28			
	NICOLE TIRELLA, SR VP, CFO, & TREASURER				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SHYAMALEE JOSEPH		5/9/2025	<input type="checkbox"/>	P01085371
Preparer Use Only	Firm's name	KPMG LLP	Firm's EIN	13-5565207	
	Firm's address	60 SOUTH STREET, TWO FINANCIAL CENTER BOSTON, MA 02111		Phone no. 617-988-1000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ 1,904,609,773. including grants of \$ 740,226,364. ) (Revenue \$ 2,004,630,977. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 422,099,297. including grants of \$ 118,150,940. ) (Revenue \$ 21,206,753. )

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 \$ 361,933,332. including grants of \$ 0. ) (Revenue \$ 374,055,488. )

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.)

(Expenses \$ 214,909,646. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses 2,903,552,048.Form **990** (2023)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b> X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b> X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b> X	
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b> X	
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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> .....	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 40346	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 28825		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>	X	
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 1		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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.	<b>15</b>	X	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person 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.	<b>17</b>		

**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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 32 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.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 30		
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> 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? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b> 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? .....	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9</b> 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 .....	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	X
<b>b</b> 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? .....	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b> 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? .....	<b>16b</b>	X

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, CA, HI, KY, MD, MA, MI, NH, NY, ND, OR, SC

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ 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  
 BRIAN DONALDSON - 617-353-2290  
 881 COMMONWEALTH AVENUE, 4TH FLOOR, BOSTON, MA 02215-1303

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

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

☒**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, box 6 of 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 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 (UNTIL 7/31/23)	55.00 1.00	X		X				3,081,898.	0.	210,394.
(2) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00 0.00					X		1,796,153.	0.	68,061.
(3) JEAN MORRISON UNIVERSITY PROVOST (UNTIL 6/30/23)	55.00 0.00				X			1,670,350.	0.	146,919.
(4) DAVID COLEMAN PROFESSOR & PHYSICIAN	0.00 0.00					X		0.	1,652,000.	0.
(5) TONY TANNOURY PROFESSOR & PHYSICIAN	0.00 55.00					X		0.	1,416,607.	124,629.
(6) CLARISSA C. HUNNEWELL CHIEF INVESTMENT OFFICER	55.00 0.00					X		1,412,646.	0.	60,122.
(7) CHADI TANNOURY PROFESSOR & PHYSICIAN	0.00 55.00					X		0.	1,305,924.	58,555.
(8) KAREN H. ANTMAN, MD MEDICAL CAMPUS PROVOST	55.00 4.00				X			1,057,855.	0.	38,767.
(9) KENNETH W. FREEMAN INTERIM PRES (8/1/23 - 6/30/24)	55.00 1.00	X		X				971,647.	0.	59,621.
(10) GARY W. NICKSA SR VP, CFO, TREAS (UNTIL 12/31/23)	55.00 1.00			X				735,715.	0.	68,750.
(11) KENNETH R. LUTCHEN INTERIM UNI PROVOST (7/1/23-6/30/24)	55.00 0.00				X			729,185.	0.	75,245.
(12) ERIKA GEETTER SR VP, GEN COUNSEL, SECRETARY	55.00 0.00			X				746,329.	0.	41,161.
(13) DEREK HOWE SR VP OPS, ASSISTANT TREASURER	55.00 1.00				X			562,659.	0.	61,027.
(14) NICOLE TIRELLA SR VP, CFO, & TREAS (AS OF 1/1/24)	55.00 1.00			X				282,582.	0.	54,722.
(15) KEVIN E. SMITH TRUSTEE (AS OF 6/1/24) & PROFESSOR	55.00 0.00	X						224,070.	0.	36,562.
(16) KIMBERLY A.S. HOWARD TRUSTEE (UNTIL 5/31/24) & PROFESSOR	55.00 0.00	X						159,931.	0.	19,000.
(17) MAUREEN ALPHONSE-CHARLES TRUSTEE	3.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) CASSANDRA M. CLAY TRUSTEE	3.00 0.00	X						0.	0.	0.
(19) CYNTHIA R. COHEN TRUSTEE	3.00 0.00	X						0.	0.	0.
(20) SHAMIM A. DAHOD TRUSTEE	3.00 0.00	X						0.	0.	0.
(21) NATHANIEL DALTON TRUSTEE	3.00 0.00	X						0.	0.	0.
(22) AHMASS L. FAKAHANY TRUSTEE	3.00 0.00	X						0.	0.	0.
(23) MAURICE R. FERRE TRUSTEE	3.00 0.00	X						0.	0.	0.
(24) SANDRA A. FRAZIER TRUSTEE	3.00 0.00	X						0.	0.	0.
(25) MICHAEL D. FRICKLAS TRUSTEE	3.00 0.00	X						0.	0.	0.
(26) RYAN K. ROTH GALLO TRUSTEE	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								13,431,020.	4,374,531.	1,123,535.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								13,431,020.	4,374,531.	1,123,535.

**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

4,419

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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* .....
- 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* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET, BOSTON, MA 02119	CONSTRUCTION	29,769,295.
ARAMARK FOOD AND SUPPORT SERVICES INC 775 COMMONWEALTH AVENUE, BOSTON, MA 02115	FOOD & HOSPITALITY	24,432,028.
CONSIGLI CONSTRUCTION CO., INC. 72 SUMNER STREET, MILFORD, MA 01757	CONSTRUCTION	23,484,456.
SHAWMUT WOODWORKING & SUPPLY, INC 560 HARRISON AVENUE, BOSTON, MA 02118	CONSTRUCTION	20,372,112.
DELOITTE 4022 SELLS DRIVE, HERMITAGE, TN 37076	CONSULTING	17,806,538.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	408	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RICHARD C. GODFREY TRUSTEE	3.00 0.00	X						0.	0.	0.
(28) ANTONIO G. GOMES TRUSTEE (AS OF 12/7/23)	3.00 0.00	X						0.	0.	0.
(29) CAROLYN HESSLER-RADELET TRUSTEE	3.00 0.00	X						0.	0.	0.
(30) RAJEN A. KILACHAND TRUSTEE	3.00 0.00	X						0.	0.	0.
(31) RANCH C. KIMBALL TRUSTEE	3.00 0.00	X						0.	0.	0.
(32) ANTOINETTE R. LEATHERBERRY TRUSTEE	3.00 0.00	X						0.	0.	0.
(33) KENNETH LIN TRUSTEE	3.00 0.00	X						0.	0.	0.
(34) JOSEPH LOSCALZO TRUSTEE	3.00 0.00	X						0.	0.	0.
(35) KEVIN MERIDA TRUSTEE	3.00 0.00	X						0.	0.	0.
(36) RUTH A. MOORMAN TRUSTEE	3.00 0.00	X						0.	0.	0.
(37) ALICIA C. MULLEN TRUSTEE	3.00 0.00	X						0.	0.	0.
(38) REBECCA NORLANDER TRUSTEE	3.00 0.00	X						0.	0.	0.
(39) JONATHAN PRIESTER TRUSTEE	3.00 0.00	X						0.	0.	0.
(40) RICHARD D. REIDY TRUSTEE (UNTIL 9/14/23)	3.00 0.00	X						0.	0.	0.
(41) SHARON G. RYAN TRUSTEE (UNTIL 9/14/23)	3.00 0.00	X						0.	0.	0.
(42) S.D. SHIBULAL TRUSTEE	3.00 0.00	X						0.	0.	0.
(43) HUGO X. SHONG TRUSTEE	3.00 0.00	X						0.	0.	0.
(44) KENNETH Z. SLATER TRUSTEE	3.00 0.00	X						0.	0.	0.
(45) MALEK SUKKAR TRUSTEE	3.00 0.00	X						0.	0.	0.
(46) NINA C. TASSLER TRUSTEE (UNTIL 9/14/23)	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	726,103.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	448,716,865.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	259,745,195.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 70,746,403.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> TUITION AND FEES	<b>Business Code</b>	900099	2,004,630,977.	2,004,630,977.		
	<b>b</b> AUX SALES & SERVICES		900099	374,055,488.	374,055,488.		
	<b>c</b> NON-GOVERNMENT GRANTS		900099	21,206,753.	21,206,753.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,399,893,218.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			86,922,158.		3,689,943.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties .....				2,896,917.			2,896,917.
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....				4,043,720.			4,043,720.
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....				30,145,647.		3,330,829.	26,814,818.
<b>8 a</b> Gross income from fundraising events (not including \$ 726,103. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>		768,955.			
<b>b</b> Less: direct expenses .....		<b>8b</b>		688,531.			
<b>c</b> Net income or (loss) from fundraising events .....				80,424.			80,424.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> REAL ESTATE AND RENTAL	<b>Business Code</b>	530000	16,056,641.		16,056,641.	
	<b>b</b> OTHER SERVICES		810000	4,430,294.		4,430,294.	
	<b>c</b> ARTS, ENTERTAINMENT, A		710000	1,619,625.		1,619,625.	
	<b>d</b> All other revenue .....		900099	2,286,543.		2,286,543.	
	<b>e Total.</b> Add lines 11a-11d .....			24,393,103.			
	<b>12 Total revenue.</b> See instructions .....			3,257,563,350.	2,399,893,218.	31,413,875.	117,068,094.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	92,067,463.	92,067,463.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	717,069,629.	717,069,629.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	49,240,212.	49,240,212.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	11,014,561.	10,032,384.	699,172.	283,005.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	715,040.	715,040.		
<b>7</b> Other salaries and wages .....	1,153,638,542.	1,022,249,348.	107,864,674.	23,524,520.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	97,925,835.	86,772,951.	9,156,021.	1,996,863.
<b>9</b> Other employee benefits .....	166,108,495.	147,190,211.	15,531,068.	3,387,216.
<b>10</b> Payroll taxes .....	95,932,759.	85,006,869.	8,969,669.	1,956,221.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	4,127,759.		4,127,759.	
<b>c</b> Accounting .....	1,142,390.		1,142,390.	
<b>d</b> Lobbying .....	353,350.	353,350.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	528,998.			528,998.
<b>f</b> Investment management fees .....	2,350,037.		2,350,037.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	161,720,242.	122,032,019.	36,502,174.	3,186,049.
<b>12</b> Advertising and promotion .....	15,321,049.	13,610,637.	1,578,709.	131,703.
<b>13</b> Office expenses .....	50,976,258.	38,241,858.	10,849,129.	1,885,271.
<b>14</b> Information technology .....	61,807,122.	55,818,250.	5,726,123.	262,749.
<b>15</b> Royalties .....	1,312,476.	1,312,476.		
<b>16</b> Occupancy .....	234,510,594.	204,249,398.	30,249,636.	11,560.
<b>17</b> Travel .....	41,719,601.	37,302,668.	1,448,420.	2,968,513.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	13,151,748.	11,942,391.	742,957.	466,400.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	157,983,296.	149,613,003.	8,365,247.	5,046.
<b>23</b> Insurance .....	10,018,866.	4,789,779.	5,229,087.	
<b>24</b> 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.)				
<b>a</b> RESEARCH & LAB SUPPLIES .....	35,455,096.	35,455,096.		
<b>b</b> BOOKS & PERIODICALS .....	10,319,967.	10,319,967.		
<b>c</b> DUES & MEMBERSHIPS .....	6,572,807.	5,362,662.	1,175,928.	34,217.
<b>d</b> EDUCATIONAL SERVICES .....	8,183.	8,183.		
<b>e</b> All other expenses .....	2,867,436.	2,796,204.	47,420.	23,812.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,195,959,811.	2,903,552,048.	251,755,620.	40,652,143.
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	226,808,108.	<b>2</b>	219,732,441.
	<b>3</b> Pledges and grants receivable, net .....	268,375,810.	<b>3</b>	154,330,448.
	<b>4</b> Accounts receivable, net .....	239,495,786.	<b>4</b>	240,385,921.
	<b>5</b> 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 .....	800,000.	<b>5</b>	1,700,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	9,795,181.	<b>7</b>	10,090,165.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	46,682,777.	<b>9</b>	49,816,480.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,491,274,962.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,439,486,072.		
		3,051,602,411.	<b>10c</b>	3,051,788,890.
	<b>11</b> Investments - publicly traded securities .....	1,826,783,000.	<b>11</b>	1,891,701,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,541,525,384.	<b>12</b>	2,773,223,578.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	107,079,294.	<b>15</b>	93,649,577.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,318,947,751.	<b>16</b>	8,486,418,500.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	265,751,166.	<b>17</b>	224,872,178.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	299,240,853.	<b>19</b>	274,394,052.
	<b>20</b> Tax-exempt bond liabilities .....	1,071,600,000.	<b>20</b>	1,052,380,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	663,939,741.	<b>23</b>	668,146,247.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	366,817,649.	<b>25</b>	310,760,242.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,667,349,409.	<b>26</b>	2,530,552,719.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,487,876,835.	<b>27</b>	3,651,384,781.
	<b>28</b> Net assets with donor restrictions .....	2,163,721,507.	<b>28</b>	2,304,481,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,651,598,342.	<b>32</b>	5,955,865,781.
	<b>33</b> Total liabilities and net assets/fund balances .....	8,318,947,751.	<b>33</b>	8,486,418,500.

