

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: C Name of organization (TRUSTEES OF BOSTON UNIVERSITY), D Employer identification number (04-2103547), E Telephone number ((617) 353-2290), F Name and address of principal officer (KENNETH W. FREEMAN, INT. PRES.), I Tax-exempt status (501(c)(3)), J Website (HTTP://WWW.BU.EDU), K Form of organization (Corporation), L Year of formation (1869), M State of legal domicile (MA).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission (SEE SCHEDULE O), 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block containing: Sign Here (NICOLE TIRELLA, SVP, CFO, & TREASURER), Preparer (SHYAMALEE JOSEPH, KPMG LLP), Date (05/11/2024), and PTIN (P01085371).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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 \$ 1,792,251,611. including grants of \$ 677,856,291. ) (Revenue \$ 1,936,299,682. )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 420,977,257. including grants of \$ 143,493,347. ) (Revenue \$ 24,105,745. )

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 \$ 340,724,723. including grants of \$ ) (Revenue \$ 354,606,330. )

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

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 178,479,960. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,732,433,551.

**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>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	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>		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>	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>		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>		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>		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>	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>		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>	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>	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>	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>		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>		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>	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>	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>		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>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	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>	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>	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>	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>	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>	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>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<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>	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>	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>	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>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	X	
<b>24c</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? . . . . .		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		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>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<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>	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>		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>28a</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>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	X	
<b>28c</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>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	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>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>	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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</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>	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>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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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

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

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

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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> 28323		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	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)? . . . . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> 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? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<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? . . . . .		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>7</b>	<b>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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	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? . . . . .	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?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	X	
<b>8</b>	<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>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</b>	<b>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</b>	<b>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</b>	<b>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>13a</b> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<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? . . . . . <b>15</b> If "Yes," see the instructions and file Form 4720, Schedule N.	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</b>	<b>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? . . . . . <b>17</b> If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

NICOLE TIRELLA 881 COMMONWEALTH AVENUE, 4TH FLOOR BOSTON, MA 02215-1303
617-353-2290

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. BROWN PRESIDENT	55.00 1.00	X		X				2,075,207.	NONE	543,610.
(2) TONY TANNOURY PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,806,821.	144,411.
(3) XINNING LI PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,426,956.	55,084.
(4) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00 NONE					X		1,347,173.	NONE	63,720.
(5) JEAN MORRISON UNIVERSITY PROVOST	55.00 NONE				X			1,054,028.	NONE	328,676.
(6) CLARISSA C. HUNNEWELL CIO, ASSISTANT TREASURER	55.00 NONE					X		1,295,975.	NONE	44,488.
(7) WILLIAM CREEVY PROFESSOR & PHYSICIAN	NONE 55.00					X		NONE	1,158,958.	64,195.
(8) KAREN H. ANTMAN, MD MEDICAL CAMPUS PROVOST	55.00 4.00				X			1,011,766.	NONE	35,869.
(9) GARY W. NICKSA SR VP, CFO, TREASURER	55.00 1.00			X				709,561.	NONE	64,654.
(10) ERIKA GEETTER SR VP, GEN COUNSEL, SECRETARY	55.00 NONE			X				695,538.	NONE	38,020.
(11) DEREK HOWE SR VP OPS, ASSISTANT TREASURER	55.00 1.00				X			534,372.	NONE	55,758.
(12) KIMBERLY A.S. HOWARD TRUSTEE, ASSOCIATE PROFESSOR	55.00 NONE	X						154,069.	NONE	18,164.
(13) EILEEN O'KEEFE FORMER TRUSTEE, PROFESSOR	55.00 NONE					X		127,324.	NONE	35,946.
(14) MAUREEN ALPHONSE-CHARLES TRUSTEE	3.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) WILLIAM D. BLOOM TRUSTEE (UNTIL 1/1/23)	3.00 NONE	X					NONE	NONE	NONE	
( 16 ) CASSANDRA M. CLAY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 17 ) CYNTHIA R. COHEN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 18 ) SHAMIM A. DAHOD TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 19 ) NATHANIEL DALTON TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 20 ) SUDARSHANA DEVADHAR TRUSTEE (UNTIL 12/31/22)	3.00 NONE	X					NONE	NONE	NONE	
( 21 ) AHMASS L. FAKAHANY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 22 ) KENNETH J. FELD TRUSTEE (UNTIL 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 23 ) MAURICE R. FERRÉ TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 24 ) SANDRA A. FRAZIER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 25 ) MICHAEL D. FRICKLAS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							9,005,013.	4,392,735.	1,492,595.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							9,005,013.	4,392,735.	1,492,595.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3,988

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) RYAN K. ROTH GALLO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 27 ) RICHARD C. GODFREY TRUSTEE (AS OF 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 28 ) CAROLYN HESSLER-RADELET TRUSTEE (AS OF 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 29 ) STEPHEN R. KARP TRUSTEE (UNTIL 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 30 ) RAJEN A. KILACHAND TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 31 ) RANCH C. KIMBALL TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 32 ) ROBERT A. KNOX TRUSTEE (UNTIL 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 33 ) ANTOINETTE R. LEATHERBERRY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 34 ) KENNETH LIN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 35 ) JOSEPH LOSCALZO TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 36 ) KEVIN MERIDA TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) JANE P. MONCREIFF TRUSTEE (UNTIL 3/22/23)	3.00 NONE	X					NONE	NONE	NONE	
( 38 ) RUTH A. MOORMAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 39 ) ALICIA C. MULLEN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 40 ) REBECCA NORLANDER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 41 ) M. LEE PELTON TRUSTEE (UNTIL 11/25/22)	3.00 NONE	X					NONE	NONE	NONE	
( 42 ) C.A. LANCE PICCOLO TRUSTEE (UNTIL 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 43 ) JONATHAN PRIESTER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 44 ) RICHARD D. REIDY TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 45 ) SHARON G. RYAN TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 46 ) S.D. SHIBULAL TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 47 ) HUGO X. SHONG TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48 ) KENNETH Z. SLATER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 49 ) MALEK SUKKAR TRUSTEE (AS OF 9/29/22)	3.00 NONE	X					NONE	NONE	NONE	
( 50 ) NINA C. TASSLER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 51 ) ELIZABETH C. THORS TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 52 ) PETER L. WEXLER TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
( 53 ) STEPHEN M. ZIDE TRUSTEE	3.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 341

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	806,032.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	431,418,964.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	406,423,821.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 18,146,183.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		838,648,817.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b>		TUITION AND FEES		900099	1,936,299,682.	1,936,299,682.		
<b>b</b>		AUX SALES & SERVICES		900099	354,606,330.	354,606,330.		
<b>c</b>		NON-GOVERNMENT GRANTS		900099	24,105,745.	24,105,745.		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			2,315,011,757.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			59,108,131.		2,476,528.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			3,416,888.		3,416,888.	
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real				
				(ii) Personal				
					18,045,625.			
	<b>b</b>	Less: rental expenses	<b>6b</b>		11,615,730.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>		6,429,895.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			6,429,895.		6,429,895.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
				(ii) Other				
					2,696,692,220.	41,561,179.		
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>		2,654,024,119.	17,734,400.		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		42,668,101.	23,826,779.		
	<b>d</b>	Net gain or (loss) . . . . .			66,494,880.		2,178,608.	
<b>8a</b>	Gross income from fundraising events (not including \$ 806,032. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		929,475.				
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		903,371.				
<b>c</b>	Net income or (loss) from fundraising events . . . . .			26,104.		26,104.		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE				
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11a</b>	REAL ESTATE AND RENTAL AND LEASING		530000	14,294,117.	14,294,117.		
	<b>b</b>	OTHER SERVICES		810000	4,349,688.	4,349,688.		
	<b>c</b>	ARTS, ENTERTAINMENT, AND RECREATION		710000	1,255,466.	1,255,466.		
	<b>d</b>	All other revenue . . . . .		900099	1,873,313.	1,873,313.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			21,772,584.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			3,310,909,056.	2,315,011,757.	26,427,720.	130,820,762.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

**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 . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments . . . . .	416,602,234.	<b>2</b>	226,808,108.
	<b>3</b> Pledges and grants receivable, net . . . . .	181,994,006.	<b>3</b>	268,375,810.
	<b>4</b> Accounts receivable, net . . . . .	226,849,802.	<b>4</b>	239,495,786.
	<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 . . . . .	NONE	<b>5</b>	800,000.
	<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) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	9,314,737.	<b>7</b>	9,795,181.
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	55,399,864.	<b>9</b>	46,682,777.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 5334245118.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2282642707.		
	<b>11</b> Investments - publicly traded securities . . . . .	2,920,332,725.	<b>10c</b>	3,051,602,411.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	1,626,518,000.	<b>11</b>	1,826,783,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	2,468,593,790.	<b>12</b>	2,541,525,384.
	<b>14</b> Intangible assets . . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	112,113,329.	<b>15</b>	107,079,294.	
	8,017,718,487.	<b>16</b>	8,318,947,751.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	284,912,443.	<b>17</b>	265,751,166.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	314,551,627.	<b>19</b>	299,240,853.
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,075,879,716.	<b>20</b>	1,071,600,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	670,942,859.	<b>23</b>	663,939,741.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<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 . . . . .	434,221,980.	<b>25</b>	366,817,649.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,780,508,625.	<b>26</b>	2,667,349,409.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,153,996,472.	<b>27</b>	3,487,876,835.
	<b>28</b> Net assets with donor restrictions . . . . .	2,083,213,390.	<b>28</b>	2,163,721,507.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<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> <b>Total net assets or fund balances</b> . . . . .	5,237,209,862.	<b>32</b>	5,651,598,342.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	8,017,718,487.	<b>33</b>	8,318,947,751.	

**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>	3,310,909,056.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,006,440,897.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	304,468,159.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,237,209,862.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	70,895,045.
<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>	39,025,276.
<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>	5,651,598,342.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2022)

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

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

Schedule A (Form 990) 2022



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	523,093,884.	572,381,320.	671,730,194.	752,663,973.	838,648,817.	3,358,518,188.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	523,093,884.	572,381,320.	671,730,194.	752,663,973.	838,648,817.	3,358,518,188.
<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). . . . .						78,452,889.
<b>6 Public support.</b> Subtract line 5 from line 4						3,280,065,299.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	523,093,884.	572,381,320.	671,730,194.	752,663,973.	838,648,817.	3,358,518,188.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	91,446,337.	75,817,833.	44,974,798.	51,037,723.	78,094,116.	341,370,807.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .				4,672,170.	3,902,235.	8,574,405.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						3,708,463,400.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	10,259,147,208.
<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> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	88.45 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.40 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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"/>		

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <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?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 . . . . .			
b	From 2018 . . . . .			
c	From 2019 . . . . .			
d	From 2020 . . . . .			
e	From 2021 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018 . . . .			
b	Excess from 2019 . . . .			
c	Excess from 2020 . . . .			
d	Excess from 2021 . . . .			
e	Excess from 2022 . . . .			

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**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.

Department of the Treasury  
Internal Revenue Service

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 <b>TRUSTEES OF BOSTON UNIVERSITY</b>	Employer identification number <b>04-2103547</b>
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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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No														

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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		666,467.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .			
<b>j</b> Total. Add lines 1c through 1i . . . . .			666,467.
<b>2a</b> Did the activities in line 1 cause the organization to be not 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.

SEE PAGE 4

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**Part IV** Supplemental Information (continued)

## LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

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

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

**Part IV** Supplemental Information (continued)

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor information.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-8 for various conservation easement details.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b for art collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2022

**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
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other EDUCATION

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,973,352,000.	3,392,513,000.	2,421,115,000.	2,292,537,000.	2,128,183,005.
b Contributions	127,308,419.	62,460,046.	80,427,257.	42,034,734.	101,819,085.
c Net investment earnings, gains, and losses	138,932,059.	-387,169,121.	981,004,273.	169,262,496.	142,075,738.
d Grants or scholarships	27,639,048.	25,075,971.	23,693,212.	22,071,059.	20,661,758.
e Other expenditures for facilities and programs	65,327,653.	59,489,634.	56,172,716.	53,098,001.	50,550,131.
f Administrative expenses	8,299,777.	9,886,320.	10,167,602.	7,550,170.	8,328,939.
g End of year balance	3,138,326,000.	2,973,352,000.	3,392,513,000.	2,421,115,000.	2,292,537,000.

