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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013




B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUSTEES OF BOSTON UNIVERSITY		D Employer identification number 04-2103547
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 881 COMMONWEALTH AVENUE 4TH FL Suite	Room/suite	E Telephone number (617) 353-2290
	City or town, state or country, and ZIP + 4 BOSTON, MA 022151303		G Gross receipts \$ 2,338,286,213
	F Name and address of principal officer ROBERT A BROWN PRESIDENT ONE SILBER WAY BOSTON, MA 02215		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ http://www.bu.edu			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	25,631
	6 Total number of volunteers (estimate if necessary)	6	1,660
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	22,141,576
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	420,933,836	416,392,754
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,469,318,894	1,494,966,616
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,572,839	65,379,241
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,079,042	43,901,308
		1,963,904,611	2,020,639,919
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	351,372,445	362,921,787
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	949,059,771	979,527,077
	16a Professional fundraising fees (Part IX, column (A), line 11e)	204,283	132,861
	b Total fundraising expenses (Part IX, column (D), line 25) <u>22,992,952</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	529,627,382	532,979,624
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,830,263,881	1,875,561,349
	19 Revenue less expenses Subtract line 18 from line 12	133,640,730	145,078,570
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,329,848,069	4,648,075,901
	21 Total liabilities (Part X, line 26)	2,180,943,056	2,211,659,276
	22 Net assets or fund balances Subtract line 21 from line 20	2,148,905,013	2,436,416,625

Part II Signature Block

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

Sign Here	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div>2014-05-14</div> <div>Date</div> </div>			
	<div> <div>MARTIN J HOWARD TREASURER</div> <div>Type or print name and title</div> </div>						
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name  PricewaterhouseCoopers LLP					Firm's EIN 	
	Firm's address  125 High Street Boston, MA 02110					Phone no (617) 530-5000	

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 1,124,729,221 including grants of \$ 324,355,554) (Revenue \$ 1,161,520,406)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 237,408,000 including grants of \$ 38,566,233) (Revenue \$ 53,761,401)

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 \$ 241,592,551 including grants of \$) (Revenue \$ 279,684,809)

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

4d















Other program services (Describe in Schedule O)

(Expenses \$ 86,187,950 including grants of \$) (Revenue \$)

4e

Total program service expenses 1,689,917,722

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,051
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25,631
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country AS, BE, EC, EI, FR, GM, IT, NG, NZ, PE See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	40	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	37	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, CA, CO, HI, KY, MD, MA, MI, NH, NY, OH, OK, OR, SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	GILLIAN EMMONS 881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON, MA (617) 353-2290

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	8,544,606	2,042,225	1,319,484

2 Total number of individuals (including but not limited to those listed \$100,000 of reportable compensation from the organization) 2,238

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
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>	5	No

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
LSI EPI LLC , 144 NORTH ROAD SUITE 1000 SUDBURY MA 01776	CONSULTANT	7,946,270
EMBANET-COMPASS KNOWLEDGE GROUP INC , 50 NORTHWEST POINT BLVD 5TH FLOOR ELK GROVE VILLAGE IL 60007	ONLINE SER PROVIDER	9,948,049
BOND BROS INC , 145 SPRING STREET EVERETT MA 02149	CONSTRUCTION	37,925,941
WALSH BROTHERS INCORPORATED , 210 COMMERCIAL STREET BOSTON MA 02109	CONSTRUCTION	8,352,764
BRUNERCOTT ASSOCIATES INC , 130 PROSPECT STREET CAMBRIDGE MA 02139	ENGINEERING	6,400,577

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 253

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,060,318			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	325,857,682			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	89,474,754			
	g	Noncash contributions included in lines 1a-1f \$		26,619,670			
	h	Total. Add lines 1a-1f		416,392,754			
Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	1,161,520,406	1,161,520,406		
	b	AUX SALES & SERVICES	900099	279,684,809	279,684,809		
	c	NON-GOVERNMENT GRANTS	900099	53,761,401	53,761,401		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,494,966,616			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		46,623,839		46,623,839
4		Income from investment of tax-exempt bond proceeds . .		1,086		1,086	
5		Royalties		3,441,212		3,441,212	
6a		(i) Real					
		(ii) Personal					
		Gross rents	38,651,177				
		Less rental expenses	20,894,352				
b							
c		Rental income or (loss)		17,756,825	0		
d		Net rental income or (loss)		17,756,825		17,756,825	
7a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	313,947,106				-97,185
		Less cost or other basis and sales expenses	295,095,605				
b							
c		Gain or (loss)		18,851,501	-97,185		
d		Net gain or (loss)		18,754,316	-97,185	18,851,501	
8a		Gross income from fundraising events (not including \$ 1,060,318 of contributions reported on line 1c) See Part IV, line 18					
a							
b		Less direct expenses		2,120,847			
b				1,656,337			
c		Net income or (loss) from fundraising events . .		464,510		464,510	
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
b							
c	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
b							
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	ATHLETIC RENTALS	713940	8,545,586		8,545,586		
b	HOTEL OPERATIONS	721110	6,713,517		6,713,517		
c	RESTAURANT OPERATIONS	722100	4,530,630		4,530,630		
d	All other revenue		2,449,028		2,449,028		
e	Total. Add lines 11a-11d		22,238,761				
12	Total revenue. See Instructions		2,020,639,919	1,494,966,616	22,141,576	87,138,973	