Form **990** (2023)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,257,563,350.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,195,959,811.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	61,603,539.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,651,598,342.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	222,719,407.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	19,944,493.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,955,865,781.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 _____	X	

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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). \_\_\_\_\_

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		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	572,381,320.	671,730,194.	752,663,973.	838,648,817.	709,188,163.	3544612467.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	572,381,320.	671,730,194.	752,663,973.	838,648,817.	709,188,163.	3544612467.
<b>5</b> 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) .....						68,691,882.
<b>6 Public support.</b> Subtract line 5 from line 4.						3475920585.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	572,381,320.	671,730,194.	752,663,973.	838,648,817.	709,188,163.	3544612467.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	75,817,833.	44,974,798.	51,037,723.	78,094,116.	101,791,764.	351,716,234.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			4,672,170.	3,902,235.	6,642,090.	15,216,495.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3911545196.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 10,698,684,905.	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.86 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	88.45 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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) 2023

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

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

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

OMB No. 1545-0047

2023

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

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

**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-.

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

Schedule C (Form 990) 2023

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			

☐ Yes ☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023



**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		536,901.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		
<b>j</b> Total. Add lines 1c through 1i .....			536,901.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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 expenditures next year? .....	4	
<b>5</b> 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE UNIVERSITY HAS A FEDERAL RELATIONS OFFICE WHICH MONITORS

LEGISLATION AND OTHER FEDERAL GOVERNMENTAL DEVELOPMENTS OF INTEREST TO

AND/OR AFFECTING THE UNIVERSITY, SOMETIMES WITH THE ASSISTANCE OF

CONSULTANTS. THE OFFICE ALSO SERVES AS A LIAISON BETWEEN THE UNIVERSITY

AND VARIOUS GOVERNMENT OFFICIALS. THE UNIVERSITY FILES QUARTERLY

**Part IV** Supplemental Information (continued)

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.

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

	(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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 .....

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

Schedule D (Form 990) 2023

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in 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
<b>1a</b> Beginning of year balance	3,138,326,000.	2,973,352,000.	3,392,513,000.	2,421,115,000.	2,292,537,000.
<b>b</b> Contributions	189,445,092.	127,308,419.	62,460,046.	80,427,257.	42,034,734.
<b>c</b> Net investment earnings, gains, and losses	312,282,854.	138,932,059.	-387,169,121.	981,004,273.	169,262,496.
<b>d</b> Grants or scholarships	31,380,051.	27,639,048.	25,075,971.	23,693,212.	22,071,059.
<b>e</b> Other expenditures for facilities and programs	70,074,724.	65,327,653.	59,489,634.	56,172,716.	53,098,001.
<b>f</b> Administrative expenses	9,975,171.	8,299,777.	9,886,320.	10,167,602.	7,550,170.
<b>g</b> End of year balance	3,528,624,000.	3,138,326,000.	2,973,352,000.	3,392,513,000.	2,421,115,000.

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

- a** Board designated or quasi-endowment 42.2000 %  
**b** Permanent endowment 28.9900 %  
**c** Term endowment 28.8100 %

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
<b>3a(i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Land	11,996,440.	224,302,342.		236,298,782.
<b>b</b> Buildings	140,536,986.	4,227,795,145.	1,803,412,498.	2,564,919,633.
<b>c</b> Leasehold improvements	27,588,258.	68,083,375.	66,207,615.	29,464,018.
<b>d</b> Equipment	2,975,360.	491,739,713.	316,234,361.	178,480,712.
<b>e</b> Other		296,257,343.	253,631,598.	42,625,745.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,051,788,890.

Schedule D (Form 990) 2023

**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	1,078,351,934.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVES-NATURAL RESOURCES	51,886,331.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVES-PRIVATE	1,128,009,117.	END-OF-YEAR MARKET VALUE
(D) NON-MARKETABLE ALTERNATIVES	13,772,504.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVES - REAL ESTATE	494,135,528.	END-OF-YEAR MARKET VALUE
(F) RESIDUAL ASSET NOTE RECEIVABLE	7,068,164.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,773,223,578.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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	6,277,558.
(3) FINANCE LEASE OBLIGATION	63,094,837.
(4) OPERATING LEASE OBLIGATION	98,876,922.
(5) FEDERAL LOAN ADVANCES	14,748,970.
(6) COND. ASSET RETIREMENT OBLIGATION	10,545,769.
(7) POST-RETIREMENT OBLIGATION	1,661,345.
(8) FV OF INT. RATE EXCHANGE AGREEMENT	115,554,841.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	310,760,242.

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 ... ☒

Schedule D (Form 990) 2023

**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.

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

**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.

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

**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.

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.

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

**Part XIII** Supplemental Information (continued)

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.

PART V, LINE 4:

THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND

FREEDOM TO EMBARK ON NEW DISCIPLINES, TO HIRE ADDITIONAL FACULTY, AND TO

BUILD OR UPDATE FACILITIES. IT ENSURES REGULAR FUNDING LEVELS FOR

UNIVERSITY DEPARTMENTS, PROGRAMS, AND SCHOLARSHIPS, AND HELPS STEM RISES

IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID FOR

WITH STUDENT TUITION AND FEES. DISTRIBUTIONS FROM THE ENDOWMENT FUND ARE A

CRITICAL SOURCE OF FUNDS, WITH OVER 50% DIRECTED TO SPECIFIC PROGRAMS,

DEPARTMENTS, OR PURPOSES AND TO BE SPENT IN ACCORDANCE WITH TERMS SET FORTH

BY THE DONOR.

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. AS OF JUNE 30, 2024 THE UNIVERSITY'S FEDERAL

NET OPERATING LOSS CARRYFORWARDS PRIOR TO JUNE 30, 2018 ARE \$12,190,000,

AND EXPIRE IN VARIOUS YEARS FROM 2025 TO 2037. THESE LOSSES MAY BE APPLIED

TO OFFSET TAXABLE INCOME FOR ANY UNRELATED BUSINESS ACTIVITY EARNED IN

FUTURE YEARS. IRC SECTION 512 (A)(6), ENACTED IN DECEMBER 2017 AS PART OF

THE TAX CUT AND JOBS ACT, REQUIRES TAX EXEMPT ORGANIZATIONS WITH MULTIPLE

SOURCES OF UNRELATED BUSINESS INCOME TO SEPARATELY COMPUTE ("SILO") NET

UNRELATED BUSINESS INCOME AND LOSSES ON AN ACTIVITY BY ACTIVITY BASIS; FOR

TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 2017, EXPENSES FROM ONE

UNRELATED BUSINESS ACTIVITY MAY NO LONGER BE USED TO OFFSET THE INCOME

**Part XIII** Supplemental Information *(continued)*

FROM ANOTHER. NET OPERATING LOSS CARRYFORWARDS BEGINNING JULY 1, 2018

THROUGH JUNE 30, 2024 ARE \$33,884,000 AND MAY BE CARRIED FORWARD

INDEFINITELY, BUT MAY ONLY BE USED TO OFFSET INCOME FROM THE ACTIVITY

GENERATING THE LOSS. THE UNIVERSITY BELIEVES THAT UNRELATED BUSINESS

ACTIVITIES WILL GENERATE FUTURE TAXABLE INCOME DURING THE PERIODS IN WHICH

THESE OPERATING LOSS CARRYFORWARDS WILL BECOME DEDUCTIBLE AND HAS RECORDED

DEFERRED TAX ASSETS TOTALING \$2,347,000 AS OF JUNE 30, 2024 AND \$2,647,000

AS OF JUNE 30, 2023. 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I**

- 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? .....
- 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? .....
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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 .....
- THE UNIVERSITY'S NON-DISCRIMINATION POLICY IS ON THE  
UNIVERSITY'S WEBSITE, WWW.BU.EDU.
- .....
- .....
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d** Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.
- .....
- .....
- .....
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges? .....
- b** Admissions policies? .....
- c** Employment of faculty or administrative staff? .....
- d** Scholarships or other financial assistance? .....
- e** Educational policies? .....
- f** Use of facilities? .....
- g** Athletic programs? .....
- h** Other extracurricular activities? .....
- 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? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

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

Schedule E (Form 990) 2023

**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 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 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.

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

OMB No. 1545-0047

**2023**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
CENTRAL AMERICA AND THE CARIBBEAN			FUNDRAISING		6,094.
EAST ASIA AND THE PACIFIC			FUNDRAISING		374,298.
EUROPE (INCLUDING ICELAND AND GREENLAND)			FUNDRAISING		316,983.
MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		57,436.
NORTH AMERICA			FUNDRAISING		74,573.
RUSSIA AND NEIGHBORING STATES			FUNDRAISING		11.
SOUTH AMERICA			FUNDRAISING		9,641.
SOUTH ASIA			FUNDRAISING		13,020.
<b>3 a Subtotal</b> .....	0	0			852,056.
<b>b Total from continuation sheets to Part I</b> .....	14	339			922,843,972.
<b>c Totals</b> (add lines 3a and 3b) .....	14	339			923,696,028.

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

Schedule F (Form 990) 2023

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			FUNDRAISING		2,334.
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		549,641.
EAST ASIA AND THE PACIFIC			GRANTMAKING		2,184,428.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		19,648,630.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		62,955.
NORTH AMERICA			GRANTMAKING		81,553.
SOUTH AMERICA			GRANTMAKING		196,538.
SOUTH ASIA			GRANTMAKING		1,500,864.
SUB-SAHARAN AFRICA			GRANTMAKING		1,858,870.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		729,579,201.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		22,872,122.
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		29,663,179.
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		1,000.
NORTH AMERICA			INVESTMENTS		17,800,170.
SUB-SAHARAN AFRICA			INVESTMENTS		25,448,928.
CENTRAL AMERICA AND THE CARIBBEAN		2	PROGRAM SERVICES	RESEARCH	248,747.
EAST ASIA AND THE PACIFIC		7	PROGRAM SERVICES	RESEARCH	729,649.
EUROPE (INCLUDING ICELAND AND GREENLAND)		36	PROGRAM SERVICES	RESEARCH	3,528,531.
MIDDLE EAST AND NORTH AFRICA		2	PROGRAM SERVICES	RESEARCH	153,650.
NORTH AMERICA		8	PROGRAM SERVICES	RESEARCH	587,370.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES		2	PROGRAM SERVICES	RESEARCH	42,566.
SOUTH AMERICA		8	PROGRAM SERVICES	RESEARCH	309,015.
SOUTH ASIA	1	8	PROGRAM SERVICES	RESEARCH	149,000.
SUB-SAHARAN AFRICA		7	PROGRAM SERVICES	RESEARCH	1,406,712.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SEMINAR	297,499.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMINAR	814,825.
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SEMINAR	2,099,384.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINAR	193,436.
NORTH AMERICA			PROGRAM SERVICES	SEMINAR	426,704.
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	SEMINAR	17,122.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES	SEMINAR	103,400.
SOUTH ASIA			PROGRAM SERVICES	SEMINAR	183,849.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEMINAR	412,161.
EAST ASIA AND THE PACIFIC	2	42	PROGRAM SERVICES	STUDY ABROAD	5,965,132.
EUROPE (INCLUDING ICELAND AND GREENLAND)	11	217	PROGRAM SERVICES	STUDY ABROAD	30,182,174.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	38,261.
NORTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	6,531.
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	168,724.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	172,382.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDENT FINANCIAL AID	3,062,530.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	STUDENT FINANCIAL AID	19,763,239.
NORTH AMERICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	30,725.
SOUTH AMERICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	205,327.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	94,914.
<b>Totals</b> .....	14	339			922,843,972.



**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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	3762027.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	2106250.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1963356.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1950463.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1564643.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1362709.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1329105.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	1235249.	WIRE	0.		

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 ..... 29

3 Enter total number of other organizations or entities ..... 33

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	1,014,264.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	844,321.	WIRE	0.		
		SOUTH ASIA	RESEARCH	760,436.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	716,135.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	640,507.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	542,465.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	449,003.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	429,859.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	384,575.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH	384,157.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	362,777.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	332,801.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	329,874.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	307,325.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	281,974.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	270,556.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	252,347.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	218,943.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	216,840.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	212,087.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	161,059.	WIRE	0.		
		SOUTH ASIA	RESEARCH	139,345.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	138,579.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	131,966.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	121,046.	WIRE	0.		
		SOUTH AMERICA	RESEARCH	119,452.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	95,556.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH	83,681.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	83,554.	WIRE	0.		
		SOUTH AMERICA	RESEARCH	77,086.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	74,647.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH	62,954.	WIRE	0.		
		SOUTH ASIA	RESEARCH	59,826.	WIRE	0.		
		SUB-SAHARAN AFRICA	RESEARCH	55,744.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	37,992.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	37,800.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	35,669.	CHECK	0.		
		NORTH AMERICA	RESEARCH	32,541.	WIRE AND CHECK	0.		
		SOUTH ASIA	RESEARCH	32,145.	WIRE	0.		
		SOUTH ASIA	RESEARCH	31,532.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	28,782.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	25,140.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	25,116.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	25,110.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	24,974.	WIRE	0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH	24,331.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	23,026.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	16,262.	WIRE	0.		
		NORTH AMERICA	RESEARCH	13,343.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	12,500.	WIRE	0.		
		SOUTH ASIA	RESEARCH	9,741.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	7,703.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	5,142.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	5,085.	CHECK	0.		