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

- a Board designated or quasi-endowment 42.9000 %
- b Permanent endowment 28.1300 %
- c Term endowment 28.9700 %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,996,440.	225,060,720.		237,057,160.
b Buildings	140,077,924.	4134929538.	1687665389.	2,587,342,073.
c Leasehold improvements	27,588,258.	68,083,375.	63,594,460.	32,077,173.
d Equipment	576,973.	430,128,371.	288,355,512.	142,349,832.
e Other		295,803,519.	243,027,346.	52,776,173.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,051,602,411.

**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	889,037,256.	FMV
(B) ALTERNATIVES-NATURAL RESOURCES	65,953,423.	FMV
(C) ALTERNATIVES-PRIVATE	1,037,213,570.	FMV
(D) NON-MARKETABLE ALTERNATIVES	13,798,580.	FMV
(E) ALTERNATIVES - REAL ESTATE	515,682,828.	FMV
(F) RESIDUAL ASSET NOTE RECEIVABLE	19,839,727.	FMV
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	2,541,525,384.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	6,709,476.
(3) FINANCE LEASE OBLIGATION	78,932,331.
(4) OPERATING LEASE OBLIGATION	111,856,754.
(5) FEDERAL LOAN ADVANCES	17,946,165.
(6) COND. ASSET RETIREMENT OBLIGAT	11,571,465.
(7) POST-RETIREMENT OBLIGATION	1,666,037.
(8) FV OF INT. RATE EXCHANGE AGREE	138,135,421.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	366,817,649.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

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

SCHEDULE D, PART 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, 2023 THE UNIVERSITY'S FEDERAL NET OPERATING LOSS CARRYFORWARDS PRIOR TO JUNE 30, 2018 ARE \$17,028,000, AND EXPIRE IN VARIOUS YEARS FROM 2024 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 FROM ANOTHER. NET OPERATING LOSS CARRYFORWARDS BEGINNING JULY 1, 2018 THROUGH JUNE 30, 2023 ARE \$33,387,000 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



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

PERIODS IN WHICH THESE OPERATING LOSS CARRYFORWARDS WILL BECOME DEDUCTIBLE AND HAS RECORDED DEFERRED TAX ASSETS TOTALING \$2,647,000 AS OF JUNE 30, 2023 AND 2022. THE UNIVERSITY HAS NO MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY'S COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS, AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM DISPOSITIONS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

SCHEDULE D, PART V, LINE 4

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

**SCHEDULE E  
(Form 990)**

**Schools**

OMB No. 1545-0047

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

**2022**

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	X	
3 Has the organization publicized its racially nondiscriminatory policy on its 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 . . . . .	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .		X
b Admissions policies? . . . . .		X
c Employment of faculty or administrative staff? . . . . .		X
d Scholarships or other financial assistance? . . . . .		X
e Educational policies? . . . . .		X
f Use of facilities? . . . . .		X
g Athletic programs? . . . . .		X
h Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II . . . . .	X	

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

SCHEDULE E, PART I, LINE 3

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

SCHEDULE E, PART I, LINE 6A

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

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**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).

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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)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			FUNDRAISING		206,630.
(2) EUROPE			FUNDRAISING		276,513.
(3) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		117,226.
(4) NORTH AMERICA			FUNDRAISING		31,946.
(5) SOUTH ASIA			FUNDRAISING		15,079.
(6) SUB-SAHARAN AFRICA			FUNDRAISING		4,997.
(7) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		117,073.
(8) EAST ASIA AND THE PACIFIC			GRANTMAKING		3,243,309.
(9) EUROPE			GRANTMAKING		29,580,870.
(10) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		18,016.
(11) NORTH AMERICA			GRANTMAKING		351,341.
(12) SOUTH AMERICA			GRANTMAKING		248,934.
(13) SOUTH ASIA			GRANTMAKING		1,613,102.
(14) SUB-SAHARAN AFRICA			GRANTMAKING		1,908,939.
(15) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		634,565,841.
(16) EAST ASIA AND THE PACIFIC			INVESTMENTS		22,484,612.
(17) EUROPE			INVESTMENTS		28,534,468.
<b>3a Subtotal</b> . . . . .					
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					

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

Schedule F (Form 990) 2022

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		1,000.
(2) NORTH AMERICA			INVESTMENTS		17,792,378.
(3) SUB-SAHARAN AFRICA			INVESTMENTS		24,227,695.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDENT FINANCIAL AID	2,230,485.
(5) EUROPE			PROGRAM SERVICES	STUDENT FINANCIAL AID	18,336,238.
(6) NORTH AMERICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	11,200.
(7) SOUTH AMERICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	262,843.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDENT FINANCIAL AID	110,577.
(9) CENTRAL AMERICA/CARIBBEAN		2	PROGRAM SERVICES	RESEARCH	324,120.
(10) EAST ASIA AND THE PACIFIC		10	PROGRAM SERVICES	RESEARCH	732,274.
(11) EUROPE		32	PROGRAM SERVICES	RESEARCH	3,204,769.
(12) MIDDLE EAST AND NORTH AFRICA		4	PROGRAM SERVICES	RESEARCH	67,910.
(13) NORTH AMERICA		11	PROGRAM SERVICES	RESEARCH	291,620.
(14) RUSSIA/INDEPENDENT STATES		3	PROGRAM SERVICES	RESEARCH	38,730.
(15) SOUTH AMERICA		8	PROGRAM SERVICES	RESEARCH	164,727.
(16) SOUTH ASIA	1	6	PROGRAM SERVICES	RESEARCH	239,634.
(17) SUB-SAHARAN AFRICA		18	PROGRAM SERVICES	RESEARCH	1,513,993.
<b>3a Subtotal</b> . . . . .					
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					

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

Schedule F (Form 990) 2022

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SEMINAR	360,401.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMINAR	216,056.
(3) EUROPE			PROGRAM SERVICES	SEMINAR	1,744,340.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINAR	159,335.
(5) NORTH AMERICA			PROGRAM SERVICES	SEMINAR	340,482.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SEMINAR	1,272.
(7) SOUTH AMERICA			PROGRAM SERVICES	SEMINAR	72,989.
(8) SOUTH ASIA			PROGRAM SERVICES	SEMINAR	100,096.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEMINAR	248,928.
(10) EAST ASIA AND THE PACIFIC	2	37	PROGRAM SERVICES	STUDY ABROAD	5,091,110.
(11) EUROPE	11	214	PROGRAM SERVICES	STUDY ABROAD	26,356,331.
(12) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	24,997.
(13) SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	218,751.
(14) SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	19.
(15) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	173,623.
(16)					
(17)					
<b>3a Subtotal</b> . . . . .					723,318,896.
<b>b Total from continuation sheets to Part I</b> . . . . .	14.	345.			104,658,923.
<b>c Totals (add lines 3a and 3b)</b>	14.	345.			827,977,819.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	6,434,287.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	4,126,057.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	3,599,806.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	2,053,079.	WIRE			
(5)			EAST ASIA/PACIFIC	RESEARCH	1,686,537.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,675,845.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,555,937.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,343,394.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,201,194.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,172,220.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,123,928.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	1,099,149.	WIRE			
(13)			SUB-SAHARAN AFRICA	RESEARCH	1,026,522.	WIRE			
(14)			EAST ASIA/PACIFIC	RESEARCH	873,911.	WIRE			
(15)			SOUTH ASIA	RESEARCH	763,898.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	731,487.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 44

3 Enter total number of other organizations or entities . . . . . ▶ 27



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	RESEARCH	583,621.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	527,750.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	510,527.	WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	499,851.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	335,559.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	289,499.	WIRE & CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	270,503.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	257,571.	WIRE			
(9)			SOUTH AMERICA	RESEARCH	248,934.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	197,074.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	196,565.	WIRE			
(12)			NORTH AMERICA	RESEARCH	194,219.	WIRE & CHECK			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	193,061.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	177,934.	WIRE			
(15)			EAST ASIA/PACIFIC	RESEARCH	151,283.	WIRE			
(16)			EAST ASIA/PACIFIC	RESEARCH	147,809.	WIRE			

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	134,617.	WIRE			
(2)			EAST ASIA/PACIFIC	RESEARCH	134,155.	WIRE			
(3)			SUB-SAHARAN AFRICA	RESEARCH	124,028.	WIRE			
(4)			SOUTH ASIA	RESEARCH	73,511.	WIRE			
(5)			NORTH AMERICA	RESEARCH	73,088.	CHECK			
(6)			SUB-SAHARAN AFRICA	RESEARCH	71,225.	WIRE			
(7)			EAST ASIA/PACIFIC	RESEARCH	68,000.	WIRE			
(8)			NORTH AMERICA	RESEARCH	64,686.	CHECK			
(9)			SUB-SAHARAN AFRICA	RESEARCH	64,354.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	64,093.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	63,088.	WIRE & CHECK			
(12)			CENT. AMERICA/CARIBBEAN	RESEARCH	61,571.	WIRE			
(13)			EAST ASIA/PACIFIC	RESEARCH	58,360.	WIRE			
(14)			SOUTH ASIA	RESEARCH	56,433.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	RESEARCH	55,502.	WIRE			
(16)			EAST ASIA/PACIFIC	RESEARCH	53,080.	WIRE			

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	52,665.	WIRE			
(2)			EAST ASIA/PACIFIC	RESEARCH	51,200.	WIRE			
(3)			SOUTH ASIA	RESEARCH	50,975.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	49,947.	WIRE			
(5)			SUB-SAHARAN AFRICA	RESEARCH	40,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	RESEARCH	39,962.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	39,389.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	37,800.	WIRE			
(9)			SOUTH ASIA	RESEARCH	32,183.	WIRE			
(10)			SOUTH ASIA	RESEARCH	30,267.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	24,695.	WIRE			
(12)			SOUTH ASIA	RESEARCH	22,214.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	21,794.	WIRE			
(14)			SUB-SAHARAN AFRICA	RESEARCH	20,000.	WIRE			
(15)			EAST ASIA/PACIFIC	RESEARCH	18,974.	WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	RESEARCH	18,016.	WIRE			

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	16,453.	WIRE			
(2)			NORTH AMERICA	RESEARCH	12,606.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	7,711.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	6,896.	WIRE			
(5)			NORTH AMERICA	RESEARCH	6,741.	CHECK			
(6)			SUB-SAHARAN AFRICA	RESEARCH	6,545.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	5,750.	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	101			2,230,485.	TUITION	COST
(2) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	808			18,336,238.	TUITION	COST
(3) STUDENT FINANCIAL AID	NORTH AMERICA	1			11,200.	TUITION	COST
(4) STUDENT FINANCIAL AID	SOUTH AMERICA	9			262,843.	TUITION	COST
(5) STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	6			110,577.	TUITION	COST
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

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

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

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

**Part V Supplemental Information**

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

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

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

AND EXTRACURRICULAR ACTIVITIES.

SCHEDULE F, PART I, LINE 3

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



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				1,279,295.	563,534.	1,011,405.

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

ALL STATES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WBUR VALENTINE (event type)	PUB RADIO GALA (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	612,648.	625,693.	497,166.	1,735,507.
	2	Less: Contributions . . . . .	19,648.	586,858.	199,526.	806,032.
	3	Gross income (line 1 minus line 2) . . . . .	593,000.	38,835.	297,640.	929,475.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	3,045.	35,802.	157,081.	195,928.
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	399,361.	49,603.	258,479.	707,443.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				903,371.
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				26,104.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</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 ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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

=====

NAME:

GREATER PUBLIC

ADDRESS:

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

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 128,848.

NAME:

GRENZEBACH GLIER AND ASSOCIATES, INC.

ADDRESS:

200 SOUTH MICHIGAN AVENUE, SUITE 2100  
CHICAGO, IL 60604

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 103,196.

NAME:

DEVELOPMENT GUILD/DDI, INC.

ADDRESS:

ONE BOSTON PLACE, SUITE 2600  
BOSTON, MA 02108

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 57,600.

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

=====

NAME:

HILARY SHEPARD CONSULTING

ADDRESS:

2 OLD COLONY TERRACE  
BOSTON, MA 02125

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 6,000.