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 to any question in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	35,980,471	35,980,471		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	324,355,554	324,355,554		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	2,585,762	2,585,762		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	4,666,105	3,646,842	353,619	665,644
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,261,456	1,261,456		
7	Other salaries and wages.	752,258,860	657,654,693	82,692,951	11,911,216
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	62,103,128	54,293,031	6,826,760	983,337
9	Other employee benefits.	99,327,754	86,836,283	10,918,722	1,572,749
10	Payroll taxes.	59,909,774	52,375,514	6,585,653	948,607
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	2,756,213		2,756,213	
c	Accounting.	980,426		980,426	
d	Lobbying.	850,277	850,277		
e	Professional fundraising services. See Part IV, line 17.	132,861			132,861
f	Investment management fees.	2,071,381		2,071,381	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	103,330,767	95,983,818	6,567,079	779,870
12	Advertising and promotion.	7,883,580	5,074,996		2,808,584
13	Office expenses.	52,057,052	49,712,364	1,210,710	1,133,978
14	Information technology.	21,473,088	6,196,033	15,234,896	42,159
15	Royalties.	525,900	525,900		
16	Occupancy.	163,047,463	148,243,819	14,750,031	53,613
17	Travel.	23,696,413	21,589,906	1,144,240	962,267
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	11,889,056	9,612,968	1,311,894	964,194
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	92,056,444	89,999,955	2,056,489	
23	Insurance.	5,421,435	2,038,754	3,382,681	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	RESEARCH & LABORATORY SUPPLIES	22,505,554	22,505,554		
b	BOOKS & PERIODICALS	2,837,321	2,730,722	98,335	8,264
c	DUES & MEMBERSHIPS	7,703,940	4,597,369	3,080,962	25,609
d	EDUCATIONAL SERVICES	8,904,110	8,904,110		
e	All other expenses	2,989,204	2,361,571	627,633	
25	Total functional expenses. Add lines 1 through 24e.	1,875,561,349	1,689,917,722	162,650,675	22,992,952
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		626,999,425	2	730,494,221
	3	Pledges and grants receivable, net		127,494,239	3	129,277,974
	4	Accounts receivable, net		174,566,838	4	173,882,348
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		7,113,675	7	9,349,842
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		86,875,629	9	95,755,658
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a3,178,012,297			
	b	Less accumulated depreciation	10b1,135,919,051	2,006,536,573	10c	2,042,093,246
	11	Investments—publicly traded securities		364,890,170	11	422,884,154
	12	Investments—other securities See Part IV, line 11		935,371,520	12	1,044,338,458
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,329,848,069	16	4,648,075,901
Liabilities	17	Accounts payable and accrued expenses		664,312,383	17	554,074,898
	18	Grants payable		0	18	0
	19	Deferred revenue		120,348,577	19	167,332,344
	20	Tax-exempt bond liabilities		914,900,000	20	1,006,585,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		331,733,471	23	329,802,654
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		149,648,625	25	153,864,380
	26	Total liabilities. Add lines 17 through 25		2,180,943,056	26	2,211,659,276
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,203,745,568	27	1,377,572,989
	28	Temporarily restricted net assets		521,813,552	28	593,842,316
	29	Permanently restricted net assets		423,345,893	29	465,001,320
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,148,905,013	33	2,436,416,625
	34	Total liabilities and net assets/fund balances		4,329,848,069	34	4,648,075,901

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,020,639,919
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,875,561,349
3	Revenue less expenses Subtract line 2 from line 1	3	145,078,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,148,905,013
5	Net unrealized gains (losses) on investments	5	144,570,783
6	Donated services and use of facilities	6	
7	Investment expenses	7	2,071,381
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,209,122
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,436,416,625

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2103547

Name: TRUSTEES OF BOSTON UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Robert A Brown PRESIDENT	55 0 1 0	X		X				887,813		543,130
KATHERYN PFISTERER DARR TRUSTEE & PROFESSOR	55 0	X						121,896		15,590
ROBERT A KNOX TRUSTEE	3 0	X								
JOHN P HOWE III TRUSTEE	3 0	X								
RICHARD D COHEN TRUSTEE	3 0	X								
JONATHAN R COLE TRUSTEE	3 0	X								
SHAMIM A DAHOD TRUSTEE	3 0	X								0
DAVID F D'ALESSANDRO TRUSTEE	3 0	X								
SUDARSHANA DEVADHAR TRUSTEE	3 0	X								
RICHARD B DEWOLFE TRUSTEE	3 0	X								
KENNETH J FELD TRUSTEE	3 0	X								
SIDNEY J FELTENSTEIN TRUSTEE	3 0	X								
RONALD G GARRIQUES TRUSTEE	3 0	X								
RICHARD C GODFREY TRUSTEE	3 0	X								
SUNGEUN HAN-ANDERSON TRUSTEE	3 0	X								
BAHAA R HARIRI TRUSTEE	3 0	X								
ROBERT J HILDRETH TRUSTEE	3 0	X								
STEPHEN R KARP TRUSTEE	3 0	X								
RAJEN A KILACHAND TRUSTEE	3 0	X								
CLEVE L KILLINGSWORTH JR TRUSTEE	3 0	X								
ELAINE B KIRSHENBAUM TRUSTEE	3 0	X								
ANDREW R LACK TRUSTEE	3 0	X								
ERIC S LANDER TRUSTEE	3 0	X								
ALAN M LEVENTHAL TRUSTEE	3 0	X								
J KENNETH MENGES JR TRUSTEE	3 0	X								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CARLA E MEYER TRUSTEE	3 0	X								
ALICIA C MULLEN TRUSTEE	3 0	X								
PETER T PAUL TRUSTEE	3 0	X								
CA LANCE PICCOLO TRUSTEE	3 0	X								
CHRISTINE A POON TRUSTEE UNTIL 09/21/2012	3 0	X								
STUART W PRATT TRUSTEE	3 0	X								
ALLEN I QUESTROM TRUSTEE	3 0	X								
RICHARD D REIDY TRUSTEE	3 0	X								
SHARON G RYAN TRUSTEE	3 0	X								
SD SHIBULAL TRUSTEE	3 0	X								
RICHARD C SHIPLEY TRUSTEE	3 0	X								
HUGO X SHONG TRUSTEE	3 0	X								
BIPPY M SIEGAL TRUSTEE	3 0	X								
NINA C TASSLER TRUSTEE	3 0	X								
ANDREA L TAYLOR TRUSTEE	3 0	X								
PETER D WEAVER TRUSTEE UNTIL 09/21/2012	3 0	X								
STEPHEN M ZIDE TRUSTEE	3 0	X								
Martin J Howard SR VP, CFO & TREASURER	55 0 1 0			X				430,014		56,663
Todd LC Klipp SR VP, GEN COUNSEL & SECRETARY	55 0			X				557,649		60,352
Jean Morrison UNIVERSITY PROVOST	55 0				X			628,443		184,823
Karen H Antman MEDICAL CAMPUS PROVOST	55 0 3 0				X			698,175		34,263
GARY W NICKSA SR VP FOR OPERATIONS	55 0 2 0				X			403,523		60,385
PETER CUSATO VP AUXILIARY SVCS (RETIRED)	0 0 0 0					X		1,545,977		12,305
BARRY ZUCKERMAN PROFESSOR & PHYSICIAN	50 0					X		0	1,103,844	51,097
PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55 0					X		1,003,120		50,365

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
WILLIAM CREEVY PROFESSOR & PHYSICIAN	54 0					X		0	938,381	58,252
CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	55 0					X		977,006	0	826
Joseph P Mercurio EXECUTIVE VP (RETIRED)	0 0 0 0						X	813,096		27,434
David Campbell FORMER PROVOST	40 0						X	477,894		163,999

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		970,302
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		
j Total Add lines 1c through 1i			970,302
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY EXPLANATION	SCHEDULE C, PART II-B, LINE 1	THE UNIVERSITY DID NOT PARTICIPATE OR INTERVENE IN ANY POLITICAL CAMPAIGNS. THE UNIVERSITY HAS A FEDERAL RELATIONS OFFICE WHICH MONITORS LEGISLATION AND OTHER FEDERAL GOVERNMENTAL DEVELOPMENTS OF INTEREST TO 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☒ Other EDUCATION

c

☒ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☒ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,118,685,496	1,135,909,982	959,889,613	861,769,410	1,085,438,014
b Contributions	32,607,435	22,350,304	26,665,624	22,384,929	9,436,757
c Net investment earnings, gains, and losses	179,313,345	-1,050,776	181,672,889	105,788,254	-196,408,297
d Grants or scholarships	13,706,973	12,216,801	11,414,768	10,134,298	9,992,733
e Other expenditures for facilities and programs	26,777,636	20,436,580	15,509,591	14,942,542	13,452,024
f Administrative expenses	5,404,616	5,870,633	5,393,785	4,976,140	13,252,307
g End of year balance	1,284,717,051	1,118,685,496	1,135,909,982	959,889,613	861,769,410