**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)
STUDENT FINANCIAL AID	EAST ASIA AND THE PACIFIC	133	0.		3062530.	TUITION	COST
STUDENT FINANCIAL AID	EUROPE (INCLUDING ICELAND AND GREENLAND)	847	0.		19763239	TUITION	COST
STUDENT FINANCIAL AID	MIDDLE EAST AND NORTH AFRICA	1	0.		30,725.	TUITION	COST
STUDENT FINANCIAL AID	SOUTH AMERICA	6	0.		205,327.	TUITION	COST
STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	3	0.		94,914.	TUITION	COST



**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☒ Yes ☐ No

Schedule F (Form 990) 2023

**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.

## 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

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.

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

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

2 a 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			
ADVANCED REMARKETING SERVICES, INC. - 116 JOHNNY GREATER PUBLIC - 401 NORTH 3RD STREET, SUITE 601, GRENZEBACH GLIER AND ASSOCIATES, INC. - 200 SOUTH HONOR CODE CREATIVE, LLC - 84 CLIFFORD STREET, MELROSE, MA THOMAS SIEGEL - 91 WALKER STREET, NEWTONVILLE, MA	PROFESSIONAL FUNDRAISER FUNDRAISING CONSULTANT FUNDRAISING CONSULTANT FUNDRAISING CONSULTANT FUNDRAISING CONSULTANT	X		1,488,130.	303,480.	1,184,650.
			X	0.	130,065.	0.
			X	0.	39,578.	0.
			X	0.	37,875.	0.
			X	0.	18,000.	0.
<b>Total</b>				1,488,130.	528,998.	1,184,650.

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

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

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WBUR VALENTINE'S DAY	WBUR PUBLIC RADIO GALA	1	
		(event type)	(event type)	(total number)	
		1 Gross receipts .....	573,903.	720,480.	200,675.
2 Less: Contributions .....	1,603.	672,580.	51,920.	726,103.	
3 Gross income (line 1 minus line 2) .....	572,300.	47,900.	148,755.	768,955.	
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....		114,701.		114,701.
	8 Entertainment .....				
	9 Other direct expenses .....	372,918.	52,687.	148,225.	573,830.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				688,531.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				80,424.	

**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 .....				
	2 Cash prizes .....				
Direct Expenses	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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** 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 explanations 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ADVANCED REMARKETING SERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 116 JOHNNY CAKE HILL, MIDDLETOWN, RI 02842

(I) NAME OF FUNDRAISER: GREATER PUBLIC

(I) ADDRESS OF FUNDRAISER:

401 NORTH 3RD STREET, SUITE 601, MINNEAPOLIS, MN 55401

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: GRENZEBACH GLIER AND ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER:

200 SOUTH MICHIGAN AVENUE, SUITE 2100, CHICAGO, IL 60604

(I) NAME OF FUNDRAISER: HONOR CODE CREATIVE, LLC

(I) ADDRESS OF FUNDRAISER: 84 CLIFFORD STREET, MELROSE, MA 02176

(I) NAME OF FUNDRAISER: THOMAS SIEGEL

(I) ADDRESS OF FUNDRAISER: 91 WALKER STREET, NEWTONVILLE, MA 02460

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABT ASSOCIATES INC 6130 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	04-2347643		69,370.	0.			RESEARCH
ADVANCED BUILDING ANALYSIS LLC 2 WOODLAWN STREET AMESBURY, MA 01913	26-3486448		8,929.	0.			RESEARCH
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501(C)(3)	1100362.	0.			RESEARCH
AMERICAN INSTITUTES FOR RESEARCH P.O. BOX 28126 NEW YORK, NY 10087	25-0965219	501(C)(3)	195,337.	0.			RESEARCH
ANDERSONICS LLC 18 EMERSON STREET BELMONT, MA 02478	85-0746315		50,948.	0.			RESEARCH
ANDREWS UNIVERSITY 4150 ADMINISTRATION DRIVE, FIRMS LE BERRIEN SPRINGS, MI 49104	38-1627600	501(C)(3)	62,585.	0.			RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 227.

**3** Enter total number of other organizations listed in the line 1 table 36.

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

**Schedule I (Form 990) 2023**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION FOR CLINICAL PASTORAL E 1 CONCOURSE PARKWAY, SUITE 800 ATLANTA, GA 30328	58-1921094	501(C)(3)	5,988.	0.			RESEARCH
AUGUSTA UNIVERSITY RESEARCH INSTITU - P.O. BOX 945552 - ATLANTA, GA 30394	58-1418202	501(C)(3)	51,095.	0.			RESEARCH
AVAILS MEDICAL INC 1455 ADAMS DRIVE, SUITE 1288 MENLO PARK, CA 94025	46-4246007		3,051,366.	0.			RESEARCH
BAEBIES INC 615 DAVIS DRIVE, SUITE 800 DURHAM, NC 27709	46-3482298		55,473.	0.			RESEARCH
BANNER HEALTH 901 EAST WILLET TA STREET PHOENIX, AZ 85006	45-0233470	501(C)(3)	91,609.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	316,559.	0.			RESEARCH
BECKMAN RSRCH INST OF THE CITY OF H 1500 EAST DUARTE ROAD, CAC&AR REF: DUARTE, CA 91010	95-3432210	501(C)(3)	202,537.	0.			RESEARCH
BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452	04-1081650	501(C)(3)	69,234.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTE - 330 BROOKLINE AVENUE, BR 109 RM 262 RES - BOSTON, MA 02215	04-2103881	501(C)(3)	1,426,506.	0.			RESEARCH

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BOARD OF REGENTS OF UNIV. OF NEBRAS - 985045 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	STATE GOVT	9,885.	0.			RESEARCH
BOARD OF REGENTS UNIV. OF NEVADA 4505 MARYLAND PARKWAY, BOX 454004 U LAS VEGAS, NV 89154	88-6000024	STATE GOVT	37,280.	0.			RESEARCH
BOARD OF TRUSTEES FOR THE UNIV. OF BOX 870135, CONTRACT & GRANT ACCOUN TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	33,994.	0.			RESEARCH
BOARD OF TRUSTEES OF THE LELAND STA - P.O. BOX 884253 - LOS ANGELES, CA 90088	94-1156365	501(C)(3)	1,182,189.	0.			RESEARCH
BOARD OF TRUSTEES OF UNIVERSITY OF 28392 NETWORK PLACE GRANTS & CONTRA CHICAGO, IL 60673	37-6000511	STATE GOVT	96,913.	0.			RESEARCH
BOSTON ARTS ACADEMY FOUNDATION, INC - 126 BROOKLINE AVENUE, 3RD FLOOR - BOSTON, MA 02215	04-3454898	501(C)(3)	10,000.	0.			CHARITABLE DONATION
BOSTON HOUSING AUTHORITY 52 CHAUNCY STREET BOSTON, MA 02111	04-6001907	LOCAL GOVT	14,634.	0.			RESEARCH
BOSTON MEDICAL CENTER CORPORATION 960 MASS AVENUE, FL2 OFFICE OF DEVE BOSTON, MA 02118	04-3314093	501(C)(3)	2,863,040.	0.			RESEARCH
BOSTON MUNICIPAL RESEARCH BUREAU, INC. - 333 WASHINGTON STREET 854 - BOSTON, MA 02108	22-2673755	501(C)(3)	9,000.	0.			CHARITABLE DONATION

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BOSTON VA RESEARCH INSTITUTE INC 150S HUNTINGTON AVENUE, (151B) NWD BOSTON, MA 02130	04-3081524	501(C)(3)	15,202.	0.			RESEARCH
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 110 MA HEALTH WALTHAM, MA 02454	04-2103552	501(C)(3)	283,667.	0.			RESEARCH
BROOKINGS INSTITUTION 1775 MASS AVENUE, NW ACCOUNTS RECEI WASHINGTON, DC 20036	53-0196577	501(C)(3)	64,109.	0.			RESEARCH
BROWN UNIVERSITY 69 BROWN STREET, 2ND FLOOR, BOX 199 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	362,383.	0.			RESEARCH
BUGWORKS RESEARCH INC 41635 JOYCE AVENUE FREMONT, CA 94539	46-4722591		707,331.	0.			RESEARCH
BUTLER HOSPITAL 350 DUNCAN DRIVE, ATTN: M HENNESSEY-GRE - PROVIDENCE, RI 02906	05-0258812	501(C)(3)	183,161.	0.			RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BOULEVARD PASADENA, CA 91125	95-1643307	501(C)(3)	43,898.	0.			RESEARCH
CARLA HERRERA 6123 UTAH AVENUE NW WASHINGTON, DC 20015	81-2848801		11,725.	0.			RESEARCH
CELLICS THERAPEUTICS INC 11588 SORRENTO VALLEY ROAD, SUITE 2 SAN DIEGO, CA 92121	46-5220148		859,811.	0.			RESEARCH

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CENTER FOR INNOVATIVE PUBLIC HEALTH - 555 NORTH EL CAMINO REAL A347 - SAN CLEMENTE, CA 92672	20-0165973	501(C)(3)	311,736.	0.			RESEARCH
CHILDRENS HOSPITAL CORPORATION P.O. BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	360,223.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION P.O. BOX 931562 LERNER COLLEGE OF M CLEVELAND, OH 44193	34-0714585	501(C)(3)	41,477.	0.			RESEARCH
CLINTON HEALTH ACCESS INITIATIVE IN - 383 DORCHESTER AVENUE, SUITE 400 - BOSTON, MA 02127	27-1414646	501(C)(3)	374,440.	0.			RESEARCH
COLORADO SEMINARY P.O. BOX 911811, OSP DENVER, CO 80291	84-0404231	501(C)(3)	436,893.	0.			RESEARCH
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY, SPONSORED PRO FORT COLLINS, CO 80523	84-6000545	STATE GOVT	110,182.	0.			RESEARCH
COMMONWEALTH OF MASSACHUSETTS 250 WASHINGTON STREET, 3RD FLOOR, D BOSTON, MA 02108	04-6002284	STATE GOVT	24,489.	0.			RESEARCH
CORNELL UNIVERSITY P.O. BOX 22 ITHACA, NY 14851	15-0532082	501(C)(3)	556,816.	0.			RESEARCH
CORVUS FOUNDATION INC 2409 WEST 400 NORTH, MSTUREK CRAWFORDSVILLE, IN 47933	47-2408579	501(C)(3)	79,060.	0.			RESEARCH

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DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE, MAIL STOP BP4 BOSTON, MA 02215	04-2263040	501(C)(3)	160,739.	0.			RESEARCH
DAY ZERO DIAGNOSTICS INC 40 GUEST STREET, SUITE 3300 BOSTON, MA 02465	81-2254210		1,847,067.	0.			RESEARCH
DENVER RESEARCH INSTITUTE 3401 QUEBEC STREET, SUITE 5000 DENVER, CO 80207	84-1392442	501(C)(3)	53,029.	0.			RESEARCH
DREXEL UNIVERSITY P.O. BOX 95000-1090, TD BANK PHILADELPHIA, PA 19195	23-1352630	501(C)(3)	105,376.	0.			RESEARCH
DUKE UNIVERSITY P.O. BOX 602651, ACCOUNTS RECEIVABLE CHARLOTTE, NC 28260	56-0532129	501(C)(3)	187,250.	0.			RESEARCH
EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ARCH, P.O. BOX 1980 GA NORFOLK, VA 23507	54-6055378	501(C)(3)	99,468.	0.			RESEARCH
ECOHEALTH ALLIANCE INC 520 8TH AVENUE, SUITE 1200 NEW YORK, NY 10018	31-1726494	501(C)(3)	69,834.	0.			RESEARCH
EDUCATE GIRLS 815 BRAZOS STREET AUSTIN, TX 78701	46-4493359	501(C)(3)	15,000.	0.			CHARITABLE DONATION
EDVESTORS INC 142 BERKELEY STREET, SUITE 410 BOSTON, MA 02116	76-0794873	501(C)(3)	46,389.	0.			RESEARCH

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EL FARO HEALTH AND THERAPEUTICS 2791 PHARMACY ROAD RIO GRANDE CITY, TX 78582	87-2833721		124,117.	0.			RESEARCH
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY - 1 AEROSPACE BOULEVARD - DAYTONA BEACH, FL 32114	59-0936101	501(C)(3)	127,259.	0.			RESEARCH
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	98,189.	0.			RESEARCH
ENDICOTT COLLEGE 376 HALE STREET, TREASURER'S OFFICE BEVERLY, MA 01915	04-2103567	501(C)(3)	183,995.	0.			RESEARCH
ESPLANADE ASSOCIATION, INC 575 BOYLSTON STREET, SUITE 4R BOSTON, MA 02116	04-3550635	501(C)(3)	10,000.	0.			CHARITABLE DONATION
FARADAY ENERGY LLC 1525 BULL LEA ROAD, SUITE 10 LEXINGTON, KY 40511	27-3416441		95,323.	0.			RESEARCH
FLORIDA INTERNATIONAL UNIV BOT 11200 SW 8TH STREET, MARC 430 MIAMI, FL 33199	65-0177616	501(C)(3)	704,313.	0.			RESEARCH
FORSYTH DENTAL INFIRMARY FOR CHILDREN - 245 FIRST STREET - CAMBRIDGE, MA 02142	04-2104230	501(C)(3)	369,534.	0.			RESEARCH
FRANKLIN & MARSHALL COLLEGE P.O. BOX 3003, C/O CLAIRE RETTERER LANCASTER, PA 17604	23-1352635	501(C)(3)	17,540.	0.			RESEARCH