NAME:

ADVANCED REMARKETING SERVICES, INC.

ADDRESS:

116 JOHNNY CAKE HILL  
MIDDLETOWN, RI 02842

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 1,279,295.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 267,890.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 1,011,405.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ACCELERATE DIAGNOSTICS INC 3950 S COUNTRY CLUB ROAD STE#470	84-1072256		93,857.				RESEARCH
<b>(2)</b> ADMINISTRATORS OF THE TULANE EDUCAT 1555 POYDRAS ST STE805 GCA MAILBX#8	72-0423889	501 C 3	367,208.				RESEARCH
<b>(3)</b> ADVANCED BUILDING ANALYSIS LLC 2 WOODLAWN STREET AMESBURY, MA 01913	26-3486448		46,727.				RESEARCH
<b>(4)</b> AFFINIVAX INC 301 BINNEY STREET, SUITE 302	46-4701432		205,879.				RESEARCH
<b>(5)</b> AMERICAN ACADEMY OF PEDIATRICS PO BOX 776442 CHICAGO, IL 60677	36-2275597	501 C 3	145,296.				RESEARCH
<b>(6)</b> AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501 C 3	1,001,306.				RESEARCH
<b>(7)</b> AMERICAN INSTITUTES FOR RESEARCH IN PO BOX 28126 NY, NY 10087	25-0965219	501 C 3	514,701.				RESEARCH
<b>(8)</b> AMICROBE INC 3142 TIGER RUN COURT, SUITE 101	27-4438018		2,016,721.				RESEARCH
<b>(9)</b> ANDERSONICS LLC 18 EMERSON STREET BELMONT, MA 02478	420-27-370		61,770.				RESEARCH
<b>(10)</b> ANDREWS UNIVERSITY 4150 ADMINISTRATION DR FIRMS LEDGER	38-1627600	501 C 3	39,736.				RESEARCH
<b>(11)</b> ASSOCIATION FOR CLINICAL PASTORAL E 1 CONCOURSE PARKWAY SUITE 800	58-1921094	501 C 3	17,963.				RESEARCH
<b>(12)</b> ATHLETIC TRAINERS OF MASS, INC. PO BOX 149 WEYMOUTH, MA 02188	22-2507198	501 C 3	7,322.				CHARITABLE DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 260

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) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AUGUSTA UNIVERSITY RESEARCH INSTITU PO BOX 945552 ATLANTA, GA 30394	58-1418202	501 C 3	71,917.				RESEARCH
<b>(2)</b> AVAILS MEDICAL INC 1455 ADAMS DRIVE, SUITE 1288	46-4246007		3,799,715.				RESEARCH
<b>(3)</b> BAEBIES INC 615 DAVIS DR STE 800 DURHAM, NC 27709	46-3482298		2,109,514.				RESEARCH
<b>(4)</b> BANNER HEALTH 901 E WILLETTA STREET PHOENIX, AZ 85006	45-0233470	501 C 3	141,665.				RESEARCH
<b>(5)</b> BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501 C 3	677,429.				RESEARCH
<b>(6)</b> BECKMAN RSRCH INST OF THE CITY OF H 1500 E DUARTE RD CAC&AR REF: 201082	95-3432210	501 C 3	223,703.				RESEARCH
<b>(7)</b> BENTLEY UNIVERSITY 175 FOREST STREET WALTHAM, MA 02452	04-1081650	501 C 3	71,759.				RESEARCH
<b>(8)</b> BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE BR 109 BOSTON, MA 02215	04-2103881	501 C 3	637,559.				RESEARCH
<b>(9)</b> BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE BR 109 RM 261, RE	04-2103881	501 C 3	315,295.				RESEARCH
<b>(10)</b> BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE BR 109 RM 262 RES	04-2103881	501 C 3	163,446.				RESEARCH
<b>(11)</b> BOARD OF TRUSTEES OF THE LELAND STA PO BOX 884253 LOS ANGELES, CA 90088	94-1156365	501 C 3	975,103.				RESEARCH
<b>(12)</b> BOARD OF TRUSTEES OF THE LELAND STA PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501 C 3	60,629.				RESEARCH

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BOARD OF TRUSTEES OF UNIVERSITY OF 28395 NETWORK PL GRANTS & CONTRACTS	37-6000511	STATE GOVT	150,969.				RESEARCH
<b>(2)</b> BOARD OF TRUSTEES OF UNIVERSITY OF 28392 NETWORK PLACE GRANTS & CONTRA	37-6000511	STATE GOVT	59,867.				RESEARCH
<b>(3)</b> BOSTON HOUSING AUTHORITY 52 CHAUNCY ST BOSTON, MA 02111	04-6001907	LOCAL GOVT	23,031.				RESEARCH
<b>(4)</b> BOSTON MEDICAL CENTER 660 HARRISON AVE, GAMBRO2, RES. FIN	04-3314093	501 C 3	2,045,221.				RESEARCH
<b>(5)</b> BOSTON MEDICAL CENTER 960 MASS AVE 2ND FL CUBE 2452-8A T&	04-3314093	501 C 3	1,005,690.				RESEARCH
<b>(6)</b> BOSTON MEDICAL CENTER 660 HARRISON AVE GAMBRO BUILD 2FLRF	04-3314093	501 C 3	15,371.				RESEARCH
<b>(7)</b> BOSTON MEDICAL CENTER CORPORATION 960 MASS AVE FL2 OFFICE OF DEVELOPM	04-3314093	501 C 3	37,308.				RESEARCH
<b>(8)</b> BOSTON MUNICIPAL RESEARCH BUREAU, INC. 333 WASHINGTON STREET 854 BOSTON, MA 02108	22-2673755	501 C 3	6,000.				CHARITABLE DONATION
<b>(9)</b> BOSTON VA RESEARCH INSTITUTE INC 150S HUNTINGTON AV (151B) NWD ACCT	04-3081524	501 C 3	27,027.				RESEARCH
<b>(10)</b> BOWDOIN COLLEGE 5400 COLLEGE STATIONS CONTROLLEROFF	01-0215213	501 C 3	45,777.				RESEARCH
<b>(11)</b> BRANDEIS UNIVERSITY 415 SOUTH ST MS 110 MAHEALTH POLICY	04-2103552	501 C 3	219,501.				RESEARCH
<b>(12)</b> BRONX VETERANS MEDICAL RESEARCH FOU 130 WEST KINGSBRIDGE ROAD BRONX, NY 10468	13-3699250	501 C 3	103,040.				RESEARCH

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

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

Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BROWN UNIVERSITY 69 BROWN ST 2ND FL BOX 1997 COBBSC	05-0258809	501 C 3	649,309.				RESEARCH
<b>(2)</b> BUGWORKS RESEARCH INC 41635 JOYCE AVE FREMONT, CA 94539	46-4722591		943,812.				RESEARCH
<b>(3)</b> BUTLER HOSPITAL 350 DUNCAN DR ATTN: M HENNESSEY-GRE	05-0258812	501 C 3	215,483.				RESEARCH
<b>(4)</b> CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501 C 3	14,010.				RESEARCH
<b>(5)</b> CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		95,803.				RESEARCH
<b>(6)</b> CARLA HERRERA 6123 UTAH AVE NW WASHINGTON, DC 20015	81-2848801		9,075.				RESEARCH
<b>(7)</b> CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD, STE 1150	95-1644600	501 C 3	27,025.				RESEARCH
<b>(8)</b> CELLICS THERAPEUTICS INC 11588 SORRENTO VALLEY RD STE 20	46-5220148		1,241,126.				RESEARCH
<b>(9)</b> CENTER FOR INNOVATIVE PUBLIC HEALTH 555 N EL CAMINO REAL A347	20-0165973	501 C 3	337,232.				RESEARCH
<b>(10)</b> CHAPMAN UNIVERSITY ONE UNIVERSITY DR ONE UNIV DR	95-1643992	501 C 3	5,770.				RESEARCH
<b>(11)</b> CHILDRENS HOSPITAL COLORADO 13123 E 16TH AVENUE BOX 148	84-0166760	501 C 3	20,640.				RESEARCH
<b>(12)</b> CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501 C 3	438,843.				RESEARCH

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

OMB No. 1545-0047

**2022**

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Department of the Treasury  
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Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CLARAMETIX BIOSCIENCES, INC 1275 KINNEAR RD COLUMBUS, OH 43212	84-4245308		1,272,946.				RESEARCH
<b>(2)</b> CLEVELAND CLINIC FOUNDATION PO BOX 931562 LERNER COLLEGE OF MED	34-0714585	501 C 3	21,262.				RESEARCH
<b>(3)</b> CLINTON HEALTH ACCESS INITIATIVE IN 383 DORCHESTER AVE SUITE 400	27-1414646	501 C 3	514,128.				RESEARCH
<b>(4)</b> CLINTON HEALTH ACCESS INITIATIVE, I 383 DORCHESTER AVE, SUITE 400	27-1414646	501 C 3	10,209.				RESEARCH
<b>(5)</b> COLORADO SEMINARY PO BOX 911811 OSP DENVER, CO 80291	84-0404231	501 C 3	367,447.				RESEARCH
<b>(6)</b> COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY, SPONSORED PRO	84-6000545	STATE GOVT	107,821.				RESEARCH
<b>(7)</b> COMMONWEALTH OF KENTUCKY CABINET FO 310 WHITTINGTON PARKWAY SUITE 200	61-6001481	STATE GOVT	15,131.				RESEARCH
<b>(8)</b> CONTRAFECT CORP 28 WELLS AVE 3RD FL YONKERS, NY 10701	39-2072586		210,327.				RESEARCH
<b>(9)</b> CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501 C 3	641,700.				RESEARCH
<b>(10)</b> DANA-FARBER CANCER INSTITUTE INC P.O. BOX 412846 BOSTON, MA 02241	04-2263040	501 C 3	161,080.				RESEARCH
<b>(11)</b> DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE MAIL STOP BP437RA	04-2263040	501 C 3	80,814.				RESEARCH
<b>(12)</b> DARE BIOSCIENCE INC 3655 NOBEL DRIVE, SUITE 260	20-4139823		7,924.				RESEARCH

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

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

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<b>(1)</b> DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	22-2519596	501 C 3	35,990.				RESEARCH
<b>(2)</b> DAY ZERO DIAGNOSTICS INC 40 GUEST STREET STE 3300 BOSTON, MA 02465	81-2254210		6,891,431.				RESEARCH
<b>(3)</b> DENVER RESEARCH INSTITUTE 3401 QUEBEC ST STE 5000 DENVER, CO 80207	84-1392442	501 C 3	167,879.				RESEARCH
<b>(4)</b> DREXEL UNIVERSITY PO BOX 95000-1090 TD BANK	23-1352630	501 C 3	85,883.				RESEARCH
<b>(5)</b> DUKE UNIVERSITY PO BOX 602651 ACCOUNTS RECEIVABLE L	56-0532129	501 C 3	148,557.				RESEARCH
<b>(6)</b> EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501 C 3	62,429.				RESEARCH
<b>(7)</b> ENDICOTT COLLEGE 376 HALE ST, TREASURER'S OFFICE	04-2103567	501 C 3	48,092.				RESEARCH
<b>(8)</b> ENTASIS THERAPEUTICS INC 35 GATEHOUSE DRIVE WALTHAM, MA 02451	47-3440942		94,939.				RESEARCH
<b>(9)</b> FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET #200 DURHAM, NC 27701	23-7413005	501 C 3	57,399.				RESEARCH
<b>(10)</b> FAMILY VOICES 561 VIRGINIA RD BLDG 4 STE 300	85-0430800	501 C 3	50,000.				RESEARCH
<b>(11)</b> FARADAY ENERGY LLC 1525 BULL LEA ROAD SUITE 10	27-3416441		195,592.				RESEARCH
<b>(12)</b> FELONY MURDER ELIMINATION PROJECT 5405 NEVADA CT. CONCORD, CA 94521	84-3224998	501 C 3	15,000.				RESEARCH