2

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

a

Board designated or quasi-endowment 37 000 %

b

Permanent endowment 29 000 %

c

Temporarily restricted endowment 34 000 %

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

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,365,597	83,911,936		100,277,533
b Buildings	126,294,011	2,440,163,421	811,416,272	1,755,041,160
c Leasehold improvements	25,792,525	36,662,007	33,520,499	28,934,033
d Equipment		267,027,412	151,186,484	115,840,928
e Other		181,795,388	139,795,796	41,999,592
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,042,093,246

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A		THE UNIVERSITY'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS ON THE STATEMENT IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS RELEASES FROM TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS HAD BEEN RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.
SCHEDULE D, PART III, LINE 4		THE UNIVERSITY'S COLLECTIONS CONSIST OF WORKS OF ART, ARTIFACTS, RARE BOOKS, HISTORICAL DOCUMENTS, AND OTHER SIMILAR MATERIALS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. THE COLLECTIONS ARE SUBJECT TO A DEACCESSION POLICY REQUIRING THAT PROCEEDS FROM THE DISPOSITION OF AN OBJECT BE USED TO SUPPORT THE PRESERVATION AND DEVELOPMENT OF THE UNIVERSITY'S COLLECTION.
SCHEDULE D, PART V, LINE 4		THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, TO HIRE ADDITIONAL FACULTY, AND TO BUILD OR UPDATE FACILITIES. IT ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY DEPARTMENTS, PROGRAMS, AND SCHOLARSHIPS, AND HELPS STEM RISES IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID FOR WITH STUDENT TUITION AND FEES. SCHEDULE D, PART X, LINE 2: THE UNIVERSITY'S FINANCIAL STATEMENTS DID NOT REPORT A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I		YES	NO
<div>1</div> 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?	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> 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?	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II			

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

Identifier	Return Reference	Explanation
SCHEDULE E, PART I, LINE 3		BOSTON UNIVERSITY PROHIBITS DISCRIMINATION AGAINST ANY INDIVIDUAL ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, MILITARY SERVICE, OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES, INCLUDING ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS, HOUSING, EMPLOYMENT, COMPENSATION, EMPLOYEE BENEFITS, AND THE PROVIDING OF, OR ACCESS TO, UNIVERSITY SERVICES OR FACILITIES. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY. ACCORDINGLY, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ACHIEVE EQUAL OPPORTUNITY THROUGH RECRUITMENT, OUTREACH, AND INTERNAL REVIEWS OF POLICIES AND PRACTICES. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 19 DEERFIELD STREET, BOSTON, MA 02215 (617-353-9286). SCHEDULE E, PART I, LINE 6A BOSTON UNIVERSITY PARTICIPATES IN SEVERAL FEDERAL FINANCIAL AID PROGRAMS INCLUDING THE FEDERAL PELL GRANT PROGRAM AND THE FEDERAL WORK STUDY PROGRAM. IN ADDITION THE UNIVERSITY RECEIVES FEDERAL GRANTS AND CONTRACTS IN SUPPORT OF ITS RESEARCH MISSION. FEDERAL AGENCIES PROVIDING SUPPORT FOR UNIVERSITY RESEARCH AND TRAINING INCLUDED THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF ENERGY, AND THE US AGENCY FOR INTERNATIONAL DEVELOPMENT.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	23	274			421,562,309
b Total from continuation sheets to Part I	7	373			18,283,750
c Totals (add lines 3a and 3b)	30	647			439,848,941

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

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 16

3 Enter total number of other organizations or entities 6

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

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

Schedule F (Form 990) 2012

Additional Data

Software ID:
Software Version:
EIN: 04-2103547
Name: TRUSTEES OF BOSTON UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	INVESTMENTS	368,348,840
Central America and the Caribbean		5	Program Services	RESEARCH	75,399
Central America and the Caribbean			Program Services	SEMINAR	39,573

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Fundraising		45,802
East Asia and the Pacific			Grantmaking		320,251
East Asia and the Pacific		1	Program Services	RESEARCH	488,553

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SEMINAR	498,994
East Asia and the Pacific	4	39	Program Services	STUDY ABROAD	6,935,287
Europe (Including Iceland and Greenland)			Fundraising		27,312

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		1,174,870
Europe (Including Iceland and Greenland)			Investments	INVESTMENTS	13,298,761
Europe (Including Iceland and Greenland)	1	10	Program Services	RESEARCH	1,387,801

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	SEMINAR	906,228
Europe (Including Iceland and Greenland)	18	219	Program Services	STUDY ABROAD	27,543,090
Middle East and North Africa			Grantmaking		234,285

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Fundraising		128,214
Middle East and North Africa			Program Services	RESEARCH	109,049
Middle East and North Africa			Program Services	SEMINAR	66,449

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	STUDY ABROAD	303,660
North America			Fundraising		2,863
North America			Grantmaking		366,098

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments	INVESTMENTS	2,216,209
North America		7	Program Services	RESEARCH	145,433
North America			Program Services	SEMINAR	92,702

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Program Services	RESEARCH	6,591
Russia and the Newly Independent States			Program Services	SEMINAR	26,753
South America		1	Program Services	RESEARCH	135,584

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Program Services	SEMINAR	115,876
South America		4	Program Services	STUDY ABROAD	791,049
South Asia			Fundraising		16,622

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia	1		Program Services	RESEARCH	81,058
South Asia			Program Services	SEMINAR	92,073
Sub-Saharan Africa			Grantmaking		490,258

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	6	361	Program Services	RESEARCH	13,188,013
Sub-Saharan Africa			Program Services	SEMINAR	87,529
Sub-Saharan Africa			Program Services	STUDY ABROAD	58,930

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH	139,293	WIRE			
		East Asia and the Pacific	RESEARCH	75,875	WIRE			
		East Asia and the Pacific	RESEARCH	91,175	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	40,833	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	5,670	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	8,803	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	170,903	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	125,953	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	80,461	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	43,411	WIRE			
		Middle East and North Africa	RESEARCH	234,285	WIRE			
		North America	RESEARCH	170,185	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	RESEARCH	207,904	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	508,386	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	50,000	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	75,500	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH	53,225	WIRE			
		North America	RESEARCH	187,711	WIRE			
		Sub-Saharan Africa	RESEARCH	135,600	WIRE			
		Sub-Saharan Africa	RESEARCH	216,188	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	RESEARCH	8,202	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH	8,014	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Marts Lundy Inc	Fundraising Consultant		No		31,859	
PLUS DELTA PARTNERS	FUNDRAISING CONSULTANT		No		10,671	
T HANDLER CONSULTING	FUNDRAISING CONSULTANT		No		57,566	
CAREER DIRECTIONS	FUNDRAISING CONSULTANT		No		32,765	
Total ▶					132,861	