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FRANKLIN W. OLIN COLLEGE OF ENGINEER - 1000 OLIN WAY, MILAS HALL 330 - NEEDHAM, MA 02492	06-1519057	501(C)(3)	16,278.	0.			RESEARCH
FRAUNHOFER USA INC P.O. BOX 673308 DETROIT, MI 48267	38-3203030	501(C)(3)	7,365.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CEN - 1100 FAIRVIEW AVENUE NORTH - SEATTLE, WA 98109	23-7156071	501(C)(3)	69,816.	0.			RESEARCH
GE MEDICAL SYSTEMS INFORMATION TECH - 1 RESEARCH CIRCLE, BLDG K-1 5D7 - NISKAYUNA, NY 12309	39-1046671	501(C)(3)	241,954.	0.			RESEARCH
GENERAL ELECTRIC COMPANY LB645044, 500 1ST AVENUE, PNC BANK PITTSBURGH, PA 15219	14-0689340		508,523.	0.			RESEARCH
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MS 2E1 FAIRFAX, VA 22030	54-0836354	STATE GOVT	88,043.	0.			RESEARCH
GEORGETOWN UNIVERSITY P.O. BOX 825738 PHILADELPHIA, PA 19182	53-0196603	501(C)(3)	107,239.	0.			RESEARCH
GEORGIA STATE UNIVERSITY P.O. BOX 3999 RESEARCH FINANCIAL SE ATLANTA, GA 30302	58-6002050	STATE GOVT	224,337.	0.			RESEARCH
GREENROOTS INC 90 EVERETT AVENUE, SUITE 10 CHELSEA, MA 02150	81-2718273	501(C)(3)	70,678.	0.			RESEARCH

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HARVARD PILGRIM HEALTH CARE INC P.O. BOX 3672, NONCENTER LOCKBOX #3 BOSTON, MA 02241	04-2452600	501(C)(3)	56,084.	0.			RESEARCH
HEALTH RESEARCH, INC. P.O. BOX 2966 BUFFALO, NY 14240	14-1402155	501(C)(3)	265,488.	0.			RESEARCH
HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501(C)(3)	77,064.	0.			RESEARCH
HENRY FORD HEALTH SYSTEM ONE FORD PLACE DETROIT, MI 48202	38-1357020	501(C)(3)	17,222.	0.			RESEARCH
HOLYOKE HEALTH CENTER INC P.O. BOX 6260, 230 MAPLE STREET HOLYOKE, MA 01041	04-2492730	501(C)(3)	206,792.	0.			RESEARCH
HORIZON RESEARCH INC 326 CLOISTER COURT CHAPEL HILL, NC 27514	56-1550276		256,833.	0.			RESEARCH
HUMAN COMPUTATION INSTITUTE INC 21 LONE OAK ROAD ITHACA, NY 14850	81-5402321	501(C)(3)	40,697.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT S 1 GUSTAVE L. LEVY PLACE, BOX 3500, NEW YORK, NY 10029	13-6171197	501(C)(3)	411,289.	0.			RESEARCH
INDIANA UNIVERSITY P.O. BOX 78000, DEPT 78896 DETROIT, MI 48278	35-6001673	STATE GOVT	608,370.	0.			RESEARCH

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INSTITUTE FOR LIFE SCIENCE ENTREPRE - 1000 MORRIS AVENUE, STEM BLDG 5-13 - UNION, NJ 07083	46-5632420	501(C)(3)	540,575.	0.			RESEARCH
INVICRO LLC 119 FOURTH AVENUE NEEDHAM, MA 02484	26-3404955		6,050.	0.			RESEARCH
JAMES MADISON UNIVERSITY 738 SOUTH MASON STREET, UNIV BUS OFF, MSC 3 - HARRISONBURG, VA 22807	54-6001756	STATE GOVT	59,244.	0.			RESEARCH
JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111	501(C)(3)	306,215.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)(3)	747,279.	0.			RESEARCH
JSI RESEARCH AND TRAINING INSTITUTE - 501 SOUTH STREET, 2ND FLOOR - BOW, NH 03304	04-2679824	501(C)(3)	340,965.	0.			RESEARCH
KAISER FOUNDATION RESEARCH INSTITUT - 1800 HARRISON STREET, 16TH FLOOR - OAKLAND, CA 94612	94-1105628	501(C)(3)	175,688.	0.			RESEARCH
LAHEY CLINIC, INC. 5TH FL FRANKLIN BUILD OFFICE OF RES PHILADELPHIA, PA 19104	04-2704683	501(C)(3)	51,113.	0.			RESEARCH
LOCUS BIOSCIENCES INC 523 DAVIS DRIVE, SUITE 350 MORRISVILLE, NC 27560	47-4084065		2,007,573.	0.			RESEARCH

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LUMEN BIOSCIENCE INC 1441 NORTH 34TH STREET, SUITE 300 SEATTLE, WA 98103	82-0810906		1,096,753.	0.			RESEARCH
LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION - 1124 WEST CARSON STREET, BUILDING MRL - TORRANCE, CA 90502	95-2138184	501(C)(3)	33,095.	0.			RESEARCH
MACRO BIOLOGICS INC 3142 TIGER RUN COURT, SUITE 101 CARLSBAD, CA 92010	27-4438018		961,412.	0.			RESEARCH
MAGEE-WOMENS RESEARCH INSTITUTE & F 3240 CRAFT PLACE, SUITE 100 PITTSBURGH, PA 15213	25-1462312	501(C)(3)	254,006.	0.			RESEARCH
MASSACHUSETTS ALLIANCE OF BOYS & GI - P.O. BOX 815 - LUDLOW, MA 01056	06-1684675	501(C)(3)	50,818.	0.			RESEARCH
MASSACHUSETTS HEALTH OFFICERS ASSOC - P.O. BOX 911, C/O BERKSHIRE BANK - WORCESTER, MA 01613	04-2695256	501(C)(3)	123,000.	0.			RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE, CASHIER'S, NE49-3077 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	3,251,809.	0.			RESEARCH
MAYO CLINIC JACKSONVILLE P.O. BOX 860334, RESEARCH FINANCE MINNEAPOLIS, MN 55486	59-3337028	501(C)(3)	505,592.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLIN - 1 SOUTH PARK CIRCLE, BURSAR'S OFFICE BLDG 1 - CHARLESTON, SC 29407	57-6000722	STATE GOVT	84,635.	0.			RESEARCH

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MENTAL HEALTH CENTER OF DENVER 4141 EAST DICKENSON PLACE, C RICHEY DENVER, CO 80222	74-2499946	501(C)(3)	11,951.	0.			RESEARCH
MENTOR WASHINGTON 15500 SE 30TH PLACE BELLEVUE, WA 98007	20-8335617	501(C)(3)	9,027.	0.			RESEARCH
MERRIMACK COLLEGE 315 TURNPIKE STREET, BOX A35 NORTH ANDOVER, MA 01845	04-2103731	501(C)(3)	20,277.	0.			RESEARCH
METROPOLITAN GROUP LLC 733 SW OAK STREET, SUITE 100 PORTLAND, OR 97205	93-1308687		25,000.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2 EAST LANSING, MI 48824	38-6005984	STATE GOVT	19,486.	0.			RESEARCH
MICROBIOTIX INC ONE INNOVATION DRIVE #120C WORCESTER, MA 01605	06-1538344		285,740.	0.			RESEARCH
MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501(C)(3)	9,257.	0.			RESEARCH
MYSTIC RIVER WATERSHED ASSOCIATION 20 ACADEMY STREET, SUITE 306 ARLINGTON, MA 02476	23-7221094		31,471.	0.			RESEARCH
NATIONAL ASSOCIATION OF ELEMENTARY 1615 DUKE STREET, ATTN: A/R ALEXANDRIA, VA 22314	52-0885532	501(C)(3)	30,000.	0.			RESEARCH

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NEW YORK UNIVERSITY P.O. BOX 415026 NYU SCHOOL OF MEDIC BOSTON, MA 02241	13-5562308	501(C)(3)	262,473.	0.			RESEARCH
NORTH CAROLINA STATE UNIVERSITY BOX 7214 OFFICE OF CONTR AND GRANTS RALEIGH, NC 27695	56-6000756	501(C)(3)	265,273.	0.			RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE, MAILSTOP540177HU - BOSTON, MA 02115	04-1679980	501(C)(3)	31,261.	0.			RESEARCH
NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION - 4150 CLEMENT STREET (151NC) - SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	326,459.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET, ROOM G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	83,470.	0.			RESEARCH
NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVENUE, CGA MANAGER FORT LAUDERDALE, FL 33314	59-1083502	501(C)(3)	232,234.	0.			RESEARCH
OHIO UNIVERSITY P.O. BOX 960, OFFICE OF THE BURSAR ATHENS, OH 45701	31-6402113	501(C)(3)	29,233.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	501(C)(3)	244,233.	0.			RESEARCH
OREGON RESEARCH INSTITUTE 3800 SPORTS WAY SPRINGFIELD, OR 97477	93-0495655	501(C)(3)	28,877.	0.			RESEARCH

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OSU OREGON STATE UNIVERSITY 312 KERR ADMIN BUILDING, OSRAA CORVALLIS, OR 97331	48-1278540	STATE GOVT	105,472.	0.			RESEARCH
PALO ALTO VETERANS INSTITUTE FOR RE - 3801 MIRANDA AVENUE, (151P) P.O. BOX V- - PALO ALTO, CA 94304	77-0207331	501(C)(3)	55,299.	0.			RESEARCH
PATTERN BIOSCIENCE INC 9600 GREAT HILLS TRAIL, SUITE 160E AUSTIN, TX 78759	82-4883088		100,650.	0.			RESEARCH
PEPTILOGICS INC 2730 SIDNEY STREET, SUITE 300 PITTSBURGH, PA 15203	46-3732713		1,215,799.	0.			RESEARCH
PHILIPS HOLDING USA INC 100 WEST 33RD STREET, BANK OF AMERI NEW YORK, NY 10001	13-3867295		73,516.	0.			RESEARCH
PLANETARY SCIENCE INSTITUTE 1700 EAST FORT LOWELL ROAD, SUITE 1 TUCSON, AZ 85719	33-0175263	501(C)(3)	47,281.	0.			RESEARCH
PRESIDENT & FELLOWS OF HARVARD COLL - P.O. BOX 415649 - BOSTON, MA 02241	04-2103580	501(C)(3)	3,117,846.	0.			RESEARCH
PROJECT HEALTHY CHILDREN, INC. 200 FRIEBERG PARKWAY, NO. 4006 WESTBOROUGH, MA 01581	83-0396815	501(C)(3)	20,000.	0.			CHARITABLE DONATION
PUBLIC HEALTH INSTITUTE 555 12TH STREET, 6TH FLOOR, SUITE 6 OAKLAND, CA 94607	94-1646278	501(C)(3)	137,415.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAYTHEON P.O. BOX 419370 BOSTON, MA 02241-9370	95-1778500		112,617.	0.			RESEARCH
RECTOR AND VISITORS OF THE UNIV. OF - P.O. BOX 400195, ATTN: OFFICE OF SPON - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	811,171.	0.			RESEARCH
REGENTS OF THE UNIV OF CA SANTA BAR - SAASB BLDG, RM 1212 CASHIER'S OFF - SANTA BARBARA, CA 93106	95-6006145	STATE GOVT	43,571.	0.			RESEARCH
REGENTS OF THE UNIV. OF CA RIVERSID - 900 UNIVERSITY AVENUE, UCR CASHIERS OFF - RIVERSIDE, CA 92521	95-6006142	STATE GOVT	14,151.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFO - 120 THEORY SUITE 200 ACCOUNTING OFFICE - IRVINE, CA 92697	94-6036493	STATE GOVT	863,769.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFO - 120 THEORY SUITE 200 ACCOUNTING OFFICE - IRVINE, CA 92697	94-6036494	STATE GOVT	766,459.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF COLORA - P.O. BOX 910220, SPONSORED PROJECTS AC - DENVER, CO 80291	84-6000555	STATE GOVT	787,024.	0.			RESEARCH
REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVENUE, BOX 957089, 112 LOS ANGELES, CA 90095	95-6006143	STATE GOVT	3,407,277.	0.			RESEARCH
RESEARCH FOUNDATION FOR STATE UNIVE - P.O. BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	252,434.	0.			RESEARCH

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RESEARCH FOUNDATION OF THE CITY UNI - 230 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 10036	13-1988190	501(C)(3)	52,529.	0.			RESEARCH
RMC RESEARCH CORPORATION 1501 WILSON BOULEVARD, SUITE 400 ARLINGTON, VA 22209	52-0819071		107,146.	0.			RESEARCH
ROCHESTER INSTITUTE OF TECHNOLOGY 25 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	29,300.	0.			RESEARCH
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD BRISTOL, RI 02809	05-0277222	501(C)(3)	14,500.	0.			RESEARCH
ROOSEVELT UNIVERSITY 430 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605	36-2167854	501(C)(3)	19,380.	0.			RESEARCH
ROSE FITZGERALD KENNEDY GREENWAY CONSERVANCY, INC. - 185 KNEELAND STREET - BOSTON, MA 02111	20-1678932	501(C)(3)	10,000.	0.			CHARITABLE DONATION
ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	22-2764819	STATE GOVT	13,507.	0.			RESEARCH
ROXBURY COMMUNITY COLLEGE 1234 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-2726857	501(C)(3)	21,902.	0.			RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET #277 CHICAGO, IL 60612	36-2174823	501(C)(3)	278,756.	0.			RESEARCH