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<b>(1)</b> FIDELITY INVESTMENTS CHARITABLE GIFT FUND 245 SUMMER STREET BOSTON, MA 02210	11-0303001	501 C 3	6,000.				CHARITABLE DONATION
<b>(2)</b> FLORIDA INTERNATIONAL UNIV BOT 11200 SW 8TH STREET, MARC 430	65-0177616	501 C 3	446,560.				RESEARCH
<b>(3)</b> FORGE THERAPEUTICS INC 10578 SCIENCE CENTER DR STE 205	80-0940055		56,236.				RESEARCH
<b>(4)</b> FORSYTH DENTAL INFIRMARY FOR CHILDR 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501 C 3	396,601.				RESEARCH
<b>(5)</b> FOUNDATION FOR PHYSICAL THERAPY RESEARCH, I 3030 POTOMAC AVE SUITE 110	13-6161225	501 C 3	10,000.				CHARITABLE DONATION
<b>(6)</b> FRANKLIN & MARSHALL COLLEGE PO BOX 3003 C/O CLAIRE RETTERER	23-1352635	501 C 3	45,318.				RESEARCH
<b>(7)</b> FRAUNHOFER USA INC PO BOX 673308 DETROIT, MI 48267	38-3203030	501 C 3	47,390.				RESEARCH
<b>(8)</b> FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501 C 3	9,132.				RESEARCH
<b>(9)</b> GENERAL ELECTRIC COMPANY LB645044 500 1STAVE PNC BANK GE GRN	14-0689340		77,924.				RESEARCH
<b>(10)</b> GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MS 2E1	54-0836354	STATE GOVT	62,819.				RESEARCH
<b>(11)</b> GEORGETOWN UNIVERSITY BOX 571164 OFFICE OF SPONSORED ACCT	53-0196603	501 C 3	127,103.				RESEARCH
<b>(12)</b> GEORGETOWN UNIVERSITY PO BOX 825738 PHILADELPHIA, PA 19182	53-0196603	501 C 3	15,758.				RESEARCH

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<b>(1)</b> GEORGIA STATE UNIVERSITY PO BOX 3999 RESEARCH FINANCIAL SERV	58-6002050	STATE GOVT	241,177.				RESEARCH
<b>(2)</b> GILLETTE CHILDRENS SPECIALTY HEALTH 200 UNIVERSITY AVE EAST	36-3379150	501 C 3	11,873.				RESEARCH
<b>(3)</b> GREENROOTS INC 227 MARGINAL ST SUITE 1 CHELSEA, MA 02150	81-2718273	501 C 3	19,922.				RESEARCH
<b>(4)</b> HARVARD PILGRIM HEALTH CARE INC P. O. BOX 3672 NONCENTER LOCKBOX #3	04-2452600	501 C 3	24,807.				RESEARCH
<b>(5)</b> HEALTH MANAGEMENT ASSOCIATES INC 120 N WASHINGTON SQUARE, SUITE 705	38-2599727	501 C 3	89,212.				RESEARCH
<b>(6)</b> HEALTH RESEARCH, INC. PO BOX 2966 BUFFALO, NY 14240	14-1402155	501 C 3	286,571.				RESEARCH
<b>(7)</b> HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501 C 3	32,245.				RESEARCH
<b>(8)</b> HENRY FORD HEALTH SYSTEM ONE FORD PLACE DETROIT, MI 48202	38-1357020	501 C 3	34,035.				RESEARCH
<b>(9)</b> HOLYOKE HEALTH CENTER INC P. O. BOX 6260 230 MAPLE STREET	04-2492730	501 C 3	206,851.				RESEARCH
<b>(10)</b> HORIZON RESEARCH INC 326 CLOISTER COURT CHAPEL HILL, NC 27514	56-1550276		163,195.				RESEARCH
<b>(11)</b> ICAHN SCHOOL OF MEDICINE AT MOUNT S 1 GUSTAVE LEVY PL. BOX 3500, RAJ AP	13-6171197	501 C 3	584,518.				RESEARCH
<b>(12)</b> IHC HEALTH SERVICES INC PO BOX 57828 GRANT ACCOUNTING	94-2854057	501 C 3	10,257.				RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . \_\_\_\_\_
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<b>(1)</b> INDIANA UNIVERSITY PO BOX 78000 DEPT 78867 DETROIT, MI 48278	35-6001673	STATE GOVT	418,056.				RESEARCH
<b>(2)</b> INNOVATIONS FOR POVERTY ACTION 101 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1660068	501 C 3	204,828.				RESEARCH
<b>(3)</b> INSTITUTE FOR LIFE SCIENCE ENTREPRE 1000 MORRIS AVE, STEM BLDG 5-13	46-5632420	501 C 3	365,903.				RESEARCH
<b>(4)</b> INTEGRATED BIOTHERAPEUTICS 4 RESEARCH COURT, STE 300	20-3052840		1,421,263.				RESEARCH
<b>(5)</b> INVICRO LLC 119 FOURTH AVENUE NEEDHAM, MA 02484	26-3404955		9,172.				RESEARCH
<b>(6)</b> J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE LA JOLLA, CA 92037	52-1842938	501 C 3	191,166.				RESEARCH
<b>(7)</b> JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111	501 C 3	104,528.				RESEARCH
<b>(8)</b> JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE	52-0595110	501 C 3	795,401.				RESEARCH
<b>(9)</b> JSI RESEARCH AND TRAINING INSTITUTE 501 SOUTH STREET, 2ND FLOOR BOW, NH 03304	04-2679824	501 C 3	140,857.				RESEARCH
<b>(10)</b> KAISER FOUNDATION RESEARCH INSTITUT 1800 HARRISON ST. 16TH FLOOR	94-1105628	501 C 3	349,622.				RESEARCH
<b>(11)</b> LAHEY CLINIC, INC. 41 MALL RD DWALSH, MHA BSN RN	04-2704683	501 C 3	93,183.				RESEARCH
<b>(12)</b> LOCUS BIOSCIENCES INC 523 DAVIS DRIVE, SUITE 350	47-4084065		1,036,005.				RESEARCH

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<b>(1)</b> LOUISIANA STATE UNIVERSITY AND AGRI 6400 PERKINS ROAD PBRC AR	72-6000848	STATE GOVT	158,775.				RESEARCH
<b>(2)</b> LUMEN BIOSCIENCE INC 1441 N. 34TH STREET, SUITE 300	82-0810906		2,864,000.				RESEARCH
<b>(3)</b> LUNDQUIST INSTITUTE FOR BIOMEDICAL 1124 W CARSON ST BUILDING MRL	95-2138184	501 C 3	409,352.				RESEARCH
<b>(4)</b> LUTIE LEGACY SOCIETY 5900 BALCONES DR STE 100 AUSTIN, TX 78731	61-2068068	501 C 3	246,045.				CHARITABLE DONATION
<b>(5)</b> MAGEE-WOMENS RESEARCH INSTITUTE & F 3240 CRAFT PLACE, SUITE 100	25-1462312	501 C 3	10,932.				RESEARCH
<b>(6)</b> MASSACHUSETTS ALLIANCE OF BOYS & GI PO BOX 815 LUDLOW, MA 01056	06-1684675	501 C 3	50,361.				RESEARCH
<b>(7)</b> MASSACHUSETTS GREEN HIGH PERFORMANC 100 BIGELOW ST. HOLYOKE, MA 01040	27-3014805	501 C 3	19,905.				RESEARCH
<b>(8)</b> MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASS AVE. CASHIER'S, NE49-3077	04-2103594	501 C 3	2,218,492.				RESEARCH
<b>(9)</b> MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 50 FEDERAL STREET FLOOR 8 BOSTON, MA 02110	04-2326503	501 C 3	7,530.				CHARITABLE DONATION
<b>(10)</b> MAYO CLINIC JACKSONVILLE PO BOX 860334 RESEARCH FINANCE	59-3337028	501 C 3	311,755.				RESEARCH
<b>(11)</b> MEDICAL UNIVERSITY OF SOUTH CAROLIN 1 SO PK CIR BURSAR'S OFFICE BLDG 1	57-6000722	STATE GOVT	35,356.				RESEARCH
<b>(12)</b> MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL, C RICHEY	74-2499946	501 C 3	54,524.				RESEARCH

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<b>(1)</b> MENTOR WASHINGTON 15500 SE30TH PLACE BELLEVUE, WA 98007	20-8335617	501 C 3	37,110.				RESEARCH
<b>(2)</b> MERCY HOSPITAL INC 271 CAREW STREET SPRINGFIELD, MA 01104	04-3398280	501 C 3	23,159.				RESEARCH
<b>(3)</b> MERRIMACK COLLEGE 315 TURNPIKE STREET BOX A35	04-2103731	501 C 3	22,707.				RESEARCH
<b>(4)</b> MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD ROOM 2	38-6005984	STATE GOVT	38,945.				RESEARCH
<b>(5)</b> MICROBIOTIX INC ONE INNOVATION DRIVE #120C	06-1538344		396,422.				RESEARCH
<b>(6)</b> MICURX PHARMACEUTICALS 555 BRYANT STREET, SUITE 433	26-0358968		257,823.				RESEARCH
<b>(7)</b> MIRIAM HOSPITAL 1 HOPPIN ST, STE 1.300 BOX 42	05-0258905	501 C 3	5,945.				RESEARCH
<b>(8)</b> MUSEUM OF AFRICAN AMERICAN HISTORY, INC. 31 MILK STREET BOSTON, MA 02109	04-2429556	501 C 3	5,150.				CHARITABLE DONATION
<b>(9)</b> MUSEUM OF SCIENCE 1 SCIENCE PARK BOSTON, MA 02114	04-2103916	501 C 3	59,315.				RESEARCH
<b>(10)</b> NATIONAL ASSOCIATION OF ELEMENTARY 1615 DUKE ST ATTN: A/R ALEXANDRIA, VA 22314	52-0885532	501 C 3	30,000.				RESEARCH
<b>(11)</b> NEW YORK UNIVERSITY PO BOX 415026 NYU SCHOOL OF MEDICIN	13-5562308	501 C 3	238,211.				RESEARCH
<b>(12)</b> NEW YORK UNIVERSITY PO BOX 5166 NY, NY 10087	13-5562308	501 C 3	138,341.				RESEARCH

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NORTH CAROLINA STATE UNIVERSITY BOX 7214 OFFICE OF CONTR AND GRANTS	56-6000756	501 C 3	86,054.				RESEARCH
<b>(2)</b> NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE MAILSTOP540177HU	04-1679980	501 C 3	192,501.				RESEARCH
<b>(3)</b> NORTHERN CALIFORNIA INSTITUTE FOR R 4150 CLEMENT ST (151NC)	94-3084159	501 C 3	346,271.				RESEARCH
<b>(4)</b> NORTHWESTERN UNIVERSITY 633 CLARK STREET RM G-547	36-2167817	501 C 3	200,014.				RESEARCH
<b>(5)</b> NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE, CGA MANAGER	59-1083502	501 C 3	106,854.				RESEARCH
<b>(6)</b> OHIO UNIVERSITY PO BOX 960 OFFICE OF THE BURSAR	31-6402113	501 C 3	31,941.				RESEARCH
<b>(7)</b> OREGON RESEARCH INSTITUTE 3800 SPORTS WAY SPRINGFIELD, OR 97477	93-0495655	501 C 3	11,064.				RESEARCH
<b>(8)</b> OSU OREGON STATE UNIVERSITY 312 KERR ADMIN BUILDING, OSRAA	48-1278540	STATE GOVT	55,242.				RESEARCH
<b>(9)</b> OUR LADY OF THE LAKE HOSPITAL INC 7556 HENNESSY BLVD ONCOLOGY RESEARC	72-0423651	501 C 3	6,000.				RESEARCH
<b>(10)</b> PALO ALTO VETERANS INSTITUTE FOR RE 3801 MIRANDA AVE (151P) P.O. BOX V-	77-0207331	501 C 3	40,894.				RESEARCH
<b>(11)</b> PARENT EDUCATION ADVOCACY AND LEADE 2325 E CARSON ST STE 100-A	20-2943378	501 C 3	17,313.				RESEARCH
<b>(12)</b> PATTERN BIOSCIENCE INC 9600 GREAT HILLS TRAIL, SUITE 160E	82-4883088		3,434,198.				RESEARCH

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .
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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

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.