3

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

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>WBUR VALENTINE</u>	<u>WBUR MOTHER'S</u>	<u>4</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	1,250,853	1,068,620	861,692	3,181,165	
2	Less Contributions	. .	264,746	389,640	405,932	1,060,318	
3	Gross income (line 1 minus line 2)	. . .	986,107	678,980	455,760	2,120,847	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .		159,953	159,953	
	6	Rent/facility costs	. .		141,985	141,985	
	7	Food and beverages	.		8,953	8,953	
	8	Entertainment	. . .				
	9	Other direct expenses	.	644,884	527,337	173,225	1,345,446
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(1,656,337)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					464,510

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate 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 operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
04-2103547

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

156

3

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

21

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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) Anton Mavretic	1	7,247			
(2) STUDENT FINANCIAL AID	14400	324,355,553		COST	TUITION OFFSET

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	The University assigns responsibility for monitoring the use of grant	funds inside of the United States to the POST AWARD FINANCIAL OPERATIONS This office monitors all grant making activity including COMPLIANCE WITH all applicableE regulations Expenses are accounted for on an accrual basis Schedule I, Part III BOSTON UNIVERSITY MAKES EVERY EFFORT TO ASSIST STUDENTS WITH CALCULATED FINANCIAL ELIGIBILITY AND HIGH ACADEMIC ACHIEVEMENT, MEASURED AGAINST THE CREDENTIALS OF OTHER ACCEPTED STUDENTS A STUDENT'S ACADEMIC RECORD IS AN IMPORTANT FACTOR IN DETERMINING ELIGIBILITY FOR BOSTON UNIVERSITY SCHOLARSHIPS AND NEED-BASED GRANTS KEY INDICATORS SUCH AS HIGH SCHOOL GRADE POINT AVERAGE (GPA), RANK IN CLASS, AND STANDARDIZED TEST SCORES ARE CONSIDERED, AS WELL AS THE STRENGTH OF THE STUDENT'S ACADEMIC PROGRAM AND EXTRACURRICULAR ACTIVITIES

Software ID:

Software Version:

EIN: 04-2103547

Name: TRUSTEES OF BOSTON UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alabama A&M University 4900 Meridian St PO BOX 1388 Normal,AL 35762	63-6001097	501C3	59,738				RESEARCH
Alternatives for Community &Environment Inc2181 Washington St Roxbury,MA 02119	04-3228509	501C3	5,600				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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American College of Radiology1818 Market Street Philadelphia, PA 19103	36-2261602	501C3	295,234				RESEARCH
ARIDIS Pharmaceuticals LLC5941 Optical Court San Jose, CA 95138	32-0074500		442,985				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Auritec Pharmaceuticals Inc 15 Braeburn Road Hyde Park,MA 02136	84-1629188		195,410				RESEARCH
Battelle Memorial Institute PO Box 84391 Seattle,WA 98124	31-4379427	501C3	56,384				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baystate Medical Center Inc 759 Chestnut Street Springfield, MA 01199	04-2790311	501C3	63,945				RESEARCH
Beth Israel Deaconess Medical Center Inc330 Brookline Avenue Boston,MA 02215	04-2103881	501C3	132,064				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bexar County Board of Trustees for3031 1H 10 West San Antonio, TX 78201	74-1590659	501C3	33,068				RESEARCH
Board of Trustees of the Leland Stanford JuPO Box 44253 San Francisco,CA 94144	94-1156365	501C3	127,189				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Trustees of University of IllinoisPO Box 4610 Springfield, IL 62708	37-6000511	501C3	202,927				RESEARCH
Boston Biomedical Research Institution64 Grove Street Watertown, MA 02472	04-2451939	501C3	50,624				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boston Health Care for the Homeless780 Albany Street Boston,MA 02118	04-3160480	501C3	52,731				RESEARCH
Boston Housing Authority52 Chauncy St Boston,MA 02111	04-6001907	STATE OF MA	85,496				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boston Medical Center660 Harrison Ave Boston,MA 02118	04-3314093	501C3	3,116,087				RESEARCH
Boston Micromachines Corporation30 Spinelli Place Cambridge,MA 02138	04-3465874		61,017				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Boston Public Health Commission1010 Massachusetts Avenue Boston, MA 02118	04-3316655	STATE OF MA	47,549				RESEARCH
Brandeis UniversityPO Box 549110 Waltham, MA 02454	04-2103552	501C3	325,653				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Brentwood Biomedical Research Institute IncPO Box 25027 Los Angeles,CA 90025	95-4183712	501C3	60,725				RESEARCH
Brigham Young UniversityA-261 ASB Provo,UT 84602	87-0217280	501C3	46,033				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brown UniversityPO Box 1911 Providence,RI 02912	05-0258809	501C3	329,650				RESEARCH
Cambridge Public Health Commission1493 Cambridge St Cambridge,MA 02139	04-3320571	STATE OF MA	10,621				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Camden Clark Memorial Hospital Corp800 Garfield Ave Parkersburg, WV 26102	31-1624546	501C3	5,810				RESEARCH
Cardiovascular Engineering Inc1 Edgewater Drive Norwood, MA 02062	04-3428135		428,530				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Chelsea Collaborative Inc 318 Broadway Chelsea, MA 02150	22-2906521	501C3	65,000				RESEARCH
Childrens Hospital Corporation PO Box 414413 Boston, MA 02241	04-2774441	501C3	239,227				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Hospital Medical Center3333 Burnet Avenue Cincinnati, OH 45229	31-0833936	501C3	23,958				RESEARCH
City of Cambridge159 Thorndike St Cambridge, MA 02141	00-0000025	STATE OF MA	11,070				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Commonwealth of Massachusetts250 Washington St 5th Boston,MA 02108	04-6002284	STATE OF MA	133,912				RESEARCH
Community AIDS Research Inc3510 Biscayne Blvd Miami,FL 33137	59-2564198	501C3	147,936				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Coriell Institute for Medical Research Inc403 Haddon Avenue Camden, NJ 08103	21-0672684	501C3	90,556				RESEARCH
Cornell UniversityPO Box 22 Ithaca,NY 14851	15-0532082	501C3	24,459				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Creighton University2500 California Plz Omaha,NE 68178	47-0376583	501C3	15,910				RESEARCH
Dallas VA Research CorporationPO Box 516 Lancaster,TX 75146	75-2329831	501C3	10,778				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Dana-Farber Cancer Institute Inc450 Brookline Ave Boston,MA 02215	04-2263040	501C3	33,385				RESEARCH
DAVIS SQUARE RESEARCH ASSOC119 College Avenue Somerville,MA 02144	38-3792037		18,685				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DCG Systems IncPO Box 54957 Santa Clara, CA 95054	26-1929542		36,785				RESEARCH
Department of Veterans Affairs200 Springs Road Bedford, MA 01730	74-1612229	GOVERNMENT	14,741				RESEARCH