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RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR, G PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	56,742.	0.			RESEARCH
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVENUE, BO ADM155 SAN FRANCISCO, CA 94132	93-1137247	501(C)(3)	73,018.	0.			RESEARCH
SEATTLE INSTITUTE FOR BIOMEDICAL AN - 1325 4TH AVENUE, SUITE 1310 - SEATTLE, WA 98101	91-1452438	501(C)(3)	93,265.	0.			RESEARCH
SILVERCLOUD HEALTH INC 75 STATE STREET, 26TH FLOOR AR BOSTON, MA 02109	42-1777595		69,775.	0.			RESEARCH
SMIRTA INNOVATIONS INC 19 YELLOW BROOK ROAD HOLMDEL, NJ 07733	82-4047543		37,455.	0.			RESEARCH
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02120	04-2678255	501(C)(3)	6,041.	0.			CHARITABLE DONATION
SOUTH FLORIDA VETERANS AFFAIRS FOUN - 1201 NW 16TH STREET #2A103 - MIAMI, FL 33125	65-0207903	501(C)(3)	40,030.	0.			RESEARCH
SOUTHWEST RESEARCH INSTITUTE 6220 CULEBRA ROAD, BLDG 160, AR SAN ANTONIO, TX 78238	74-1070544	501(C)(3)	288,456.	0.			RESEARCH
ST. LOUIS UNIVERSITY 3700 WEST PINE MALL FUSZ MEMORIAL H ST. LOUIS, MO 63103	43-0654872	501(C)(3)	19,541.	0.			RESEARCH

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STANLEY STREET TREATMENT AND RESOUR - 386 STANLEY STREET - FALL RIVER, MA 02720	04-2604426	501(C)(3)	28,527.	0.			RESEARCH
STATE OF MARYLAND 4101 CHESAPEAKE BLDG, CONTRACT & GR COLLEGE PARK, MD 20742	52-6002033	STATE GOVT	320,789.	0.			RESEARCH
STATE OF MISSISSIPPI-UNIVERSITY OF 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	STATE GOVT	39,553.	0.			RESEARCH
STATE OF SOUTH DAKOTA 414 EAST CLARK STREET, GRANTS ACCT VERMILLION, SD 57069	46-6000364	STATE GOVT	91,304.	0.			RESEARCH
SUTTER BAY HOSPITALS 475 BRANNAN STREET, SUITE 130 SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	561,392.	0.			RESEARCH
SYNTIRON LLC 1000 WESTGATE DRIVE, SUITE 162 SAINT PAUL, MN 55114	20-1453839		530,248.	0.			RESEARCH
SYRACUSE UNIVERSITY 119 BOWNE HALL BURSAR OPERATIONS SYRACUSE, NY 13244	15-0532081	501(C)(3)	162,830.	0.			RESEARCH
TEMPLE UNIVERSITY OF THE COMMONWEAL - P.O. BOX 22432, RESEARCH ADM POST AWARD T - NEW YORK, NY 10087	23-1365971	501(C)(3)	334,870.	0.			RESEARCH
TERC INC 2067 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	04-6134355	501(C)(3)	259,481.	0.			RESEARCH

Schedule I (Form 990)



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TEXAS A&M ENGINEERING EXPERIMENT ST - 400 HARVEY MITCHELL PARKWAY, SUITE 300 - COLLEGE STATION, TX 77845	74-1974733	501(C)(3)	279,614.	0.			RESEARCH
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-6000531	STATE GOVT	28,871.	0.			RESEARCH
TEXAS A&M UNIVERSITY AT GALVESTON 400 HARVEY MITCHELL PARKWAY SOUTH, SUITE 300 - COLLEGE STATION, TX 77845	74-2125225	STATE GOVT	85,638.	0.			RESEARCH
THE ADLER PLANETARIUM 1300 SOUTH DUSABLE LAKE SHORE DRIVE CHICAGO, IL 60605	36-6210902	501(C)(3)	15,762.	0.			RESEARCH
THE BRIGHAM & WOMENS HOSPITAL INC P.O. BOX 3887, BANK OF AMERICA NA BOSTON, MA 02241	04-2312909	501(C)(3)	1,319,968.	0.			RESEARCH
THE BROAD INSTITUTE INC. 415 MAIN STREET NE30-7031 CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	310,988.	0.			RESEARCH
THE CENTER FOR HEALTH POLICY DEVELO - TWO MONUMENT SQUARE, SUITE 910 - PORTLAND, ME 04101	52-1576801	501(C)(3)	10,827.	0.			RESEARCH
THE FLORIDA STATE UNIVERSITY P.O. BOX 3064166, 874 TRADITIONS WA TALLAHASSEE, FL 32306	59-1961248	STATE GOVT	214,519.	0.			RESEARCH
THE GENERAL HOSPITAL CORPORATION P.O. BOX 3829 BOSTON, MA 02241	04-2697983	501(C)(3)	5,480,365.	0.			RESEARCH

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THE GEORGE WASHINGTON UNIVERSITY P.O. BOX 829896 PHILADELPHIA, PA 19182	53-0196584	501(C)(3)	66,717.	0.			RESEARCH
THE GREATER WASHINGTON EDUCATIONAL 3939 CAMPBELL AVENUE ATTN: ACCTS RE ARLINGTON, VA 22206	53-0242992	STATE GOVT	89,902.	0.			RESEARCH
THE JACKSON LABORATORY 90260 COLLECTION CENTER DRIVE, BANK CHICAGO, IL 60693	01-0211513	501(C)(3)	486,350.	0.			RESEARCH
THE JOHN B PIERCE LABORATORY INC 290 CONGRESS AVENUE NEW HAVEN, CT 06519	06-0646780	501(C)(3)	219,118.	0.			RESEARCH
THE MCLEAN HOSPITAL CORPORATION P.O. BOX 3951 BOSTON, MA 02241	04-2697981	501(C)(3)	489,418.	0.			RESEARCH
THE MENTAL HEALTH CTR OF GREATER MA - 401 CYPRESS STREET - MANCHESTER, NH 03103	02-0258994	501(C)(3)	52,254.	0.			RESEARCH
THE METHODIST HOSPITAL RESEARCH INS - P.O. BOX 4805 - HOUSTON, TX 77210	87-0721923	501(C)(3)	230,227.	0.			RESEARCH
THE MGH INSTITUTE OF HEALTH PROFESS - 399 REVOLUTION DRIVE, 7TH FLOOR, SUITE 745 - SOMERVILLE, MA 02145	04-2868893	501(C)(3)	357,464.	0.			RESEARCH
THE MIRIAM HOSPITAL 167 POINT STREET, BOX 42 CORO EAST, PROVIDENCE, RI 02903	05-0258905	501(C)(3)	60,781.	0.			RESEARCH

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THE MITCHELL GROUP INC 1816 11TH STREET NW WASHINGTON, DC 20001	52-1467119	501(C)(3)	43,695.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CA - P.O. BOX 741539 - LOS ANGELES, CA 90074	94-6002123	STATE GOVT	2,505,369.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CA - 120 THEORY SUITE 200 ACCOUNTING OFFICE - IRVINE, CA 92697	95-2226406	STATE GOVT	233,264.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF MI - BOX 223131 - PITTSBURGH, PA 15251	38-6006309	STATE GOVT	2,060,599.	0.			RESEARCH
THE SPAULDING REHABILITATION HOSPIT - 399 REVOLUTION DRIVE, 7TH FL RESER MNGT - SOMERVILLE, MA 02145	04-2551124	501(C)(3)	39,167.	0.			RESEARCH
THE THRESHOLDS P.O. BOX 87618 DEPT. 10371 CHICAGO, IL 60680	36-2518901	501(C)(3)	24,346.	0.			RESEARCH
THE TRUSTEE OF PRINCETON UNIVERSITY - 701 CARNEGIE CENTER, SUITE 445 - PRINCETON, NJ 08540	21-0634501	501(C)(3)	10,000.	0.			CHARITABLE DONATION
THE TRUSTEES OF COLUMBIA UNIVERSITY - P.O. BOX 29789 - NEW YORK, NY 10087	13-5598093	501(C)(3)	1,315,062.	0.			RESEARCH
THE TRUSTEES OF PRINCETON UNIVERSIT - 701 CARNEGIE CENTER - PRINCETON, NJ 08540	21-0634501	501(C)(3)	97,012.	0.			RESEARCH

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THE TRUSTEES OF PURDUE UNIVERSITY 23510 NETWORK PLACE AP SPS CHICAGO, IL 60673	35-6002041	STATE GOVT	37,008.	0.			RESEARCH
THE UNIVERSITY OF ALABAMA IN HUNTSV - 301 SPARKMAN DRIVE, ATTN: CASHIER - HUNTSVILLE, AL 35899	63-0520830	STATE GOVT	161,143.	0.			RESEARCH
THE UNIVERSITY OF ARIZONA P.O. BOX 41867 TUCSON, AZ 85717	74-2652689	STATE GOVT	80,826.	0.			RESEARCH
THE UNIVERSITY OF CENTRAL FLORIDA B P.O. BOX 160118 ORLANDO, FL 32816	59-2924021	STATE GOVT	121,579.	0.			RESEARCH
THE UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE, SUITE 300 CHICAGO, IL 60637	36-2177139	501(C)(3)	350,846.	0.			RESEARCH
THE UNIVERSITY OF IOWA 201 SOUTH CLINTON STREET, 2410 UCC IOWA CITY, IA 52242	42-6004813	STATE GOVT	1,348,901.	0.			RESEARCH
THE UNIVERSITY OF RHODE ISLAND 70 LOWER COLLEGE ROAD, SUITE 1 KINGSTON, RI 02881	05-6000522	501(C)(3)	25,913.	0.			RESEARCH
THE UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, RM#612 CONTR/G COLUMBIA, SC 29208	57-6001153	501(C)(3)	58,695.	0.			RESEARCH
THE UNIVERSITY OF TENNESSEE 910 MADISON AVENUE, SUITE 823 HSC MEMPHIS, TN 38163	62-6001636	501(C)(3)	115,844.	0.			RESEARCH

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THE UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7159 OFFICE OF ACCOUNTING AUSTIN, TX 78713	74-6000203	STATE GOVT	90,657.	0.			RESEARCH
THE VANDERBILT UNIVERSITY PMB 406310, 2301 VANDERBUILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	221,069.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT STREET, SUITE 900 JCRI SKOVAC - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	5,581.	0.			RESEARCH
TOPODYNE LLC 14071 PEYTON DRIVE, BOX #1844 CHINO HILLS, CA 91709	84-3922564		83,729.	0.			RESEARCH
TOUGALOO COLLEGE 500 WEST COUNTY LANE ROAD, FIN ADM TOUGALOO, MS 39174	64-0303093	501(C)(3)	15,784.	0.			RESEARCH
TRELLIS BIOSCIENCE INC 702 MARSHALL STREET, SUITE 614 REDWOOD CITY, CA 94063	27-2173377		767,037.	0.			RESEARCH
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVENUE, OSP CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	86,576.	0.			RESEARCH
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	200,832.	0.			RESEARCH
TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVENUE, SPONSORED PROG BOSTON, MA 02111	04-2103634	501(C)(3)	1,132,138.	0.			RESEARCH

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TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET, BOX 453, RES BOSTON, MA 02111	04-3400617	501(C)(3)	575,425.	0.			RESEARCH
U.S. DEPARTMENT OF AGRICULTURE P.O. BOX 979099, USDA FMMI COLLECTI ST. LOUIS, MO 63179	72-0564834	STATE GOVT	5,474.	0.			RESEARCH
UH-OH LABS INC 3485 VICTOR STREET SANTA CLARA, CA 95054	82-4506827		46,213.	0.			RESEARCH
UNIVERSITY CORPORATION FOR ATMOSPHE - P.O. BOX 3000 - BOULDER, CO 80307	84-0412668	501(C)(3)	19,886.	0.			RESEARCH
UNIVERSITY OF TEXAS AT SAN ANTONIO - 1 UTSA CIRCLE, FS&UB FLN 1.04.08 - SAN ANTONIO, TX 78249	74-1717115	STATE GOVT	34,317.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH, AB 990 GRANTS & CO - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	1,248,551.	0.			RESEARCH
UNIVERSITY OF ARKANSAS FAYETTEVILLE - TREASURER'S OFFICE, P.O. BOX 1404 - FAYETTEVILLE, AR 72702	71-6003252	501(C)(3)	24,373.	0.			RESEARCH
UNIVERSITY OF CINCINNATI P.O. BOX 932641, SRS ACCOUNTING CLEVELAND, OH 44193	31-6000989	501(C)(3)	50,214.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD, EXT UNIT 1133 SPS STORRS, CT 06269	06-0772160	STATE GOVT	348,200.	0.			RESEARCH