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<b>(1)</b> PAVE PO BOX 65969 TACOMA, WA 98464	91-1106684	501 C 3	10,000.				RESEARCH
<b>(2)</b> PEPTILOGICS INC 2730 SIDNEY ST STE 300 PITTSBURGH, PA 15203	46-3732713		3,637,924.				RESEARCH
<b>(3)</b> PHILADELPHIA HUNE, INC 2215 NORTH AMERICAN ST	23-3049815	501 C 3	19,278.				RESEARCH
<b>(4)</b> PLANETARY SCIENCE INSTITUTE 1700 E. FORT LOWELL ROAD, SUITE 106	33-0175263	501 C 3	22,532.				RESEARCH
<b>(5)</b> PRESIDENT & FELLOWS OF HARVARD COLL PO BOX 415649 BOSTON, MA 02241	04-2103580	501 C 3	1,794,724.				RESEARCH
<b>(6)</b> PROPEL CAREERS 1 BROADWAY 14TH FLOOR CAMBRIDGE, MA 02142	27-1093470		9,600.				RESEARCH
<b>(7)</b> PUBLIC HEALTH INSTITUTE 555 12TH ST 6TH FL STE 600	94-1646278	501 C 3	109,703.				RESEARCH
<b>(8)</b> RAYTHEON COMPANY PO BOX 419370 BOSTON, MA 02215	95-1778500		162,215.				RESEARCH
<b>(9)</b> RECTOR AND VISITORS OF THE UNIV. OF PO BOX 400195, ATTN: OFFICE OF SPON	54-6001796	501 C 3	1,187,133.				RESEARCH
<b>(10)</b> REGENTS OF THE UNIV OF CA SANTA BAR SAASB BUILD., RM 1212 CASHIER'S OFF	95-6006145	STATE GOVT	29,114.				RESEARCH
<b>(11)</b> REGENTS OF THE UNIVERSITY OF CALIFO PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	STATE GOVT	742,929.				RESEARCH
<b>(12)</b> REGENTS OF THE UNIVERSITY OF CALIFO P.O. BOX 741816 LOS ANGELES, CA 90074	94-6036494	STATE GOVT	356,627.				RESEARCH

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<b>(1)</b> REGENTS OF THE UNIVERSITY OF CALIFO 120 THEORY STE 200 ACCOUNTING OFFICE	95-2226406	STATE GOVT	72,754.				RESEARCH
<b>(2)</b> REGENTS OF THE UNIVERSITY OF COLORA POB 910238 F428 OFFICEGRANT&CONTRAC	84-6000555	STATE GOVT	357,171.				RESEARCH
<b>(3)</b> REGENTS OF THE UNIVERSITY OF COLORA PO BOX 910220 SPONSORED PROJECTS AC	84-6000555	STATE GOVT	282,886.				RESEARCH
<b>(4)</b> REGENTS OF THE UNIVERSITY OF MINNES NW 5957, PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	STATE GOVT	39,743.				RESEARCH
<b>(5)</b> REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVE, BOX 957089, 1125 M	95-6006143	STATE GOVT	2,885,283.				RESEARCH
<b>(6)</b> RESEARCH FOUNDATION FOR STATE UNIVE P. O. BOX 9 ALBANY, NY 12201	14-1368361	501 C 3	57,987.				RESEARCH
<b>(7)</b> RESEARCH FOUNDATION OF THE CITY UNI 230 WEST 41ST STREET, 7TH FLOOR	13-1988190	501 C 3	51,511.				RESEARCH
<b>(8)</b> RESEARCH TRIANGLE INSTITUTE P.O. BOX 896945 CHARLOTTE, NC 28289-6945	56-0686338	501 C 3	63,145.				RESEARCH
<b>(9)</b> RMC RESEARCH CORPORATION 1501 WILSON BLVD., SUITE 400	52-0819071		246,983.				RESEARCH
<b>(10)</b> ROCHESTER INSTITUTE OF TECHNOLOGY 25 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501 C 3	21,789.				RESEARCH
<b>(11)</b> ROGER WILLIAMS UNIVERSITY ONE OLD FERRY RD BRISTOL, RI 02809	05-0277222	501 C 3	40,246.				RESEARCH
<b>(12)</b> ROSE FITZGERALD KENNEDY GREENWAY CONSERVANC 185 KNEELAND STREET BOSTON, MA 02111	20-1678932	501 C 3	10,000.				CHARITABLE DONATION

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<b>(1)</b> ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028	22-2764819	STATE GOVT	5,807.				RESEARCH
<b>(2)</b> ROXBURY COMMUNITY COLLEGE 1234 COLUMBUS AVENUE	04-2726857	501 C 3	11,333.				RESEARCH
<b>(3)</b> RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN STREET #277	36-2174823	501 C 3	332,973.				RESEARCH
<b>(4)</b> RUTGERS, THE STATE UNIVERSITY 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR, G	22-6001086	501 C 3	62,647.				RESEARCH
<b>(5)</b> SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE BO ADM155	93-1137247	501 C 3	68,756.				RESEARCH
<b>(6)</b> SEATTLE INSTITUTE FOR BIOMEDICAL AN 1325 4TH AVE STE 1310 SEATTLE, WA 98101	91-1452438	501 C 3	147,131.				RESEARCH
<b>(7)</b> SOSTENICA INC 1019 ASHLEY RD WEST CHESTER, PA 19382	23-3061896		115,559.				RESEARCH
<b>(8)</b> SOUTH FLORIDA VETERANS AFFAIRS FOUN 1201 NW 16TH STREET #2A103 MIAMI, FL 33125	65-0207903	501 C 3	94,592.				RESEARCH
<b>(9)</b> SOUTHWEST RESEARCH INSTITUTE 6220 CULEBRA ROAD, BLDG 160, AR	74-1070544	501 C 3	54,906.				RESEARCH
<b>(10)</b> STANLEY STREET TREATMENT AND RESOUR 386 STANLEY STREET FALL RIVER, MA 02720	04-2604426	501 C 3	31,709.				RESEARCH
<b>(11)</b> STATE OF ALABAMA 602 SOUTH LAWRENCE ST MONTGOMERY, AL 36104	63-6000619	STATE GOVT	16,536.				RESEARCH
<b>(12)</b> STATE OF INDIANA 2 NORTH MERDIAN ST. INDIANAPOLIS, IN 46204	35-6000158	STATE GOVT	10,000.				RESEARCH

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<b>(1)</b> STATE OF MARYLAND 4101 CHESAPEAKE BLDG, CONTRACT & GR	52-6002033	STATE GOVT	277,581.				RESEARCH
<b>(2)</b> STATE OF MARYLAND 1000 HILLTOP CIRCLE, UNIV. OF MARYL	52-6002033	STATE GOVT	35,927.				RESEARCH
<b>(3)</b> STATE OF MARYLAND PO BOX 41428, UNIV. OF MARYLAND BAL	52-6002033	STATE GOVT	17,081.				RESEARCH
<b>(4)</b> STATE OF MISSISSIPPI-UNIVERSITY OF 2500 NORTH STATE ST RM U-019 OSPPA	64-6008520	STATE GOVT	266,655.				RESEARCH
<b>(5)</b> STATE OF MISSISSIPPI-UNIVERSITY OF 2500 NORTH STATE STREET JACKSON, MS 39216	64-6008520	STATE GOVT	52,517.				RESEARCH
<b>(6)</b> STATE OF SOUTH DAKOTA 414 E CLARK ST GRANTS ACCT 203 SLAG	46-6000364	STATE GOVT	12,140.				RESEARCH
<b>(7)</b> SYRACUSE UNIVERSITY 119 BOWNE HALL BURSAR OPERATIONS	15-0532081	501 C 3	71,445.				RESEARCH
<b>(8)</b> TEMPLE UNIVERSITY OF THE COMMONWEAL POB 22432 RESEARCH ADM POST AWARD T	23-1365971	501 C 3	339,482.				RESEARCH
<b>(9)</b> TERC INC 2067 MASSACHUSETTS AVENUE	04-6134355	501 C 3	207,195.				RESEARCH
<b>(10)</b> TEXAS A&M ENGINEERING EXPERIMENT ST 400 HARVEY MITCHELL PKWY STE 300	74-1974733	501 C 3	180,669.				RESEARCH
<b>(11)</b> TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PKY SO STE 300	74-6000531	STATE GOVT	11,869.				RESEARCH
<b>(12)</b> TEXAS A&M UNIVERSITY AT GALVESTON 400 HARVEY MITCHELL PKWY S STE 300	74-2125225	STATE GOVT	32,679.				RESEARCH

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<b>(1)</b> THE BRIGHAM & WOMENS HOSPITAL INC P.O. BOX 3887 BANK OF AMERICA NA	04-2312909	501 C 3	1,191,372.				RESEARCH
<b>(2)</b> THE BROAD INSTITUTE INC. 415 MAIN STREET NE30-7031	26-3428781	501 C 3	752,310.				RESEARCH
<b>(3)</b> THE CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE LEAHY 260	53-0196583	501 C 3	10,806.				RESEARCH
<b>(4)</b> THE CENTER FOR HEALTH POLICY DEVELO TWO MONUMENT SQUARE SUITE 910	52-1576801	501 C 3	31,776.				RESEARCH
<b>(5)</b> THE FLORIDA STATE UNIVERSITY POBOX 3064166, 874 TRADITIONS WAY	59-1961248	STATE GOVT	315,779.				RESEARCH
<b>(6)</b> THE GENERAL HOSPITAL CORPORATION PO BOX 3829 BOSTON, MA 02241	04-2697983	501 C 3	5,414,096.				RESEARCH
<b>(7)</b> THE GEORGE WASHINGTON UNIVERSITY PO BOX 829896 PHILADELPHIA, PA 19182	53-0196584	501 C 3	111,280.				RESEARCH
<b>(8)</b> THE HENRY M. JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR. SUITE 100	52-1317896	501 C 3	28,507.				RESEARCH
<b>(9)</b> THE JACKSON LABORATORY 90260 COLLECTION CTR DR BANK OF AME	01-0211513	501 C 3	283,606.				RESEARCH
<b>(10)</b> THE JOHN B PIERCE LABORATORY INC 290 CONGRESS AVE NEW HAVEN, CT 06519	06-0646780	501 C 3	196,758.				RESEARCH
<b>(11)</b> THE MCLEAN HOSPITAL CORPORATION PO BOX 3951 BOSTON, MA 02241	04-2697981	501 C 3	351,222.				RESEARCH
<b>(12)</b> THE MENTAL HEALTH CTR OF GREATER MA 401 CYPRESS STREET MANCHESTER, NH 03103	02-0258994	501 C 3	53,115.				RESEARCH

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<b>(1)</b> THE METHODIST HOSPITAL RESEARCH INS P. O. BOX 4805 HOUSTON, TX 77210	87-0721923	501 C 3	247,866.				RESEARCH
<b>(2)</b> THE MGH INSTITUTE OF HEALTH PROFESS 399 REVOLUTION DR 7TH FL STE 745	04-2868893	501 C 3	82,006.				RESEARCH
<b>(3)</b> THE MIRIAM HOSPITAL 167 POINT ST BX 42 CORO EAST, SUITE	05-0258905	501 C 3	35,166.				RESEARCH
<b>(4)</b> THE PRAXIS PROJECT PO BOX 7259 OAKLAND, CA 94601	30-0044814	501 C 3	15,000.				RESEARCH
<b>(5)</b> THE REGENTS OF THE UNIVERSITY OF CA P.O. BOX 741539 LOS ANGELES, CA 90074	94-6002123	STATE GOVT	2,093,299.				RESEARCH
<b>(6)</b> THE REGENTS OF THE UNIVERSITY OF CA 1608 FOURTH ST STE201 CONTRACTS & G	94-6002123	STATE GOVT	230,854.				RESEARCH
<b>(7)</b> THE REGENTS OF THE UNIVERSITY OF MI BOX 223131 PITTSBURGH, PA 15251	38-6006309	STATE GOVT	1,333,990.				RESEARCH
<b>(8)</b> THE SPAULDING REHABILITATION HOSPIT 399 REVOLUTION DR 7TH FL RESER MNGT	04-2551124	501 C 3	120,610.				RESEARCH
<b>(9)</b> THE THRESHOLDS P. O. BOX 87618 DEPT. 10371	36-2518901	501 C 3	38,478.				RESEARCH
<b>(10)</b> THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501 C 3	1,167,292.				RESEARCH
<b>(11)</b> THE TRUSTEES OF PRINCETON UNIVERSIT 701 CARNEGIE CENTER PRINCETON, NJ 08540	21-0634501	501 C 3	395,013.				RESEARCH
<b>(12)</b> THE TRUSTEES OF PURDUE UNIVERSITY 23510 NETWORK PLACE AP SPS	35-6002041	STATE GOVT	16,357.				RESEARCH