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Drexel UniversityPO Box 95000-1090 Philadelphia, PA 19195	23-1352630	501C3	198,572				RESEARCH
Duke University2200 West Main Street Durham, NC 27705	56-0532129	501C3	290,334				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Education Development Center Inc43 Foundry Ave Waltham, MA 02453	04-2241718	501C3	227,118				RESEARCH
Emmanuel College400 The Fenway Boston, MA 02115	04-2105769	501C3	7,717				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Emory University1599 Clifton Rd NE Atlanta, GA 30322	58-0566256	501C3	765,351				RESEARCH
Family Health International1825 CT Ave NW Washington, DC 20009	23-7413005	501C3	80,413				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Fenway Community Health Center Inc1340 Boylston Street Boston,MA 02215	04-2510564	501C3	15,224				RESEARCH
Forsyth Dental Infirmary for Children245 First Street Cambridge,MA 02142	04-2104230	501C3	19,356				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Franklin W Olin College of Engineering INCOlin Way Suite 312 Needham, MA 02492	06-1519057	501C3	18,931				RESEARCH
Fraunhofer USA Inc PO Box 673308 Detroit, MI 48267	38-3203030	501C3	20,990				RESEARCH

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Fred Hutchinson Cancer Research Center1100 Fairview Ave Seattle, WA 98109	23-7156071	501C3	185,534				RESEARCH
Geisinger Clinic100 N Academy Ave Danville,AK 17822	23-6291113	501C3	5,600				RESEARCH

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George Mason University 4400 University Drive Fairfax, VA 22030	54-0836354	501C3	65,250				RESEARCH
Georgia State UniversityPO Box 3999 Atlanta, GA 30302	58-6002050	STATE OF GA	14,384				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Georgia Tech Research CorporationPO Box 100117Atlanta, GA 30384	58-0603146	501C3	5,500				RESEARCH
Greater New York Hospital Foundation555 West 57th StreetNew York, NY 10019	13-2954140	501C3	20,441				RESEARCH

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Harvard Vanguard Medical Associates275 Grove St Suite 3-300 Newton, MA 02466	04-3397450	501C3	41,346				RESEARCH
Health Research IncPO Box 2966 Buffalo, NY 14240	14-1402155	501C3	85,823				RESEARCH

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Hebrew Rehabilitation Center 1200 Centre Street Boston,MA 02131	04-2104298	501C3	11,147				RESEARCH
Henry Heywood Memorial Hospital 242 Green Street Gardner,MA 01440	04-2103581	501C3	51,284				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Holyoke Health Center Inc PO Box 6260 Holyoke,MA 01041	04-2492730	501C3	161,240				RESEARCH
Institute for Systems Biology 1441 North 34th Street Seattle,WA 98103	91-2003593	501C3	173,531				RESEARCH

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International Business Machines Corporation1101 Kitchawan Rd Yorktown Heights, NY 10598	13-0871985	501C3	34,282				RESEARCH
Johns Hopkins Univ Applied Physics11100 Johns Hopkins Road Laurel,MD 20723	52-0595111	501C3	124,314				RESEARCH

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Johns Hopkins University 12529 Collections CTR Dr Chicago,IL 60693	52-0595110	501C3	329,555				RESEARCH
Justice Resource Institute Inc545 Boylston St Boston,MA 02116	04-2526357	501C3	18,745				RESEARCH

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Kaiser Foundation Research Institute1800 HARRISON ST OAKLAND,CA 94612	94-1105628	501C3	35,898				RESEARCH
Kansas City Free Health Clinic3515 Broadway Kansas City,MO 64111	43-0967292	501C3	11,208				RESEARCH

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Kessler Foundation300 Executive Dr West Orange,NJ 07052	31-1562134	501C3	129,701				RESEARCH
Lesley University29 Everett Street Cambridge,MA 02138	04-2103589	501C3	94,073				RESEARCH

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Mapp Biopharmaceutical Inc 6160 Lusk Blvd San Diego, CA 92121	20-0037593		775,117				RESEARCH
Massachusetts Institute of Technology77 Mass Ave Cambridge,MA 02139	04-2103594	501C3	1,998,412				RESEARCH

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Mayo Clinic (MC)200 First Street Rochester, MN 55905	41-6011702	501C3	236,093				RESEARCH
Mayo Clinic Jacksonville4500 San Pablo Rd Jacksonville,FL 32224	59-3337028	501C3	110,183				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Medical College of Wisconsin Inc8701 Watertown Plank Rd Milwaukee, WI 53226	39-0806261	501C3	46,922				RESEARCH
Mental Health Center of Denver4141 E Dickenson Pl Denver, CO 80222	74-2499946	501C3	29,689				RESEARCH

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Mercy Hospital Inc1221 Main St Holyoke,MA 01040	04-3398280	501C3	48,708				RESEARCH
Mercyhurst University501 East 38th St Erie,PA 16546	25-0965430	501C3	5,980				RESEARCH

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Miami University501 E High St Oxford, OH 45056	31-6402089	501C3	5,729				RESEARCH
Michigan State University 301 Admin Bldg East Lansing, MI 48824	38-6005984	501C3	145,546				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miriam Hospital593 Eddy Street Providence,RI 02903	05-0258905	501C3	300,686				RESEARCH
Montana State UniversityPO Box 172470 Bozeman,MT 59717	81-6010045	STATE OF MT	8,783				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Montefiore Medical Center 111 E 210th ST Bronx, NY 10467	13-1740114	501C3	434,012				RESEARCH
Mount Carmel Health System 6150 Broad Street Columbus,OH 43213	31-1439334	501C3	5,740				RESEARCH

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Mount Sinai School of Medicine1 Gustave L Levy Place New York, NY 10029	13-6171197	501C3	330,442				RESEARCH
North Florida Foundation for Research1601 SW Archer Rd Gainesville,FL 32608	59-3432918	501C3	17,110				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Northeastern University360 Huntington Ave Boston,MA 02115	04-1679980	501C3	330,401				RESEARCH
Northern Arizona University on behaviorPO Box 4070 Flagstaff,AZ 86011	74-2579628	501C3	75,652				RESEARCH

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NorthStar Learning Centers Inc53 Linden Street New Bedford,MA 02740	51-0200575	501C3	57,883				RESEARCH
Northwestern University633 Clark Street Evanston,IL 60208	36-2167817	501C3	280,058				RESEARCH