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UNIVERSITY OF DELAWARE 30 LOVETT AVENUE, CASHIERS OFFICE-S NEWARK, DE 19716	51-6000297	501(C)(3)	125,901.	0.			RESEARCH
UNIVERSITY OF FLORIDA P.O. BOX 931297, CONTRACTS & GRANTS ATLANTA, GA 32611	59-6002052	STATE GOVT	316,784.	0.			RESEARCH
UNIVERSITY OF GEORGIA RESEARCH FOUN - 310 EAST CAMPUS ROAD, TUCKER HALL ROOM 411 - ATHENS, GA 30602	58-1353149	501(C)(3)	505,926.	0.			RESEARCH
UNIVERSITY OF HOUSTON P.O. BOX 988, TREASURER'S OFFICE HOUSTON, TX 77001	74-6001399	STATE GOVT	173,996.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BOULEVARD, MS 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	86,414.	0.			RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOU - P.O. BOX 931113 - CLEVELAND, OH 44193	61-6033693	501(C)(3)	45,319.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE 300 EAST MARKET STREET #300, SPONSO LOUISVILLE, KY 40202	61-1014882	501(C)(3)	188,840.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS 285 OLD WESTPORT ROAD, CT CARNEY LI NORTH DARTMOUTH, MA 02747	04-3167352	501(C)(3)	1,019,168.	0.			RESEARCH
UNIVERSITY OF MIAMI P.O. BOX 405803, OFFICE OF RESEARCH ATLANTA, GA 30384	59-0624458	501(C)(3)	98,928.	0.			RESEARCH

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UNIVERSITY OF MISSOURI P.O. BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE GOVT	166,127.	0.			RESEARCH
UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD, OFFICE OF FISC BIDDEFORD, ME 04005	01-0211810	501(C)(3)	47,465.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA - CHAP - P.O. BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	329,070.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA GREENS - P.O. BOX 26170, ACCOUNTING SERVICES - GREENSBORO, NC 27402	56-6001468	501(C)(3)	12,569.	0.			RESEARCH
UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL RSPA NOTRE DAME, IN 46556	35-0868188	501(C)(3)	125,757.	0.			RESEARCH
UNIVERSITY OF OREGON P.O. BOX 3237 EUGENE, OR 97403	46-4727800	STATE GOVT	616,182.	0.			RESEARCH
UNIVERSITY OF PENNSYLVANIA P.O. BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	300,647.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455 (ATTN:371220) - PITTSBURGH, PA 15262	25-0965591	STATE GOVT	190,893.	0.			RESEARCH
UNIVERSITY OF ROCHESTER P.O. BOX 278832 ROCHESTER, NY 14627-8832	16-0743209	501(C)(3)	1,107,545.	0.			RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA P.O. BOX 864568 ORLANDO, FL 32886	59-3102112	STATE GOVT	8,083.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA STREET, SUITE 1 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	112,817.	0.			RESEARCH
UNIVERSITY OF TEXAS AT DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	STATE GOVT	64,688.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE P.O. BOX 301418, FINANCIAL ADMIN DALLAS, TX 75303	74-1761309	501(C)(3)	321,894.	0.			RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE P.O. BOX 301418, FINANCIAL ADMIN DALLAS, TX 75303	74-1586031	STATE GOVT	579,168.	0.			RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN ME - P.O. BOX 841765 - DALLAS, TX 75284	75-6002868	501(C)(3)	13,393.	0.			RESEARCH
UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE, ROOM 406 GRANT - SALT LAKE CITY, UT 84112	87-6000525	STATE GOVT	271,812.	0.			RESEARCH
UNIVERSITY OF VERMONT & STATE AGRIC - P.O. BOX 1389 - WILLISTON, VT 05495	03-0179440	501(C)(3)	131,365.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)	694,724.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN DRAWER #538 GAR ACCT. OFFICE FOR RE MILWAUKEE, WI 53278	39-1805963	STATE GOVT	140,022.	0.			RESEARCH
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 51 COLLEGE ROAD, SERV BUILD RM 109 DURHAM, NH 03824	02-6000937	501(C)(3)	82,196.	0.			RESEARCH
UT MD ANDERSON CANCER CENTER P.O. BOX 4266, GRANTS & CONTRACTS HOUSTON, TX 77210	74-6001118	STATE GOVT	148,068.	0.			RESEARCH
UTAH STATE UNIVERSITY LB 410027, P.O. BOX 35146 SEATTLE, WA 98124	87-6000528	501(C)(3)	19,222.	0.			RESEARCH
VANDERBILT UNIVERSITY P.O. BOX 121236, DEPT 1236 VUMC DALLAS, TX 75312	35-2528741	501(C)(3)	862,774.	0.			RESEARCH
VAXCYTE INC 825 INDUSTRIAL ROAD, SUITE 300 SAN CARLOS, CA 94070	46-4233385		2,803,593.	0.			RESEARCH
VEDANTA BIOSCIENCES INC 19 BLACKSTONE STREET CAMBRIDGE, MA 02139	27-5440202		1,389,180.	0.			RESEARCH
VERMONT PUBLIC HEALTH ASSOCIATION I P.O. BOX 732 BURLINGTON, VT 05401	02-0608866	501(C)(3)	33,054.	0.			RESEARCH
VETERANS EDUCATION AND RESEARCH ASS - P.O. BOX 4655, 215 NORTH MAIN STREET ASSOCIATION - WHITE RIVER JUNCTION, VT 05001	22-3091219	501(C)(3)	132,580.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE & ST - N END CENTER, SUITE 4200, 300 TURNER STREET NW - BLACKSBURG, VA 24061	54-6001805	STATE GOVT	412,271.	0.			RESEARCH
VISBY MEDICAL INC 3010 NORTH FIRST STREET SAN JOSE, CA 95134	46-1420216		460,017.	0.			RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIEN - MEDICAL CENTER BOULEVARD - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	175,047.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CAMPUS BOX 108 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	276,862.	0.			RESEARCH
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE, SUITE 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	42,560.	0.			RESEARCH
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501(C)(3)	64,312.	0.			RESEARCH
WEST END HOUSE, INC. 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501(C)(3)	7,500.	0.			CHARITABLE DONATION
WEST VIRGINIA UNIVERSITY RESEARCH C P.O. BOX 6002 MORGANTOWN, WV 26506	55-0665758	STATE GOVT	11,279.	0.			RESEARCH
WILLIAM MARSH RICE UNIVERSITY P.O. BOX 1892, MS 74 HOUSTON, TX 77251	74-1109620	501(C)(3)	202,435.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	88,244.	0.			RESEARCH
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)(3)	382,236.	0.			RESEARCH
YESHIVA UNIVERSITY 1300 MORRIS PARK AVENUE, BELFER #11 BRONX, NY 10461	13-1624225	501(C)(3)	1112524.	0.			RESEARCH
ZABBIO INC 11760 SORRENTO VALLEY ROAD, SUITE A SAN DIEGO, CA 92121	82-2969965		587,947.	0.			RESEARCH
ZETTA AI LLC 108 NOTO DRIVE SHERRILL, NY 13461-1470	82-3273240		32,728.	0.			RESEARCH

Schedule I (Form 990)

**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 noncash assistance
TUITION AND AUXILIARY	21290	11,816,006.	662,561,647.	COST	TUITION AND AUXILIARY OFFSET
STIPEND AND FELLOWSHIP	4385	39,030,057.	0.		
PRIZES AND AWARDS	887	1,557,461.	0.		
HONORARIUM	2312	2,104,458.	0.		

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

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 IV** Supplemental Information

## SCHEDULE I, PART III:

BOSTON UNIVERSITY SCHOOLS, COLLEGES, AND THE OFFICE OF FINANCIAL

ASSISTANCE MAKE EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED

FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST

THE CREDENTIALS OF OTHER ACCEPTED STUDENTS. A STUDENT'S ACADEMIC RECORD

IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY

SCHOLARSHIPS AND NEED-BASED GRANTS. KEY INDICATORS SUCH AS HIGH SCHOOL

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

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

PROGRAM AND EXTRACURRICULAR ACTIVITIES. ALL GRANTS AND OTHER STUDENT

FINANCIAL AID IS DESIGNATED FOR EDUCATIONAL PURPOSES ONLY.

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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? .....

**b** Any related organization? .....

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? .....

**b** Any related organization? .....

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 .....

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

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

Yes No

<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 (UNTIL 7/31/23)	(i)	1,604,994.	900,000.	576,904.	38,268.	172,126.	3,292,292.	225,250.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i)	534,263.	1,103,048.	158,842.	38,268.	29,793.	1,864,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEAN MORRISON UNIVERSITY PROVOST (UNTIL 6/30/23)	(i)	1,129,259.	0.	541,091.	38,268.	108,651.	1,817,269.	112,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID COLEMAN PROFESSOR & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,652,000.	0.	0.	1,652,000.	0.
(5) TONY TANNOURY PROFESSOR & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,412,221.	0.	4,386.	38,268.	86,361.	1,541,236.	0.
(6) CLARISSA C. HUNNEWELL CHIEF INVESTMENT OFFICER	(i)	867,540.	538,584.	6,522.	38,268.	21,854.	1,472,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHADI TANNOURY PROFESSOR & PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,304,802.	0.	1,122.	28,368.	30,187.	1,364,479.	0.
(8) KAREN H. ANTMAN, MD MEDICAL CAMPUS PROVOST	(i)	1,049,400.	0.	8,455.	38,268.	499.	1,096,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH W. FREEMAN INTERIM PRES (8/1/23 - 6/30/24)	(i)	962,115.	0.	9,532.	38,268.	21,353.	1,031,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GARY W. NICKSA SR VP, CFO, TREAS (UNTIL 12/31/23)	(i)	729,112.	0.	6,603.	38,268.	30,482.	804,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KENNETH R. LUTCHEN INTERIM UNI PROVOST (7/1/23-6/30/24)	(i)	722,651.	0.	6,534.	38,268.	36,977.	804,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ERIKA GEETTER SR VP, GEN COUNSEL, SECRETARY	(i)	740,836.	0.	5,493.	38,268.	2,893.	787,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DEREK HOWE SR VP OPS, ASSISTANT TREASURER	(i)	561,228.	0.	1,431.	38,268.	22,759.	623,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NICOLE TIRELLA SR VP, CFO, & TREAS (AS OF 1/1/24)	(i)	282,293.	0.	289.	24,791.	29,931.	337,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KEVIN E. SMITH TRUSTEE (AS OF 6/1/24) & PROFESSOR	(i)	222,795.	0.	1,275.	25,777.	10,785.	260,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KIMBERLY A.S. HOWARD TRUSTEE (UNTIL 5/31/24) & PROFESSOR	(i)	159,712.	0.	219.	17,935.	1,065.	178,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.



**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.

**PART I, LINE 1A:**

(1) REFER TO SCHEDULE J, PART II DISCLOSURE RELATED TO THE HOUSING

ALLOWANCE PROVIDED TO PRESIDENT ROBERT BROWN AND PROVOST JEAN MORRISON.

PRESIDENT AD INTERIM KENNETH FREEMAN AND PROVOST AD INTERIM KENNETH LUTCHEN

WERE NOT REQUIRED TO AND THEREFORE DID NOT LIVE IN UNIVERSITY RESIDENCES

DURING THEIR INTERIM TERM.

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND

BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY

AIRFARE. EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TIME ARE

PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND

BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS

FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS

TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN, JEAN MORRISON,

PRESIDENT AD INTERIM FREEMAN, AND PROVOST AD INTERIM KENNETH LUTCHEN ARE

THE ONLY INDIVIDUALS REPORTED ON FORM 990, PART VII WHO TRAVELED

FIRST-CLASS DURING CALENDAR YEAR 2023.

(3) TRAVEL FOR COMPANIONS: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND

**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.

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 PURPOSES IS NOT

INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN WAS THE ONLY INDIVIDUAL REPORTED

ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR

2023.

PART I, LINES 4A-B:

(1) IN CALENDAR YEAR 2023, DAVID COLEMAN RECEIVED A LUMP SUM SEVERANCE

PAYOUT SUBSEQUENT TO HIS DEPARTURE FROM THE UNIVERSITY IN NOVEMBER 2022.

THIS AMOUNT IS FULLY REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS

OTHER REPORTABLE COMPENSATION.

(2) REFER TO SCHEDULE J, PART II DISCLOSURE RELATED TO THE PAYMENTS

RECEIVED BY PRESIDENT BROWN UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN.

(3) REFER TO SCHEDULE J, PART II DISCLOSURE RELATED TO THE CONTRIBUTIONS

**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.

MADE BY THE UNIVERSITY TO AN IRC 457(B) SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN.

(4) REFER TO SCHEDULE J, PART II DISCLOSURE RELATED TO THE PAYMENTS

RECEIVED BY PROVOST MORRISON UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN.

PART I, LINE 6:

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 I, LINE 7:

AS THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, CLARISSA HUNNEWELL IS

ELIGIBLE FOR INCENTIVE COMPENSATION, AT THE APPROVAL 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.

**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, DAVID COLEMAN, AND CHADI TANNOURY 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 II

1) THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER

OFFICERS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED

EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2023 REPORTABLE

COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED

ENTITIES WAS GREATER THAN \$150,000.

2) PRESIDENT BROWN RETIRED FROM HIS ROLE AS PRESIDENT ON JULY 31, 2023,

FOLLOWED BY A SABBATICAL PERIOD THROUGH JULY 31, 2024. DURING HIS

**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.

SABBATICAL, HE RECEIVED CONTINUATION PAYMENTS OF HIS BASE SALARY OF  
\$1,351,500, CONSISTENT WITH HIS EMPLOYMENT AGREEMENT. EFFECTIVE AUGUST  
1, 2024, FOLLOWING HIS SABBATICAL, HE CONTINUED HIS EMPLOYMENT AS A  
FACULTY MEMBER. COMPENSATION EARNED DURING HIS SERVICE AS PRESIDENT AND  
HIS SABBATICAL ARE REPORTED IN COLUMN (B)(I) BASE COMPENSATION. THE  
REMAINDER WITHIN BASE COMPENSATION PRIMARILY RELATES TO THE PAYMENT OF  
PRESIDENT BROWN'S UNUSED VACATION TIME OF \$259,908 FOLLOWING HIS  
RETIREMENT FROM HIS ROLE AS PRESIDENT.