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<b>(1)</b> THE UNIVERSITY OF ALABAMA IN HUNTSV 301 SPARKMAN DR, ATTN: CASHIER	63-0520830	STATE GOVT	52,179.				RESEARCH
<b>(2)</b> THE UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	STATE GOVT	11,994.				RESEARCH
<b>(3)</b> THE UNIVERSITY OF CENTRAL FLORIDA B PO BOX 160118 ORLANDO, FL 32816	59-2924021	STATE GOVT	213,703.				RESEARCH
<b>(4)</b> THE UNIVERSITY OF CHICAGO 6054 SO DREXEL AVE STE300 SAA FS	36-2177139	501 C 3	408,332.				RESEARCH
<b>(5)</b> THE UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST RM#612 CONTR/GRAND	57-6001153	501 C 3	105,753.				RESEARCH
<b>(6)</b> THE UNIVERSITY OF TENNESSEE 910 MADISON AVE STE 823 HSC	62-6001636	501 C 3	121,524.				RESEARCH
<b>(7)</b> THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7159 OFFICE OF ACCOUNTING	74-6000203	STATE GOVT	822,221.				RESEARCH
<b>(8)</b> THE VANDERBILT UNIVERSITY PMB 406310, 2301 VANDERBUILT PLACE	62-0476822	501 C 3	101,775.				RESEARCH
<b>(9)</b> THE VANDERBILT UNIVERSITY PO BOX 121236 DEPT 1236 VUMC FINANC	62-0476822	501 C 3	51,655.				RESEARCH
<b>(10)</b> THIRD SECTOR NEW ENGLAND INC 89 SOUTH STREET #700 BOSTON, MA 02111	04-2261109	501 C 3	10,000.				RESEARCH
<b>(11)</b> TOUGALOO COLLEGE 500 W COUNTY LN RD FIN ADM	64-0303093	501 C 3	12,862.				RESEARCH
<b>(12)</b> TRELLIS BIOSCIENCE INC 702 MARSHALL ST STE 614	27-2173377		1,605,347.				RESEARCH

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

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

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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2022**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE, OSP	04-2103545	501 C 3	22,746.				RESEARCH
<b>(2)</b> TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD, #6210 HANOVER, NH 03755	02-0222111	501 C 3	119,269.				RESEARCH
<b>(3)</b> TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE, SPONSORED PROGRAM	04-2103634	501 C 3	795,010.				RESEARCH
<b>(4)</b> TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501 C 3	6,648.				RESEARCH
<b>(5)</b> TRUSTEES OF TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501 C 3	5,797.				RESEARCH
<b>(6)</b> TUFTS MEDICAL CENTER, INC. 800 WASHINGTON ST. BOX 453, RESEARC	04-3400617	501 C 3	633,011.				RESEARCH
<b>(7)</b> UNIVERSITY CORPORATION FOR ATMOSPHE PO BOX 3000 BOULDER, CO 80307	84-0412668	501 C 3	97,063.				RESEARCH
<b>(8)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. S, AB 990 GRANTS & CO	63-6005396	501 C 3	1,280,190.				RESEARCH
<b>(9)</b> UNIVERSITY OF ARKANSAS FAYETTEVILLE TREASURER'S OFFICE, PO BOX 1404	71-6003252	501 C 3	5,454.				RESEARCH
<b>(10)</b> UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXT UNIT1133 SPS	06-0772160	STATE GOVT	268,167.				RESEARCH
<b>(11)</b> UNIVERSITY OF DELAWARE 30 LOVETT AVE CASHIERS OFFICE-SPONS	51-6000297	501 C 3	143,601.				RESEARCH
<b>(12)</b> UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING	51-6000297	501 C 3	85,955.				RESEARCH

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

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF FLORIDA PO BOX 113001 CFO CONTRACTS & GRANT	59-6002052	STATE GOVT	258,641.				RESEARCH
<b>(2)</b> UNIVERSITY OF FLORIDA PO BOX 931297 CONTRACTS & GRANTS	59-6002052	STATE GOVT	27,253.				RESEARCH
<b>(3)</b> UNIVERSITY OF GEORGIA RESEARCH FOUN 310 EAST CAMPUS RD TUCKER HALLRM411	58-1353149	501 C 3	157,521.				RESEARCH
<b>(4)</b> UNIVERSITY OF HOUSTON POB 988 TREASURER'S OFFICE	74-6001399	STATE GOVT	155,079.				RESEARCH
<b>(5)</b> UNIVERSITY OF KENTUCKY RESEARCH FOU P O BOX 931113 CLEVELAND, OH 44193	61-6033693	501 C 3	25,239.				RESEARCH
<b>(6)</b> UNIVERSITY OF LOUISVILLE 300 E MARKET STREET #300, SPONSORED	61-1014882	501 C 3	980,648.				RESEARCH
<b>(7)</b> UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	STATE GOVT	825,114.				RESEARCH
<b>(8)</b> UNIVERSITY OF MASSACHUSETTS 55 LAKE AVE N, BURSAR S1-802	04-3167352	STATE GOVT	172,268.				RESEARCH
<b>(9)</b> UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY STE201 MAVENTURECTR	04-3167352	STATE GOVT	87,931.				RESEARCH
<b>(10)</b> UNIVERSITY OF MASSACHUSETTS 285 OLD WESTPORT RD CTCARNEY LIBRAR	04-3167352	STATE GOVT	13,629.				RESEARCH
<b>(11)</b> UNIVERSITY OF MASSACHUSETTS 600 SUFFOLK STREET LOWELL, MA 01854	04-3167352	STATE GOVT	12,569.				RESEARCH
<b>(12)</b> UNIVERSITY OF MIAMI PO BOX 405803 OFFICE OF RESEARCH AD	59-0624458	501 C 3	44,930.				RESEARCH

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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**Part I General Information on Grants and Assistance**

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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	STATE GOVT	110,903.				RESEARCH
<b>(2)</b> UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD. OFFICE OF FISCAL	01-0211810	501 C 3	44,948.				RESEARCH
<b>(3)</b> UNIVERSITY OF NORTH CAROLINA - CHAP PO BOX 402420 ATLANTA, GA 30384	56-6001393	501 C 3	477,285.				RESEARCH
<b>(4)</b> UNIVERSITY OF NORTH CAROLINA GREENS PO BOX 26170, ACCOUNTING SERVICES	56-6001468	501 C 3	67,136.				RESEARCH
<b>(5)</b> UNIVERSITY OF NORTH TEXAS HEALTH SC 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107	75-6064033	501 C 3	16,123.				RESEARCH
<b>(6)</b> UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL RSPA NOTRE DAME, IN 46556	35-0868188	501 C 3	47,314.				RESEARCH
<b>(7)</b> UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 97403	46-4727800	STATE GOVT	341,059.				RESEARCH
<b>(8)</b> UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501 C 3	836,520.				RESEARCH
<b>(9)</b> UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501 C 3	33,747.				RESEARCH
<b>(10)</b> UNIVERSITY OF PITTSBURGH 500 ROSS ST, 154-0455 (ATTN:371220)	25-0965591	STATE GOVT	185,317.				RESEARCH
<b>(11)</b> UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200	16-0743209	501 C 3	212,448.				RESEARCH
<b>(12)</b> UNIVERSITY OF ROCHESTER PO BOX 278832 ROCHESTER, NY 14627-8832	16-0743209	501 C 3	87,424.				RESEARCH

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<b>(1)</b> UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	STATE GOVT	83,547.				RESEARCH
<b>(2)</b> UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 1898 SAN ANTONIO, TX 78297	74-1586031	STATE GOVT	261,903.				RESEARCH
<b>(3)</b> UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 301418 FINANCIAL ADMIN	74-1761309	STATE GOVT	171,587.				RESEARCH
<b>(4)</b> UNIVERSITY OF TOLEDO PO BOX 72327 GRANTS ACCOUNTING	34-6401483	STATE GOVT	16,223.				RESEARCH
<b>(5)</b> UNIVERSITY OF UTAH 201 S PRESIDENTS CIR ROOM 406 GRANT	87-6000525	STATE GOVT	177,165.				RESEARCH
<b>(6)</b> UNIVERSITY OF VERMONT & STATE AGRIC PO BOX 1389 WILLISTON, VT 05495	03-0179440	501 C 3	445,467.				RESEARCH
<b>(7)</b> UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501 C 3	1,325,742.				RESEARCH
<b>(8)</b> UNIVERSITY OF WISCONSIN DRAWER #538 GAR ACCT. OFFICE FOR RE	39-1805963	STATE GOVT	223,804.				RESEARCH
<b>(9)</b> UNIVERSITY SYSTEM OF NEW HAMPSHIRE 51 COLLEGE ROAD SERV BUILD RM 109	02-6000937	501 C 3	143,663.				RESEARCH
<b>(10)</b> UT MD ANDERSON CANCER CENTER P.O. BOX 4266 GRANTS & CONTRACTS	74-6001118	STATE GOVT	245,158.				RESEARCH
<b>(11)</b> UTICA COLLEGE 1600 BURRSTONE RD PAULA BOCHNIAK/FI	16-1476258	501 C 3	87,309.				RESEARCH
<b>(12)</b> VANDERBILT UNIVERSITY POBOX 121236 DEPT 1236 VUMC	35-2528741	501 C 3	225,843.				RESEARCH

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<b>(1)</b> VAXCYTE INC 825 INDUSTRIAL ROAD, SUITE 300	46-4233385		3,410,043.				RESEARCH
<b>(2)</b> VEDANTA BIOSCIENCES INC 19 BLACKSTONE STREET CAMBRIDGE, MA 02139	27-5440202		2,006,444.				RESEARCH
<b>(3)</b> VENATORX PHARMACEUTICALS INC 30 SPRING MILL DRIVE MALVERN, PA 19355	27-2782193		102,126.				RESEARCH
<b>(4)</b> VERMONT PUBLIC HEALTH ASSOCIATION I PO BOX 732 BURLINGTON, VT 05401	02-0608866	501 C 3	14,886.				RESEARCH
<b>(5)</b> VETERANS EDUCATION AND RESEARCH ASS POB 4655 215 N MAIN ST ASSOCIATION	22-3091219	501 C 3	128,050.				RESEARCH
<b>(6)</b> VIRGINIA POLYTECHNIC INSTITUTE & ST N END CTR, STE 4200,300 TURNER ST NW	54-6001805	STATE GOVT	99,422.				RESEARCH
<b>(7)</b> WAKE FOREST UNIVERSITY HEALTH SCIEN EPICARE 525@VINE 5TH FL DPHS MCB	22-3849199	501 C 3	26,953.				RESEARCH
<b>(8)</b> WAKE FOREST UNIVERSITY HEALTH SCIEN P.O. BOX 604096 OSP AHWOSP	22-3849199	501 C 3	11,060.				RESEARCH
<b>(9)</b> WAKE FOREST UNIVERSITY HEALTH SCIEN MEDICAL CENTER BOULEVARD	22-3849199	501 C 3	10,820.				RESEARCH
<b>(10)</b> WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034, S	43-0653611	501 C 3	259,842.				RESEARCH
<b>(11)</b> WAYNE STATE UNIVERSITY 5057 WOODWARD SUITE 13202 DETROIT, MI 48202	38-6028429	501 C 3	136,831.				RESEARCH
<b>(12)</b> WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501 C 3	32,295.				RESEARCH