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OSU Oregon State University PO Box 1086 Corvallis, OR 97339	48-1278540	501C3	95,317				RESEARCH
Predictive Science Incorporated 9990 Mesa Rim Road San Diego, CA 92121	26-3200502		136,334				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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President & Fellows of Harvard CollegePO Box 415649 Boston,MA 02241	04-2103580	501C3	1,354,879				RESEARCH
Primary Care Coalition of Montgomery County8757 Georgia Avenue Silver Spring,MD 20910	52-1847976	501C3	101,725				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Puerto Rico Community Network for ClinicalPO Box 20850 San Juan, PR 00928	66-0466365	501C3	168,439				RESEARCH
Rector and Visitors of the Univ of VirginiaPO Box 400195 Charlottesville, VA 22904	54-6001796	501C3	124,027				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Regents of the Univ of CA Berkeley2195 Hearst Ave Berkeley, CA 94720	94-6002123	501C3	799,136				RESEARCH
Regents of the Univ of CA DavisPO Box 989062 West Sacramento, CA 95798	94-6036494	501C3	597,220				RESEARCH

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Regents of the Univ of CA Santa BarbaraSAASB Build Santa Barbara,CA 93106	95-6006145	501C3	95,329				RESEARCH
Regents of The Univ of CA Santa Cruz1156 High St Santa Cruz,CA 95064	94-1539563	501C3	135,964				RESEARCH

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Regents of the University of CaliforniaAccT Office Bio Science Irvine, CA 92697	95-2226406	501C3	30,962				RESEARCH
Regents of the University of ColoradoPO Box 910220 Denver, CO 80291	84-6000555	501C3	233,702				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Regents of the University of MinnesotaNW 5957 Minneapolis, MN 55485	41-6007513	501C3	63,609				RESEARCH
Regents Univ of CA Los Angeles405 Hilgard Ave Los Angeles,CA 90095	95-6006143	501C3	19,986				RESEARCH

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Rensselaer Polytechnic Institute110 8th Street Troy, NY 12180	14-1340095	501C3	61,333				RESEARCH
ReProtect Inc703 Stags Head Rd Baltimore,MD 21286	65-1167586		156,780				RESEARCH

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Riverside Hospital Inc608 Denbigh Blvd Newport News, VA 23608	52-1245746	501C3	7,280				RESEARCH
Rutgers The State University249 University Ave Newark, NJ 07102	22-6001086	501C3	67,029				RESEARCH

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Scientific Solutions Inc55 Middlesex Street Chelmsford, MA 01863	04-3275340		61,845				RESEARCH
Seattle Childrens Hospital4800 Sand Point Way NE Seattle, WA 98145	91-0564748	501C3	269,071				RESEARCH

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SIGMA-ALDRICH INC3050 Spruce Street St Louis,MO 63103	43-1742718		909,297				RESEARCH
Simmons College300 The Fenway Boston,MA 02115	04-2103629	501C3	11,390				RESEARCH

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South Shore Hospital Inc55 Fogg Rd Box 80 South Weymouth,MA 02190	04-2769210	501C3	79,208				RESEARCH
Southwest Louisiana Hospital Association1900 WGauthier Rd Lake Charles,LA 70605	72-0551963	501C3	6,020				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Steward St Annes Hospital Corporation795 Middle Street Fall River, MA 02721	27-2473637	501C3	38,673				RESEARCH
Synapse Energy Economics Inc485 Mass Ave Suite 2 Cambridge,MA 02139	04-3316408		58,198				RESEARCH

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Temple University of the CommonwealthPO Box 824242 Philadelphia, PA 19182	23-1365971	501C3	118,722				RESEARCH
The American Academy of Allergy555 E Wells St Milwaukee, WI 53202	39-6061326	501C3	57,200				RESEARCH

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The Brigham & Womens Hospital IncPO Box 3887 Boston,MA 02241	04-2312909	501C3	801,972				RESEARCH
The Broad Institute Inc7 Cambridge Center Cambridge,MA 02142	26-3428781	501C3	399,185				RESEARCH

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The Brooklyn Hospital Center 270 Flatbush Ave Brooklyn, NY 11201	11-1630755	501C3	68,572				RESEARCH
The Childrens Hospital of Philadelphia PO Box 8500 Philadelphia, PA 19178	23-1352166	501C3	39,005				RESEARCH

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The General Hospital Corporation529 Main Street Charlestown,MA 02129	04-2697983	501C3	4,098,984				RESEARCH
The George Washington University45155 Research Pl Ashburn,VA 20147	53-0196584	501C3	16,373				RESEARCH

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The Henry M Jackson Foundation for6720-A Rockledge Dr Bethesda,MD 20817	52-1317896	501C3	155,715				RESEARCH
The Learning Center for the Deaf Inc848 Central Street Framingham,MA 01701	23-7064431	501C3	109,200				RESEARCH

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The Mental Health Ctr of Greater Ma401 Cypress Street Manchester, NH 03103	02-0258994	501C3	152,733				RESEARCH
The Pennsylvania State University227 W Beaver Ave State College, PA 16801	24-6000376	501C3	28,399				RESEARCH

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The President & Directors of GeorgeBox 571164 Washington, DC 20057	53-0196603	501C3	28,903				RESEARCH
The Regents of the University of MichiganBox 223131 Pittsburgh, PA 15251	38-6006309	501C3	397,338				RESEARCH

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The Research Foundation of SUNYPO Box 9 Albany, NY 12201	14-1368361	501C3	15,450				RESEARCH
The Research Institute at NationwidePO Box 715245 Columbus,OH 43271	31-6056230	501C3	17,701				RESEARCH

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The Spaulding Rehabilitation HospitalPO Box 3903 Boston,MA 02241	04-2551124	501C3	158,149				RESEARCH
The Thresholds4101 N Ravenswood Ave Chicago,IL 60613	36-2518901	501C3	99,989				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Trustees of Columbia UniversityPO Box 29789 New York, NY 10087	13-5598093	501C3	44,453				RESEARCH
The Trustees of Princeton UniversityPO Box 5292 Princeton, NJ 08544	21-0634501	501C3	98,087				RESEARCH

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The University of ArizonaPO Box 3520 Tucson, AZ 85722	74-2652689	STATE OF AZ	11,221				RESEARCH
The University of IowaB5 Jessup Hall Grant Acct Iowa City, IA 52242	42-6004813	STATE OF IA	6,068				RESEARCH

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The University of Texas at ArlingtonBox 19136Arlington, TX 76019	75-6000121	501C3	30,553				RESEARCH
The University of Texas at AustinPO Box 7159Austin, TX 78713	74-6000203	501C3	208,909				RESEARCH

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The Vanderbilt University Dept AT 40303 Atlanta, GA 31192	62-0476822	501C3	25,754				RESEARCH
Thomas Jefferson University 1020 Walnut Street Philadelphia, PA 19107	23-1352651	501C3	119,773				RESEARCH

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Town of Framingham31 Flagg Drive Framingham, MA 01702	04-6001151	STATE OF MA	5,623				RESEARCH
Trustees of Dartmouth College11 Rope Ferry Rd Hanover, NH 30755	02-0222111	501C3	715,078				RESEARCH