PRESIDENT BROWN WAS AWARDED A ONE-TIME BONUS OF \$900,000 IN AUGUST 2023  
PAID IN LIEU OF CONTRACTUAL OBLIGATIONS IN CONNECTION WITH HIS  
RETIREMENT. THIS AMOUNT IS REPORTED IN COLUMN (B)(II) BONUS &  
INCENTIVE COMPENSATION.

UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN (PART I,  
LINES 4A-B RESPONSE), ON JULY 31, 2023, 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

**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.

THAT DATE. UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF

\$540,600 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2023 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 \$225,250. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S

SCHEDULE J, PART II, COLUMN (F).

AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER

REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE

UNIVERSITY IN CALENDAR YEAR 2023 TO AN IRC SECTION 457(B) SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO

PRESIDENT BROWN (PART I, LINES 4A-B RESPONSE) IN THE AMOUNT OF \$22,500.

AS A CONDITION OF EMPLOYMENT PRIOR TO PRESIDENT BROWN'S RETIREMENT AS

PRESIDENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT

BROWN WAS REQUIRED TO LIVE IN A UNIVERSITY RESIDENCE (HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A RESPONSE). AMOUNTS REPORTED IN COLUMN (D)

**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.

INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS FOR PRESIDENT BROWN,  
THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED  
RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY  
ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES IN THE  
AMOUNT OF \$148,626 FOR THE SEVEN MONTHS OF THE CALENDAR YEAR HE WAS  
REQUIRED TO RESIDE IN THE UNIVERSITY RESIDENCE.

3) PROVOST MORRISON RETIRED FROM HER ROLE AS PROVOST ON JUNE 30, 2023,  
FOLLOWED BY A SABBATICAL PERIOD THROUGH JUNE 30, 2024. DURING HER  
SABBATICAL, SHE RECEIVED CONTINUATION PAYMENTS OF HER BASE SALARY OF  
\$975,000, CONSISTENT WITH HER EMPLOYMENT AGREEMENT. EFFECTIVE JULY 1,  
2024, FOLLOWING HER SABBATICAL, SHE CONTINUED HER EMPLOYMENT AS A  
FACULTY MEMBER. COMPENSATION EARNED DURING HER SERVICE AS PROVOST AND  
HER SABBATICAL ARE REPORTED IN COLUMN (B)(I) BASE COMPENSATION. THE  
REMAINDER WITHIN BASE COMPENSATION PRIMARILY RELATES TO THE PAYMENT OF  
PROVOST MORRISON'S UNUSED VACATION TIME OF \$187,492 FOLLOWING HER  
RETIREMENT FROM HER ROLE AS PROVOST.

UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN (PART I,

**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.

LINES 4A-B RESPONSE), ON JUNE 30, 2023, PROVOST MORRISON RECEIVED A  
FIXED AMOUNT THAT ACCRUED DURING 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, THE SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION OF  
\$225,000 WAS DISTRIBUTED TO PROVOST MORRISON IN CALENDAR YEAR 2023 AND  
IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN  
(B)(III) AS OTHER REPORTABLE COMPENSATION. SCHEDULE J, PART II, COLUMN  
(B)(III) ALSO INCLUDES AS OTHER REPORTABLE COMPENSATION AN ACCELERATED  
PAYMENT OF \$300,000 PAID IN LIEU OF CONTRACTUAL OBLIGATIONS IN  
CONNECTION WITH HER RETIREMENT. 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  
\$112,500. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J,  
PART II, COLUMN (F).

AS A CONDITION OF EMPLOYMENT PRIOR TO PROVOST MORRISON'S RETIREMENT AS  
PROVOST AND FOR THE CONVENIENCE OF THE UNIVERSITY, PROVOST MORRISON WAS  
REQUIRED TO LIVE IN A UNIVERSITY RESIDENCE (HOUSING ALLOWANCE SCHEDULE



**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.

J, PART I, LINE 1A RESPONSE). AMOUNTS REPORTED IN COLUMN (D) INCLUDE,

IN ADDITION TO OTHER NON-TAXABLE BENEFITS FOR PROVOST MORRISON, THE

ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED

RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY

ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES IN THE

AMOUNT OF \$76,172 FOR THE SIX MONTHS OF THE CALENDAR YEAR SHE WAS

REQUIRED TO RESIDE IN THE UNIVERSITY RESIDENCE.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 1

OMB No. 1545-0047

**2023**  
**Open to Public**  
**Inspection**

Name of the organization <p align="center">TRUSTEES OF BOSTON UNIVERSITY</p>	Employer identification number <p align="center">04-2103547</p>
---	--

<b>Part I Bond Issues</b> SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MASS DEV FIN AGENCY - SERIES AA-1 AND AA-2	04-3431814	NONE	09/30/15	162,740,000.	REFUNDING 2005 BOND ISSUE		X		X		X
<b>B</b> MASS DEV FIN AGENCY - SERIES U1, U2, U3, U4, U5, U6	04-3431814	57583RWD3	05/15/08	536,365,000.	PARTIAL REF/CAP PROJ/PROP ACQ	X			X		X
<b>C</b> MASS DEV FIN AGENCY - SER. BB-1, BB-2, BB-3 (2016)	04-3431814	57584XWV9	11/08/16	231,838,996.	CAP PROJ/ADV REF 2008 & 2009 BONDS		X		X		X
<b>D</b> MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04/30/13	120,736,790.	CAPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired .....			158,275,000.				86,485,000.	
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		2018		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) 2023

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

ENTITY 2

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(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
	(2) MASS DEV FIN AGENCY - SER. Y A (2014)	04-3431814	57583UL89	09/30/14	35,000,000.	REFUNDING 2004 & 2009 BOND ISSUES		X		X		X	
	MASS DEV FIN AGENCY - SER FF (2023) B AND SER GG (2023)	04-3431814	57584Y5N5	07/12/23	217,370,795.	REFUNDING SERIES DD-1, DD-2, U5A, U5B & PARTIAL		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.		217,370,795.			
	4	Gross proceeds in reserve funds .....							
	5	Capitalized interest from proceeds .....							
	6	Proceeds in refunding escrows .....							
	7	Issuance costs from proceeds .....				682,819.			
	8	Credit enhancement from proceeds .....							
	9	Working capital expenditures from proceeds .....							
	10	Capital expenditures from proceeds .....							
	11	Other spent proceeds .....		35,000,000.		216,687,976.			
	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) 2023

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X			X	X	
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X		X	
<b>d</b> 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	
<b>4</b> 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 .....	.52 %		.32 %					
<b>5</b> 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 .....								
<b>6</b> Total of lines 4 and 5 .....	.52 %		.32 %					
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X		X		X
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X			X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X					
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X					
<b>d</b> 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					
<b>4</b> 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 .....	%		%		%		%	
<b>5</b> 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 .....	%		%		%		%	
<b>6</b> Total of lines 4 and 5 .....	%		%		%		%	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....	X		X					
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X			X				



<b>Part IV Arbitrage</b> (continued)								
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X			X				
b Name of provider .....	MERRILL LYNCH							
c Term of hedge .....	25.0000000							
d Was the hedge superintegrated? .....		X						
e Was the hedge terminated? .....		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					

<b>Part V Procedures To Undertake Corrective Action</b>								
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? .....	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X					

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MASS DEV FIN AGENCY - SER FF (2023) AND SER GG (2023)

(F) DESCRIPTION OF PURPOSE:

REFUNDING SERIES DD-1, DD-2, U5A, U5B & PARTIAL X (2019)

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

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

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.

## SCHEDULE K, PART I, LINE B(2):

MDFA SERIES FF AND GG BONDS WERE ISSUED TO CURRENTLY REFUND MDFA SERIES  
DD-1, DD-2, U5A, U5B AND A PORTIONS OF SERIES X BONDS IN THE AMOUNT OF  
\$218,950,000.

## 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



**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*  
8038.

COLUMN D: COST OF ISSUANCE IN THE AMOUNT OF \$734,856 IS COMPRISED OF  
ISSUANCE COSTS TOTALING \$434,529 AND UNDERWRITERS DISCOUNT IN THE  
AMOUNT OF \$300,327.

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

SCHEDULE K, PART IV, LINE 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 2B, COLUMN B(2):  
THE PROCEEDS OF MDFA SERIES FF AND GG, OF WHICH 100 PERCENT WERE SPENT  
TO PAY ISSUANCE COSTS AND SWAP TERMINATION PAYMENTS, WITH THE REMAINING  
DEPOSITED WITH BOND TRUSTEES TO CALL THE BONDS WHEN DUE, WERE SPENT  
WITHIN SIX MONTHS 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 2023. THE REBATE CALCULATION FOR THE SERIES  
X BONDS WAS PERFORMED IN APRIL 2023. 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.

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.

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

Part VI

Supplemental Information.

Provide additional information for responses to questions on Schedule K. See instructions. (continued)

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

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

OMB No. 1545-0047

**2023**

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 section 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) ROBERT BROWN	PART V	PART V		X	800,000.	800,000.		X	X		X	
(2) JEAN MORRISON	PART V	PART V		X	500,000.	500,000.		X	X		X	
(3) KEN LUTCHEN	PART V	PART V		X	400,000.	400,000.		X	X		X	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 1,700,000.						

**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) 2023

**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) VERNON SOLBERG	SEE PART V	294,936.	EMPL. COMP		X
(2) KEITH BROWN	SEE PART V	216,812.	EMPL. COMP		X
(3) J. LAWFORD ANDERSON	SEE PART V	203,292.	EMPL. COMP		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 II, LOANS TO AND FROM INTERESTED PERSONS

(A) NAME OF PERSON: ROBERT BROWN

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT (UNTIL 7/31/23)

(C) PURPOSE OF LOAN: PURCHASE OF PROPERTY

(D) LOAN ISSUANCE: SEPTEMBER 2022

(A) NAME OF PERSON: JEAN MORRISON

(B) RELATIONSHIP WITH ORGANIZATION: UNIVERSITY PROVOST (UNTIL 6/30/23)

(C) PURPOSE OF LOAN: PURCHASE OF PROPERTY

(D) LOAN ISSUANCE: JULY 2023

(A) NAME OF PERSON: KEN LUTCHEN

(B) RELATIONSHIP WITH ORGANIZATION: INTERIM UNIVERSITY PROVOST (7/1/23

- 6/30/24)

(C) PURPOSE OF LOAN: PURCHASE OF PROPERTY

(D) LOAN ISSUANCE: JUNE 2007

## SCHEDULE L, PART IV, COLUMN (B)

(1) FAMILY MEMBER OF TRUSTEE KIMBERLY HOWARD

(2) FAMILY MEMBER OF PRESIDENT ROBERT BROWN

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

(3) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Attach to Form 990.

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	1	1.	INDEPENDENT APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		6,774.	INDEPENDENT APPRAISAL
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	271	70,052,774.	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	3	11,009.	INDEPENDENT APPRAISAL
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( EQUIPMENT: MEDI )	X	5	559,043.	INDEPENDENT APPRAISA
26 Other ( DONATED AUCTION )	X	13	92,662.	INDEPENDENT APPRAISA
27 Other ( EVENT SUPPORT )	X	4	24,139.	EVENT SUPPORT COST
28 Other ( SOFTWARE )	X	1	1.	INDEPENDENT APPRAISA

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

1

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b 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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

**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, COLUMN (B):

THE AMOUNTS LISTED IN COLUMN (B) OF SCHEDULE M PART I REPRESENT

CONTRIBUTION TOTALS, NOT CONTRIBUTOR TOTALS.

SCHEDULE M, LINE 32B:

THE UNIVERSITY USES A TRADING BROKERAGE ACCOUNT AT NORTHERN TRUST TO

RECEIVE AND SELL GIFTS OF MARKETABLE SECURITIES. THE BANK CHARGES THE

UNIVERSITY A COMMISSION WHEN EACH SECURITY IS SOLD.

THE UNIVERSITY THROUGH ITS RADIO STATION WBUR USES CHARITABLE ADULT

RIDES & SERVICES, INC. (CARS) AND CAR TALK VEHICLE DONATION PROGRAM (CAR

TALK) 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.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

**ORGANIZATION'S MISSION**

BOSTON UNIVERSITY IS AN INTERNATIONAL, COMPREHENSIVE, PRIVATE RESEARCH

UNIVERSITY, COMMITTED TO EDUCATING STUDENTS TO BE REFLECTIVE,

RESOURCEFUL INDIVIDUALS READY TO LIVE, ADAPT, AND LEAD IN AN

INTERCONNECTED WORLD. BOSTON UNIVERSITY IS COMMITTED TO GENERATING NEW

KNOWLEDGE TO BENEFIT SOCIETY.