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<b>(1)</b> WEST END HOUSE, INC. 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501 C 3	7,500.				CHARITABLE DONATION
<b>(2)</b> WEST VIRGINIA UNIVERSITY RESEARCH C PO BOX 6002 MORGANTOWN, WV 26506	55-0665758	STATE GOVT	9,369.				RESEARCH
<b>(3)</b> WILLIAM MARSH RICE UNIVERSITY PO BOX 1892, MS 74 HOUSTON, TX 77251	74-1109620	501 C 3	163,015.				RESEARCH
<b>(4)</b> WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD. WORCESTER, MA 01609	04-2121659	501 C 3	26,621.				RESEARCH
<b>(5)</b> YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501 C 3	289,359.				RESEARCH
<b>(6)</b> YESHIVA UNIVERSITY 1300 MORRIS PARK AVE, BELFER #1108	13-1624225	501 C 3	1,475,284.				RESEARCH
<b>(7)</b> YESHIVA UNIVERSITY 500 WEST 185TH STREET NEW YORK, NY 10033	13-1624225	501 C 3	20,167.				RESEARCH
<b>(8)</b> ZABBIO INC 11760 SORRENTO VALLEY ROAD, SUITE A	82-2969965		220,046.				RESEARCH
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION AND AUXILIARY	20,761	9,865,926.	604,556,937.	COST	TUITION OFFSET
2 STIPEND AND FELLOWSHIP	4,515	38,833,807.			
3 PRIZES AND AWARDS	848	1,502,484.			
4 HONORARIUM	2,371	2,145,794.			
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

SCHEDULE I, PART III

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



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

AND EXTRACURRICULAR ACTIVITIES. ALL GRANTS AND OTHER STUDENT FINANCIAL AID IS DESIGNATED FOR EDUCATIONAL PURPOSES ONLY.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

**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

**2022**

**Open to Public  
Inspection**

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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (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) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A. BROWN PRESIDENT	(i)	1,327,157.	200,000.	548,050.	260,556.	283,054.	2,618,817.	212,500.
	(ii)							
2 TONY TANNOURY PROFESSOR & PHYSICIAN	(i)							
	(ii)	1,801,919.		4,902.	35,306.	109,105.	1,951,232.	
3 XINNING LI PROFESSOR & PHYSICIAN	(i)							
	(ii)	1,425,803.		1,153.	26,156.	28,928.	1,482,040.	
4 PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i)	516,282.	742,039.	88,852.	35,306.	28,414.	1,410,893.	
	(ii)							
5 JEAN MORRISON UNIVERSITY PROVOST	(i)	897,241.		156,787.	147,806.	180,870.	1,382,704.	75,000.
	(ii)							
6 CLARISSA C. HUNNEWELL CIO, ASSISTANT TREASURER	(i)	797,870.	492,161.	5,944.	35,306.	9,182.	1,340,463.	
	(ii)							
7 WILLIAM CREEVY PROFESSOR & PHYSICIAN	(i)							
	(ii)	1,030,129.	121,590.	7,239.	35,306.	28,889.	1,223,153.	
8 KAREN H. ANTMAN, MD MEDICAL CAMPUS PROVOST	(i)	1,001,850.		9,916.	35,306.	563.	1,047,635.	
	(ii)							
9 GARY W. NICKSA SR VP, CFO, TREASURER	(i)	701,054.		8,507.	35,306.	29,348.	774,215.	
	(ii)							
10 ERIKA GEETTER SR VP, GEN COUNSEL, SECRETARY	(i)	692,212.		3,326.	35,306.	2,714.	733,558.	
	(ii)							
11 DEREK HOWE SR VP OPS, ASSISTANT TREASURER	(i)	533,024.		1,348.	35,306.	20,452.	590,130.	
	(ii)							
12 KIMBERLY A.S. HOWARD TRUSTEE, ASSOCIATE PROFESSOR	(i)	153,862.		207.	17,253.	911.	172,233.	
	(ii)							
13 EILEEN O'KEEFE FORMER TRUSTEE, PROFESSOR	(i)	126,768.		556.	15,269.	20,677.	163,270.	
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I

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

SCHEDULE J, PART I, LINE 1A

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

**Part III Supplemental Information**

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

AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN \$260,060 AND PROVOST MORRISON \$150,039.

(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 AND PROVOST'S EMPLOYMENT AGREEMENTS ALLOW FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN AND PROVOST MORRISON ARE THE ONLY INDIVIDUALS REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2022.

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

**Part III Supplemental Information**

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

PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. PRESIDENT BROWN IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2022.

(4) IN CALENDAR YEAR 2022, PRESIDENT BROWN RECEIVED A GROSSED-UP PAYMENT RELATED TO LEGAL SERVICES.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2022, PRESIDENT BROWN RECEIVED AN AMOUNT EQUAL TO 40% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$512,550 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2022 AND IS INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION. THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER

**Part III Supplemental Information**

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

DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN (C) OF PRIOR FORMS 990 IS \$212,500. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN (F).

UNDER THE SAME SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON JULY 31, 2022, PRESIDENT BROWN WAS TO BECOME ENTITLED TO RECEIVE AN AMOUNT EQUAL TO 40% OF HIS BASE SALARY FOR THE 12-MONTH PERIOD ENDING JULY 31, 2023. PRESIDENT BROWN'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$225,250 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2022 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2022 TO AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO PRESIDENT BROWN.

**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.

(3) UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2022, 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, SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN OF \$150,000 WAS DISTRIBUTED TO PROVOST MORRISON IN CALENDAR YEAR 2022 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 \$75,000. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN (F).

UNDER THE SAME SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2022, PROVOST MORRISON WAS TO BECOME ENTITLED TO RECEIVE A FIXED AMOUNT FOR THE 12-MONTH PERIOD ENDING JUNE 30, 2023. PROVOST MORRISON'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE



**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.

SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FOREFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION OF \$75,000 WAS ACCRUED FOR PROVOST MORRISON IN CALENDAR YEAR 2022 AND IS REPORTED ON SCHEDULE J, COLUMN (C) AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

SCHEDULE J, PART I, LINE 6A

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

SCHEDULE J, PART I, LINE 6B

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

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 7

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

PRESIDENT BROWN, AT THE DISCRETION OF THE BOARD OF TRUSTEES, WAS AWARDED A ONE-TIME BONUS OF \$200,000 IN JULY 2022 TO RECOGNIZE HIS ACTIONS ON BEHALF OF THE UNIVERSITY FOR THE PREVIOUS YEAR.

SCHEDULE J, PART II

THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER OFFICERS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2022 REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS

**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.

GREATER THAN \$150,000.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Bond Issues**

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

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .			111,575,000.					
<b>2</b> Amount of bonds legally defeased . . . . .			50,000,000.					
<b>3</b> Total proceeds of issue . . . . .	162,740,000.		539,836,174.		233,015,994.		120,780,965.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .			848,766.		1,035,243.		734,856.	
<b>8</b> Credit enhancement from proceeds . . . . .			727,358.					
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			202,760,050.		126,236,514.		120,046,109.	
<b>11</b> Other spent proceeds . . . . .	162,740,000.		335,500,000.		105,744,237.			
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .			2012				2015	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X			X
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> 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) 2022

**Part III Private Business Use**

BOND GROUP 1

	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 . . . . .	0.8383 %		0.3504 %					
<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 . . . . .	0.8383 %		0.3504 %					
<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 nongovernmental 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 VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

## SCHEDULE K, PART I, LINE A

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

## SCHEDULE K, PART I, LINE B

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

## SCHEDULE K, PART I, LINE C

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

## SCHEDULE K, PART I, LINE A(2)

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

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

SCHEDULE K, PART I, LINE B(2)

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

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

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

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

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

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

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

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

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



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

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

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

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

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

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS WAS PERFORMED IN MAY 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. THE REBATE CALCULATION FOR THE SERIES DD-1 AND DD-2 BONDS WAS PERFORMED IN JULY 2019.

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

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

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

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

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

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Bond Issues**

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

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	35,000,000.		98,375,886.					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .			117,235.					
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .	35,000,000.		98,258,651.					
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .								
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> 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) 2022

**Part III Private Business Use**

BOND GROUP 2

	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 nongovernmental 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					



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

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**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

**2022**

**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
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$	800,000.					

**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) 2022

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FELD ENTERTAINMENT, INC.	SEE PART V	2,573,462.	SEE PART V	X	
(2) J. LAWFORD ANDERSON	SEE PART V	197,245.	EMPLOYMENT COMPENSATION		X
(3) KEITH A. BROWN	SEE PART V	208,454.	EMPLOYMENT COMPENSATION		X
(4) VERNON SOLBERG	SEE PART V	279,669.	EMPLOYMENT COMPENSATION		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, LINE 1

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

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

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

SCHEDULE L, PART IV, LINE 2

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF PRESIDENT ROBERT BROWN.

SCHEDULE L, PART IV, LINE 4

(B) FAMILY MEMBER OF TRUSTEE KIMBERLY HOWARD.



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

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

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

**Part V Supplemental Information**

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

SCHEDULE L, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
ROBERT A. BROWN PRESIDENT	PURCHASE OF PROPERTY		X	800,000.	800,000.		X	X		X	
TOTAL					800,000.						

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	793	1,057,245.	NET PROCEEDS
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	276	15,093,342.	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	31,778.	IND. APPRAISAL
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (SEE SUPP PAGE ) . . . . .		44.	1,963,818.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 2

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

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

Schedule M (Form 990) 2022

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

---

SCHEDULE M, PART I

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

SCHEDULE M, PART I, LINE 32B

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

THE UNIVERSITY THROUGH ITS RADIO STATION WBUR USES 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.

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

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
EQUPT-MED, RES	X	7	1,868,777.	IND. APPRAISAL
DONATED AUCTION	X	30	68,988.	IND. APPRAISAL
EVENT SUPPORT	X	4	26,050.	IND. APPRAISAL
SOFTWARE	X	3	3.	IND. APPRAISAL
TOTALS		44.	1,963,818.	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

04-2103547

**ORGANIZATION'S MISSION**

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMERSSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP, 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 MORE THAN 80 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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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TRUSTEES OF BOSTON UNIVERSITY

04-2103547

ARTS. THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, ANTIRACISM, 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 CONSIST OF LIBRARIES, ACADEMIC SERVICES, STUDENT SERVICES, EXTERNAL PROGRAMS, AND OTHER DEDUCTIONS.

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

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

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

UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF OPERATIONS AND UNIVERSITY 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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

04-2103547

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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▶ Attach to Form 990 or 990-EZ.

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

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

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

EACH YEAR, INCLUDING THE YEAR COVERED BY THIS RETURN, THE FOLLOWING  
PROCESS IS USED TO ESTABLISH THE COMPENSATION FOR THE FOLLOWING  
INDIVIDUALS: THE PRESIDENT; UNIVERSITY PROVOST; MEDICAL CAMPUS PROVOST;  
CHIEF INVESTMENT OFFICER; SENIOR VICE PRESIDENT FOR OPERATIONS; SENIOR  
VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND TREASURER; AND SENIOR VICE  
PRESIDENT, GENERAL COUNSEL, AND SECRETARY OF THE BOARD OF TRUSTEES. THE  
COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH CONSISTS ENTIRELY  
OF INDEPENDENT PERSONS HAVING NO CONFLICTS OF INTEREST AS DEFINED IN THE  
APPLICABLE REGULATIONS) ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING  
FIRM TO OBTAIN COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED  
PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

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

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

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ORGANIZATIONS. THE COMMITTEE REVIEWS THIS DATA AND THE PERFORMANCE OF THE INDIVIDUALS HOLDING THE POSITIONS IN QUESTION, AND IT DEVELOPS A RECOMMENDATION REGARDING THE PRESIDENT'S COMPENSATION AND CONSIDERS THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR EACH OF THE OTHER COVERED PERSONS. THE COMPENSATION COMMITTEE THEN PRESENTS THE DATA AND ITS COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE DELIBERATIONS AND ACTIONS OF BOTH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY.

**FORM 990, PART VI, SECTION C, LINE 19**

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

**FORM 990, PART VII, SECTION A**

ROBERT A. BROWN, THE PRESIDENT OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO THE MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION. GARY W. NICKSA, AN OFFICER OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER MONTH TO EACH OF 660 CORPORATION, AKEAH INC., AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL RELATED ORGANIZATIONS. DEREK HOWE, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS OR LESS PER MONTH TO 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, XINNING LI, AND WILLIAM CREEVY ARE ON THE LIST OF FIVE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, EACH DEVOTING 55 HOURS OR LESS PER WEEK TO FACULTY

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

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

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

PRACTICE PLANS. EILEEN O'KEEFE AND KIMBERLY A.S. HOWARD WERE COMPENSATED  
AS FACULTY MEMBERS, NOT AS TRUSTEES.