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Trustees of Tufts College136 Harrison Ave Boston, MA 02111	04-2103634	501C3	407,990				RESEARCH
Tufts Medical Center Inc800 Washington Street Boston, MA 02111	04-3400617	501C3	180,045				RESEARCH

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Univ Corporation for Atmospheric Research1850 Table Mesa Dr Boulder,CO 80301	84-0412668	501C3	367,879				RESEARCH
University of Alabama at Birmingham1530 3rd Avenue South Birmingham,AL 35294	63-6005396	501C3	65,632				RESEARCH

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University of CincinnatiPO Box 691031 Cincinnati, OH 45269	31-6000989	501C3	116,941				RESEARCH
University of FloridaPO Box 113001 Gainesville, FL 32611	59-6002052	STATE OF FL	18,916				RESEARCH

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University of Kansas Center for Research2385 Irving Hill Rd Lawrence, KS 66045	48-0680117	501C3	105,033				RESEARCH
University of Kentucky Research FoundationPO Box 931113 Cleveland,OH 44193	61-6033693	501C3	187,130				RESEARCH

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University of Maryland4101 Chesapeake Bldg College Park, MD 20742	52-6002033	STATE OF MD	928,587				RESEARCH
University of Massachusetts55 Lake Ave North Worcester, MA 01655	04-3167352	STATE OF MA	1,445,619				RESEARCH

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University of New England11 Hills Beach Rd Biddeford, ME 04005	01-0211810	501C3	75,765				RESEARCH
University of New Mexico1 Univ of New Mexico Albuquerque,NM 87131	85-6000642	501C3	92,725				RESEARCH

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University of New Orleans 2000 Lakeshore Dr New Orleans, LA 70148	72-0702000	STATE OF LA	14,059				RESEARCH
University of North Carolina at Chapel HillPO Box 402420 Atlanta, GA 30384	56-6001393	501C3	281,262				RESEARCH

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UNIVERSITY OF PENNSYLVANIAPO Box 785541 Philadelphia, PA 19178	23-1352685	501C3	598,674				RESEARCH
University of Pittsburgh Cathedral of Learning Pittsburgh, PA 15260	25-0965591	501C3	118,628				RESEARCH

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University of Tennessee210 Student Ser Bldg Knoxville,TN 37996	62-6001636	501C3	36,680				RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCEPO Box 203382 Houston,TX 77216	74-1761309	501C3	91,543				RESEARCH

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Univ of Texas Southwestern Medical CenterPO Box 841765 Dallas,TX 75284	75-6002868	STATE OF TX	17,993				RESEARCH
University of ToledoPO Box 72327 Cleveland,OH 44192	34-6401483		33,582				RESEARCH

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University of Vermont & State Agricul TuralPO Box 1389 Williston,VT 05495	03-0179440	501C3	54,580				RESEARCH
University of Washington 12455 Collections Drive Chicago,IL 60693	91-6001537	501C3	233,609				RESEARCH

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University of Wisconsin1220 Linden Drive Madison, WI 53706	39-1805963	STATE OF WI	27,770				RESEARCH
VA Puget Sound Health Care System1660 S Columbian Way Seattle, WA 98108	91-0565166		38,633				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth UniversityBox 843039 Richmond,VA 23284	54-6001758	501C3	40,787				RESEARCH
Washington University700 Rosedale Avenue Saint Louis,MO 63112	43-0653611	501C3	83,161				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wave 80 Biosciences Inc 2325 3rd Street San Francisco,CA 94107	02-0691819		203,515				RESEARCH
Westat IncPO Box 1004 Rockville,MD 20850	84-0529566		54,408				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wheaton Franciscan Inc400 W River Woods Pkwy Glendale, WI 53212	39-0816857	501C3	5,390				RESEARCH
William Marsh Rice UniversityPO Box 1892 Houston, TX 77251	74-1109620	501C3	83,647				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Woods Hole Oceanographic Institution569 Woods Hole Rd Woods Hole, MA 02543	04-2105850	501C3	163,266				RESEARCH
Yale UniversityPO Box 1873 New Haven, CT 06508	06-0646973	501C3	120,934				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yeshiva University1300 Morris Park Ave Bronx, NY 10461	13-1624225	501C3	154,867				RESEARCH
YouGov America Inc285 Hamilton Ave Palo Alto,CA 94301	98-0547173		43,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Affinergy IncPO Box 14650 Durham, NC 27709	55-0826074		98,550				