FORM 990, PART III, LINE 4A:

**INSTRUCTION -**

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING

PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY

WHO ARE IMMERSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF

SCHOLARSHIP, RESEARCH, AND PUBLIC SERVICE, ALL IN A 21ST-CENTURY

ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT. WITH 17 SCHOOLS AND COLLEGES

AND THE FACULTY OF COMPUTING & DATA SCIENCES AND 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 NEARLY 200 STUDY ABROAD PROGRAMS

OFFERING OPPORTUNITIES IN MORE THAN 20 COUNTRIES. BOSTON UNIVERSITY

FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING

RESEARCH AND SCHOLARSHIP. THEY ARE EXPANDING THE BOUNDARIES OF

KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL

EVOLUTION, AND HIGH-ENERGY PHYSICS TO BUSINESS MANAGEMENT, POETRY, AND

THE PERFORMING ARTS. THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE

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

**Schedule O (Form 990) 2023**

LHA 332211 11-14-23



Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND

STUDENTS, WITH MAJOR INITIATIVES IN NEUROSCIENCE, SYSTEMS BIOLOGY,

PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, GLOBAL

HEALTH AND DEVELOPMENT, AND EMERGING INFECTIOUS DISEASES, ALONG WITH

RESEARCH IN COMMUNICATIONS AND THE HUMANITIES.

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

OTHER PROGRAM SERVICES CONSIST OF LIBRARIES, ACADEMIC SERVICES, STUDENT

SERVICES, EXTERNAL PROGRAMS, AND OTHER DEDUCTIONS.

EXPENSES \$ 214,909,646. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, BELGIUM, IRELAND, FRANCE,

GERMANY, ITALY, SPAIN, SWITZERLAND,

UNITED KINGDOM

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:

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE ASSOCIATE VICE

PRESIDENT AND UNIVERSITY CONTROLLER, BY THE CHIEF FINANCIAL OFFICER (AS

WELL AS OTHER FINANCE/ACCOUNTING STAFF), AND BY UNIVERSITY COUNSEL. THE

UNIVERSITY'S PUBLIC ACCOUNTING FIRM, KPMG, IS INVOLVED THROUGHOUT THE

PREPARATION AND REVIEW OF THE RETURN. THE FORM IS THEN SENT TO THE

UNIVERSITY'S AUDIT COMMITTEE TO BE REVIEWED DURING ITS ANNUAL SPRING

MEETING. AFTER AUDIT COMMITTEE REVIEW, THE FINAL RETURN IS PROVIDED TO THE

BOARD OF TRUSTEES VIA A SECURE SITE BEFORE IT IS FILED WITH THE IRS.

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

ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES (INCLUDING

VICE PRESIDENTS AND OTHER MANAGERIAL PERSONNEL) ARE REQUIRED TO DISCLOSE ON

THE UNIVERSITY'S CONFLICT OF INTEREST DISCLOSURE FORM ANY BUSINESS OR

FINANCIAL RELATIONSHIP THEY OR MEMBERS OF THEIR IMMEDIATE FAMILIES HAVE OR

PROPOSE TO HAVE WITH THE UNIVERSITY, EITHER DIRECTLY OR THROUGH ANOTHER

ENTITY IN WHICH THEY HAVE A SIGNIFICANT INTEREST. THE DISCLOSURE FORM IS

REQUIRED TO BE FILED ANNUALLY; AN AMENDED FORM MUST BE FILED PROMPTLY IN

THE EVENT OF A MATERIAL CHANGE IN CIRCUMSTANCES. A TRUSTEE OR OFFICER IS

REQUIRED TO PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY PROPOSED BUSINESS OR

FINANCIAL RELATIONSHIP COVERED BY THIS POLICY TO THE CHAIRMAN OF THE AUDIT

COMMITTEE. AN EMPLOYEE OR OTHER REPRESENTATIVE MUST PROVIDE ADVANCE WRITTEN

DISCLOSURE OF ANY SUCH RELATIONSHIP TO THE UNIVERSITY'S COMPLIANCE

COMMITTEE.

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

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

OR TO PROVIDE FURTHER INFORMATION, IF A TRANSACTION OR RELATIONSHIP

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

THE VOTE.

THE AUDIT COMMITTEE DETERMINES WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP

INVOLVING A TRUSTEE OR OFFICER SHOULD BE ENTERED INTO OR CONTINUED. IN THE

CASE OF ANY SUCH RELATIONSHIP INVOLVING A TRUSTEE, SUCH A DETERMINATION IS

TO BE SET FORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE SIGNED BY THE

CHAIRMAN AND A MAJORITY OF THE COMMITTEE. THE COMPLIANCE COMMITTEE

DETERMINES WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING AN

EMPLOYEE OR OTHER REPRESENTATIVE SHOULD BE ENTERED INTO OR CONTINUED. THE

COMPLIANCE COMMITTEE PROVIDES SUCH REPORTS AS MAY BE REQUESTED BY THE AUDIT

COMMITTEE AND MAY REQUEST ADVICE OR DIRECTION FROM THE AUDIT COMMITTEE.

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

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 ORGANIZATIONS. THE COMMITTEE

REVIEWS THIS DATA AND THE PERFORMANCE OF THE INDIVIDUALS HOLDING THE

POSITIONS IN QUESTION, AND IT DEVELOPS A RECOMMENDATION REGARDING THE

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

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 UNTIL 7/31/2023 AND

KENNETH FREEMAN, THE INTERIM PRESIDENT OF BOSTON UNIVERSITY FROM

8/1/2023 UNTIL 6/30/2024, DEVOTE 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 UNTIL

12/31/2023, DEVOTES ONE HOUR OR LESS PER MONTH TO EACH OF 660

CORPORATION, AKEAH INC., AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL

RELATED ORGANIZATIONS. NICOLE TIRELLA, AN OFFICER OF BOSTON UNIVERSITY

EFFECTIVE 1/1/2024, 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 PLEASANT VENTURES REALTY TRUST,

A RELATED ORGANIZATION. KAREN H. ANTMAN, MD, A KEY EMPLOYEE OF BOSTON

UNIVERSITY, DEVOTES FOUR HOURS OR LESS PER WEEK TO FACULTY PRACTICE

FOUNDATION, INC., A RELATED ORGANIZATION. TONY TANNOURY, CHADI

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

TANNOURY, AND DAVID COLEMAN ARE ON THE LIST OF FIVE HIGHEST COMPENSATED  
EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTING 55 HOURS OR LESS PER WEEK  
TO FACULTY PRACTICE PLANS. KEVIN E. SMITH AND KIMBERLY A.S. HOWARD WERE  
COMPENSATED AS FACULTY MEMBERS, NOT AS TRUSTEES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON INTEREST RATE EXCHANGE AGREEMENTS	12,623,414.
UNREALIZED LOSS ON NON-INVESTMENT ASSETS	-361,835.
NET ACTUARIAL LOSS	-575,895.
OTHER ADJUSTMENTS	8,258,809.
TOTAL TO FORM 990, PART XI, LINE 9	19,944,493.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>TRUSTEES OF BOSTON UNIVERSITY</b>	Employer identification number <b>04-2103547</b>
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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
BU (GT) FUNDING LLC - 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	INVESTMENTS	DELAWARE	346,578.	7,068,000.	BU TRUSTEES
PLEASANT VENTURES REALTY TRUST - 04-3006700 125 BAY STATE ROAD BOSTON, MA 02215	REAL ESTATE	MASSACHUSETTS	2,087,702.	15416130.	BU TRUSTEES
SCARLET CASTLE BRR-I LLC - 82-1985611 ONE SILBER WAY BOSTON, MA 02215	INVESTMENTS	MASSACHUSETTS	-231,900.	614,836.	BU TRUSTEES

**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
BOSTON EMERGENCY PHYSICIAN FOUNDATION - 04-3286156, 860 HARRISON AVENUE, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BOSTON REHABILITATION MED ASSOC, INC. - 04-3286641, 732 HARRISON AVENUE, SUITE 511, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BOSTON UNIVERSITY EYE ASSOCIATES, INC. - 04-3137333, 2005 BAY STREET, SUITE 201, TAUNTON, MA 02780	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BOSTON UNIVERSITY FAMILY MEDICINE, INC. - 04-3354353, 1 BOSTON MEDICAL CENTER, DOWLING 5, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X

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

Schedule R (Form 990) 2023

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
BOSTON UNIVERSITY DERMATOLOGY, INC. - 04-3335166, 609 ALBANY STREET, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES I, INC. - 04-3452877, 609 ALBANY STREET, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES II, INC. - 04-3452874, 609 ALBANY STREET, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU CARDIAC & THORACIC SURGICAL FDN, INC. - 04-2966416, 88 EAST NEWTON STREET, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU GENERAL SURGICAL ASSOCIATES, INC. - 04-3265008, 88 EAST NEWTON STREET, SUITE C500, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU MALLORY PATHOLOGY ASSOCIATES, INC. - 04-2794543, 670 ALBANY STREET, 3RD FLOOR, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU MEDICAL CENTER ANESTHESIOLOGISTS, INC - 04-3276227, 88 EAST NEWTON STREET, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU MEDICAL CENTER RADIOLOGISTS, INC. - 04-3283573, 820 HARRISON AVENUE, FGH BLDG, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU MEDICAL CENTER UROLOGISTS, INC. - 04-3286643, 725 ALBANY STREET, SHAPIRO 3B, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU NEUROLOGY ASSOCIATES, INC. - 04-3428462 72 EAST CONCORD STREET C3 BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU NEUROSURGICAL ASSOCIATES, INC. - 04-3296068, 72 EAST CONCORD STREET C3, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU OBSTETRICS & GYNECOLOGY FDN, INC. - 04-3067465, 85 EAST CONCORD STREET, 6TH FLOOR, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. - 04-3354360, 720 HARRISON AVENUE, SUITE 808, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU PLASTIC SURGERY ASSOCIATES, INC. - 04-3555478, 720 HARRISON AVENUE, DOB 9TH FLOOR, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU PSYCHIATRY ASSOCIATES, INC. - 04-3355267 85 EAST NEWTON STREET, SUITE 802 BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU RADIATION ONCOLOGY, INC. - 81-0716773 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
BU SURGICAL ASSOCIATES, INC. - 04-3291148 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
CHILD HEALTH FOUNDATION OF BOSTON, INC. - 04-2472758, 771 ALBANY STREET, DOWLING 3 SOUTH, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
EVANS MEDICAL FOUNDATION, INC. - 51-0172171 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
FACULTY PRACTICE FOUNDATION, INC. - 04-3289381, 660 HARRISON AVENUE, 3RD FLOOR, BOSTON, MA 02118	MEDICINE	MASSACHUSETTS	501(C)(3)	LINE 12B, II	N/A		X
BU MEDICAL CENTER OTOLARYNGOLOGIC FDN - 04-3156471, 820 HARRISON AVENUE, BOSTON, MA 02118	HEALTHCARE	MASSACHUSETTS	501(C)(3)	LINE 12C, III-FI	N/A		X
MERCOND, INC. - 04-3099628 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING COMPANY	MASSACHUSETTS	501(C)(2)		BU TRUSTEES	X	
THE MASS GREEN HIGH PERF COMPUTING CTR - 27-3014805, 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	RESEARCH CENTER	MASSACHUSETTS	501(C)(3)	LINE 12A, I	N/A		X
MGHPCC HOLYOKE INC. - 45-2257442 77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	RESEARCH CENTER	MASSACHUSETTS	501(C)(3)	LINE 12A, I	N/A		X



**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]

**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	
EUSA LLP 1A QUEENSBERRY PLACE, SOUTH KENSINGTON, LONDON, UNITED KINGDOM SW7 2DL	EDUCATION	UNITED KINGDOM	BU EUR/EUSA UK	RELATED	303,129.	1455721.		X	N/A		X	100%
BRIGHTSTAR CAPITAL PARTNERS INFRASERV, LP - 84-2093170, 9859 BIG BEND BLVD., SUITE 202, ST. LOUIS, MO 63122	INVESTMENTS	MO	BU	UNRELATED	85,893.	1041442.		X	85,892.		X	58.45%

**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
520 COMMONWEALTH AVENUE REAL ESTATE CORP - 04-2272027, 881 COMMONWEALTH AVENUE, BOSTON, MA 02215	HOLDING COMPANY	MA	BU TRUSTEES	C CORP		44,205.	100%	X	
660 CORPORATION - 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENCE STORE	MA	520 CORP	C CORP	3894815.	6772645.	100%	X	
AKEAH INC. - 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	EDUCATIONAL SUPPORT	MA	520 CORP	C CORP	301,525.	424,429.	100%	X	
BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON, UNITED KINGDOM SW7 4JU	EDUCATIONAL SUPPORT	UNITED KINGDOM	BU (USA) LONDON	C CORP		2262864.	100%	X	
EUSA (UK) LIMITED 43 HARRINGTON GARDENS LONDON, UNITED KINGDOM SW7 4JU	EDUCATIONAL SUPPORT	UNITED KINGDOM	BU (USA) LONDON	C CORP		5,093.	100%	X	



**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b> X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b> X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b> X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b> X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b> X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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) 660 CORPORATION	A	414,006.	ACTUAL PAYMENT
(2) 660 CORPORATION	L	100,000.	ACTUAL PAYMENT
(3) 660 CORPORATION	S	2,953,293.	ACTUAL PAYMENT
(4) AKEAH, INC.	R	300,000.	ACTUAL PAYMENT
(5) BOSTON UNIVERSITY USA (EUROPE) LIMITED	A	649,867.	ACTUAL PAYMENT
(6) EUSA LLP	A	90,983.	ACTUAL PAYMENT

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) EUSA LLP	D	450,050.	ACTUAL PAYMENT
(8) EUSA LLP	M	711,496.	ACTUAL PAYMENT
(9) EUSA LLP	O	187,058.	ACTUAL PAYMENT
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**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.

[illegible]

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