**FORM 990, PART XI, LINE 9**

OTHER CHANGES IN NET ASSETS OF FUND BALANCES

GAIN ON INTEREST RATE EXCHANGE AGREEMENTS \$37,133,622

UNREALIZED LOSS ON NON-INVESTMENT ASSETS -\$416,952

NET ACTUARIAL LOSS -\$11,893

OTHER ADJUSTMENTS \$2,320,499

TOTAL \$39,025,276

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES		178,479,960.	
TOTALS		178,479,960.	

Name of the organization

Employer identification number

**TRUSTEES OF BOSTON UNIVERSITY**

**04-2103547**

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

=====

- AUSTRALIA
- BELGIUM
- IRELAND
- FRANCE
- GERMANY
- ITALY
- SPAIN
- SWITZERLAND
- UNITED KINGDOM

Name of the organization

Employer identification number

**TRUSTEES OF BOSTON UNIVERSITY**

**04-2103547**

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

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

Name of the organization

Employer identification number

**TRUSTEES OF BOSTON UNIVERSITY****04-2103547**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	121,256,561.
ARAMARK FOOD AND SUPPORT SERVICES INC 775 COMMONWEALTH AVE BOSTON, MA 02115	FOOD & HOSPITALITY	21,591,427.
CONSIGLI CONSTRUCTION CO., INC. 72 SUMNER STREET MILFORD, MA 01757	CONSTRUCTION	11,795,793.
SHAWMUT WOODWORKING & SUPPLY, INC 560 HARRISON AVENUE BOSTON, MA 02118	CONSTRUCTION	8,826,232.
DELOITTE 4022 SELLS DRIVE HERMITAGE, TN 37076	CONSULTING	8,575,575.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2022**

**Open to Public  
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Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BU (GT) FUNDING, LLC 87-0773653 108 BAY STATE ROAD BOSTON, MA 02215	INVESTMENTS	DE	692,726.	19,840,000.	BU TRUSTEES
(2) PLEASANT VENTURES REALTY TRUST 04-3006700 125 BAY STATE ROAD BOSTON, MA 02215	REAL ESTATE	MA	2,761,662.	23,894,746.	BU TRUSTEES
(3) SCARLET CASTLE BRR-I LLC 82-1985611 ONE SILBER WAY BOSTON, MA 02215	INVESTMENTS	MA	-94,814.	1,424,778.	BU TRUSTEES
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE LONDON,	EDUCATION	UK	BU EUR/EUSA UK	RELATED	551,838.	1,042,403.		X			X	100.0000
(2) LVPU L.P. 47-1582760 10000 MEMORIAL DRIVE, SUITE 55	INVESTMENTS	TX	BU TRUSTEES		-120,686.	NONE		X			X	NONE
(3) BRIGHTSTAR CAPITAL PARTNERS IN 9859 BIG BEND BOULEVARD, SUITE	INVESTMENTS	MO	BU TRUSTEES		119,161.	96,065.		X			X	58.3800
(4) BRIGHTSTAR CAPITAL PARTNERS CA 9859 BIG BEND BOULEVARD, SUITE	INVESTMENTS	MO	BU TRUSTEES		NONE	NONE		X			X	NONE
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING COMPANY	MA	BU TRUSTEES	C CORP	NONE	44,205.	100.0000	X	
(2) CHARITABLE REMAINDER TRUSTS - MA (13)	SUPPORT	MA	BU TRUSTEES	TRUST					
(3) 660 CORPORATION 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENCE STORE	MA	520 CORP	C CORP	4,502,289.	5,977,572.	100.0000	X	
(4) AKEAH INC. 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	EDU SUPPORT	MA	520 CORP	C CORP	269,610.	428,207.	100.0000	X	
(5) BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON	CORP.	NONE	2,260,112.	100.0000	X	
(6) EUSA (UK) LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU SUPPORT	UK	BU (USA) LONDON	CORP.	NONE	1,055.	100.0000	X	
(7) SCARLET CASTLE TIR-I LLC 84-3380977 881 COMMONWEALTH AVENUE BOSTON, MA 02215	INVESTMENT	MA	N/A	C CORP	-2,513.	50,799.	100.0000	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 . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON UNIVERSITY USA (EUROPE) LIMITED	A ( I )	366,797.	ACTUAL PAYMENTS
(2) 660 CORPORATION	A ( IV )	414,006.	ACTUAL PAYMENTS
(3) EUSA LLP	A ( IV )	72,598.	ACTUAL PAYMENTS
(4) CHARITABLE REMAINDER TRUST (1)	C	534,406.	FMV
(5) EUSA LLP	D	900,050.	ACTUAL PAYMENTS
(6) 660 CORPORATION	L	100,000.	ACTUAL PAYMENTS

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

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

	Yes	No
<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>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) EUSA LLP	M	848,347.	ACTUAL PAYMENTS
(2) EUSA LLP	O	110,033.	ACTUAL PAYMENTS
(3) AKEAH, INC.	R	300,000.	ACTUAL PAYMENTS
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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

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SCHEDULE R, PART III, LINE 2

AT THE BEGINNING OF TAX YEAR 2022, THE UNIVERSITY'S OWNERSHIP PERCENTAGE IN LVPU, LP WAS 100%. DURING TAX YEAR 2022, THE UNIVERSITY LIQUIDATED ITS OWNERSHIP IN LVPU, LP AND THE UNIVERSITY ENDING OWNERSHIP PERCENTAGE WAS 0% AT THE END OF TAX YEAR 2022.

SCHEDULE R, PART III, LINE 4

AT THE BEGINNING OF TAX YEAR 2022, THE UNIVERSITY'S OWNERSHIP PERCENTAGE IN BRIGHTSTAR CAPITAL PARTNERS CAPSTONE, LP WAS 100%. DURING TAX YEAR 2022, THE UNIVERSITY LIQUIDATED ITS OWNERSHIP IN BRIGHTSTAR CAPITAL PARTNERS CAPSTONE, LP AND THE UNIVERSITY ENDING OWNERSHIP PERCENTAGE WAS 0% AT THE END OF TAX YEAR 2022.

**Part VII** Supplemental Information

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

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
BOSTON EMERGENCY PHYSICIAN FOUNDATION 860 HARRISON AVENUE BOSTON, MA 02118 MEDICINE	04-3286156	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON REHABILITATION MED ASSOC, INC. 732 HARRISON AVENUE, SUITE 511 BOSTON, MA 02118 MEDICINE	04-3286641	MA	501(C)(3)	12C III-FI	N/A		X
BU CARDIAC & THORACIC SURGICAL FDN, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 MEDICINE	04-2966416	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY DERMATOLOGY, INC. 609 ALBANY STREET BOSTON, MA 02118 MEDICINE	04-3335166	MA	501(C)(3)	12C III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES I, INC. 609 ALBANY STREET BOSTON, MA 02118 MEDICINE	04-3452877	MA	501(C)(3)	12C III-FI	N/A		X
BU DERMATOLOGY SUPPORT SERVICES II, INC. 609 ALBANY STREET BOSTON, MA 02118 MEDICINE	04-3452874	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY EYE ASSOCIATES, INC. 2005 BAY STREET, SUITE 201 TAUNTON, MA 02780 MEDICINE	04-3137333	MA	501(C)(3)	12C III-FI	N/A		X
BOSTON UNIVERSITY FAMILY MEDICINE, INC. 1 BOSTON MEDICAL CTR DOWLING 5 BOSTON, MA 02118 MEDICINE	04-3354353	MA	501(C)(3)	12C III-FI	N/A		X
BU GENERAL SURGICAL ASSOCIATES, INC. 88 EAST NEWTON STREET STE C500 BOSTON, MA 02118 MEDICINE	04-3265008	MA	501(C)(3)	12C III-FI	N/A		X
BU MALLORY PATHOLOGY ASSOCIATES, INC. 670 ALBANY STREET, 3RD FLOOR BOSTON, MA 02118 MEDICINE	04-2794543	MA	501(C)(3)	12C III-FI	N/A		X

**Part VII** Supplemental Information

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## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
BU MEDICAL CENTER ANESTHESIOLOGISTS, INC 88 EAST NEWTON STREET BOSTON, MA 02118 MEDICINE	04-3276227	MA	501(C)(3)	12C III-FI	N/A		X
BU MEDICAL CENTER UROLOGISTS, INC. 725 ALBANY STREET SHAPIRO 3B BOSTON, MA 02118 MEDICINE	04-3286643	MA	501(C)(3)	12C III-FI	N/A		X
BU NEUROLOGY ASSOCIATES, INC. 72 EAST CONCORD STREET C3 BOSTON, MA 02118 MEDICINE	04-3428462	MA	501(C)(3)	12C III-FI	N/A		X
BU NEUROSURGICAL ASSOCIATES, INC. 72 EAST CONCORD STREET C3 BOSTON, MA 02118 MEDICINE	04-3296068	MA	501(C)(3)	12C III-FI	N/A		X
BU OBSTETRICS & GYNECOLOGY FDN, INC. 85 E. CONCORD 6TH FLOOR BOSTON, MA 02118 MEDICINE	04-3067465	MA	501(C)(3)	12C III-FI	N/A		X
BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 720 HARRISON AVE., SUITE 808 BOSTON, MA 02118 MEDICINE	04-3354360	MA	501(C)(3)	12C III-FI	N/A		X
BU PLASTIC SURGERY ASSOCIATES, INC. 720 HARRISON AVE., DOB 9TH FL BOSTON, MA 02118 MEDICINE	04-3555478	MA	501(C)(3)	12C III-FI	N/A		X
BU PSYCHIATRY ASSOCIATES, INC. 85 EAST NEWTON STREET, STE 802 BOSTON, MA 02118 MEDICINE	04-3355267	MA	501(C)(3)	12C III-FI	N/A		X
BU MEDICAL CENTER RADIOLOGISTS, INC. 820 HARRISON AVE., FGH BLDG BOSTON, MA 02118 MEDICINE	04-3283573	MA	501(C)(3)	12C III-FI	N/A		X
BU SURGICAL ASSOCIATES, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 MEDICINE	04-3291148	MA	501(C)(3)	12C III-FI	N/A		X

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						YES	NO
CHILD HEALTH FOUNDATION OF BOSTON, INC. 771 ALBANY ST, DOWLING 3 SOUTH BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
EVANS MEDICAL FOUNDATION, INC. 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
FACULTY PRACTICE FOUNDATION, INC. 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12B II	N/A		X
MERCOND, INC. 881 COMMONWEALTH AVENUE BOSTON, MA 02215	HOLDING CO.	MA	501(C)(2)	N/A	BU TRUSTEES		X
BU MEDICAL CENTER OTOLARYNGOLOGIC FDN 820 HARRISON AVENUE BOSTON, MA 02118	HEALTHCARE	MA	501(C)(3)	12C III-FI	N/A		X
THE MASS GREEN HIGH PERF COMPUTING CTR 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
MGHPCC HOLYOKE INC. 77 MASS AVE. CAMBRIDGE, MA 02139	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
BOSTON UNIVERSITY (USA) LONDON CHARITY 5-10 ST. PAUL'S CHURCHYARD LONDON, UK EC4M 8AL	EDU. SUPPORT	UK		N/A	BU TRUSTEES		X
BOSTON UNIVERSITY FOUNDATION - INDIA S-505 LGF GREATER KAILASH-11 NEW DELHI, IN 110048	EDU. SUPPORT	IN		N/A	BU TRUSTEES		X
TRANSPORTATION SOL FOR COMMUTERS INC. 881 COMMONWEALTH AVENUE, 4TH F BOSTON, MA 02215	TRANS SVCS	MA	501(C)(3)	7	N/A		X

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(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
BU RADIATION ONCOLOGY, INC. 1 BOSTON MEDICAL CENTER PLACE	81-0716773 MEDICINE	BOSTON, MA 02118 MA	501(C)(3)	12C III-FI	N/A		X