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in 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</div>	1bYes	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2Yes	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4aYes	
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4bYes	
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7Yes	
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I		<p>WILLIAM CREEVY, BARRY ZUCKERMAN, AND PUSHKAR MEHRA ARE COMPENSATED UNDER A COMMON PAYMASTER AGREEMENT FOR THEIR CLINICAL WORK IN CONNECTION WITH THE BOSTON MEDICAL CENTER PUSHKAR MEHRA IS ALSO COMPENSATED THROUGH BOSTON UNIVERSITY'S HENRY M GOLDMAN SCHOOL OF DENTAL MEDICINE ORAL AND MAXILLOFACIAL SURGERY GROUP FOR HIS CLINICAL WORK DONE AT THE BETH ISRAEL DEACONESS MEDICAL CENTER, INC SCHEDULE J, PART I, LINE 1A (1) As a condition of employment and for the convenience of the University, President ROBERT Brown, PROVOST JEAN MORRISON, AND FORMER Provost David Campbell were all required to live in University residences AMOUNTS REPORTED IN COLUMN D INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON an independent opinion of value and without any allocation or reduction for University use of the premises, FOR PRESIDENT BROWN (\$257,663), PROVOST MORRISON (\$159,381), AND DR CAMPBELL (\$86,618) DR CAMPBELL WAS ALSO PROVIDED TUITION REMISSION BENEFITS OF \$19,080 (2) First-Class Travel In accordance with the University's Travel and Business Expense Guidelines, all employees are reimbursed for economy airfare Exceptions for travel involving an extended period of travel time ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES The President's employment agreement allows for first-class travel Travel for business purposes, INCLUDING FIRST-CLASS TRAVEL, is not included in taxable wages THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2012 (3) Travel for Companions In accordance with the TERMS OF THE University's Travel and Business Expense Guidelines, Boston University allows companion travel for bona fide business purposes All such cases require the prior written approval OF AN AUTHORIZED SENIOR EXECUTIVE The President's employment agreement allows for spousal travel COMPANION Travel for business purposes is not included in taxable wages THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2012 (4) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FROM TIME TO TIME, BOSTON UNIVERSITY MAY PROVIDE CERTAIN PAYMENTS THAT HAVE BEEN GROSSED-UP FOR TAX PURPOSES ALL SUCH CASES INVOLVING THE UNIVERSITY'S SENIOR EXECUTIVES REQUIRE THE APPROVAL OF THE BOARD OF TRUSTEES FOR CALENDAR YEAR 2012, NO INDIVIDUAL REPORTED IN FORM 990, PART VII RECEIVED THIS BENEFIT Schedule J, Part I, Line 4a AS A RESULT OF A CHANGE IN ROLES AND RESPONSIBILITIES AND IN RECOGNITION OF 36 YEARS OF SERVICE, BARRY ZUCKERMAN RECEIVED A PAYMENT OF \$786,295 IN CALENDAR YEAR 2012 WHICH IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION SCHEDULE J, PART I, LINE 4B (1) UNDER A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, ON AUGUST 1, 2012, PRESIDENT BROWN RECEIVED A CREDIT EQUAL TO 30% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PRESIDENT BROWN'S RIGHTS IN THE PLAN WILL BECOME VESTED ON AUGUST 1, 2015, AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$233,625 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2012 AND IS REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION (2) AS A RESULT OF COMMITMENTS MADE TO JOSEPH MERCURIO WHILE HE SERVED AS EXECUTIVE VICE PRESIDENT, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 37 YEARS OF SERVICE THE SUM OF \$791,096 was paid to MR Mercurio in calendar year 2012 and is REPORTED on Schedule J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION (3) AS A RESULT OF COMMITMENTS MADE TO PETER CUSATO WHILE HE SERVED AS VICE PRESIDENT FOR AUXILLARY SERVICES, CERTAIN COMPENSATION AND RETIREMENT BENEFITS WERE EARNED AND ACCRUED OVER MORE THAN 32 YEARS OF SERVICE THE SUM OF \$1,545,977 WAS PAID TO MR CUSATO IN CALENDAR YEAR 2012 AND IS REPORTED ON SCHEDULE J, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION (4) Amounts reported in Schedule J, Column B(III) as Other Reportable Compensation, include contributions made by the University in calendar year 2012 to a supplemental nonqualified retirement plan to provide future retirements benefits to TODD KLIPP SCHEDULE J, PART I, LINE 7 AS THE UNIVERSITY'S CHIEF INVESTMENT OFFICER, CLARISSA HUNNEWELL IS ELIGIBLE FOR INCENTIVE COMPENSATION, IN THE DISCRETION OF THE BOARD OF TRUSTEES, BASED IN PART UPON HER SUCCESS IN ACHIEVING CERTAIN PERFORMANCE BENCHMARKS THIS IS A COMMON COMPONENT OF THE COMPENSATION PACKAGE FOR SUCH POSITIONS SCHEDULE J, PART II THIS SCHEDULE includes each of the University's CURRENT AND FORMER officers, trustees, key employees, and five most highly compensated employees for whom the sum of calendar year 2012 reportable compensation and other compensation from the organization and related entities was greater than \$150,000 TRUSTEE KATHERYN PFISTERER DARR'S compensation IS NOT INCLUDED BECAUSE IT WAS LESS THAN \$150,000</p>

Software ID:
Software Version:
EIN: 04-2103547
Name: TRUSTEES OF BOSTON UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Robert A Brown	(i) (ii)	791,500		96,313	266,865	276,265	1,430,943	
Martin J Howard	(i) (ii)	407,066		22,948	33,240	23,423	486,677	
Todd LC Klipp	(i) (ii)	500,797		56,852	33,240	27,112	618,001	
Jean Morrison	(i) (ii)	558,047		70,396		184,823	813,266	
Karen H Antman	(i) (ii)	641,000		57,175	33,240	1,023	732,438	
GARY W NICKSA	(i) (ii)	387,097		16,426	33,240	27,145	463,908	
Joseph P Mercurio	(i) (ii)	22,000		791,096		27,434	840,530	
David Campbell	(i) (ii)	426,795		51,099	33,240	130,759	641,893	
PETER CUSATO	(i) (ii)			1,545,977	0	12,305 0	1,558,282 0	
BARRY ZUCKERMAN	(i) (ii)	0 294,559	0 0	0 809,285	0 33,240	0 17,857	0 1,154,941	0 0
PUSHKAR MEHRA	(i) (ii)	304,891		698,229	23,240 0	27,125 0	1,053,485 0	
WILLIAM CREEVY	(i) (ii)	0 241,513	0 0	0 696,868	0 33,240	0 25,012	0 996,633	0 0
CLARISSA HUNNEWELL	(i) (ii)	507,500 0	400,000	69,506	0	826 0	977,832 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS HEALTH AND EDU FAC AUTH-SERIES S	04-2456011	57586CBR5	03-10-2004	35,348,869	CAPITAL PROJECT, PROP ACQ		X		X		X
B	MASS DEV FIN AGENCY - SERIES T1	04-3431814	57583RBR5	06-29-2005	172,664,008	CAPITAL PROJECT, PROP ACQ		X		X		X
C	MASS DEV FIN AGENCY - SERIES U1 U2 U3 U4 U5U6	04-3431814	57583EWA9	05-15-2008	536,365,000	PARTIAL REFUND/CAP PROJ/PROP A		X		X		X
D	MASS DEV FIN AGENCY - SERIES V1 V2 V3	04-3431814	57583RQ32	12-01-2009	117,370,000	REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	35,497,833		184,106,197		539,836,174		117,370,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	355,425		1,008,534		863,269		395,000	
8	Credit enhancement from proceeds	1,506,076		4,981,946		727,358		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	33,636,332		178,115,717		202,745,547		0	
11	Other spent proceeds	0		0		335,500,000		116,975,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2004		2007		2012			
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?							
	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?							
	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government							
	0%		0%		0%		0%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government							
	0%		0%		%		%	
6	Total of lines 4 and 5							
	0%		0%		%		%	
7	Does the bond issue meet the private security or payment test?							
		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?							
		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of							
	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?							
	X		X		X			

Part IV Arbitrage

	A		B		C		D							
	Yes	No	Yes	No	Yes	No	Yes	No						
1	Has the issuer filed Form 8038-T?													
		X		X		X		X						
2	If "No" to line 1, did the following apply?													
a	Rebate not due yet?													
		X		X		X	X							
b	Exception to rebate?													
	X			X		X	X							
c	No rebate due?													
		X	X		X			X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed													
3	Is the bond issue a variable rate issue?													
		X		X	X			X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?													
		X		X	X			X						
b	Name of provider													
	0		0		SEE PART VI									
c	Term of hedge													
d	Was the hedge superintegrated?													
		X				X								
e	Was a hedge terminated?													
		X				X								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X	X		X			X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE C	0	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY (MDFA) - SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS IN THE AMOUNT OF \$536,365,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES R AND MASSACHUSETTS HEFA SERIES Q BONDS IN THE AMOUNT OF \$336,365,000 THE BALANCE OF SERIES U PROCEEDS IN THE AMOUNT OF \$200,000,000 WERE NEW MONEY BONDS SCHEDULE K, PART I, LINE D MDFA SERIES V1, V2 AND V3 BONDS IN THE AMOUNT OF \$117,370,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES U-6B AND U-6D BONDS IN THE AMOUNT OF \$73,370,000 AND MASSACHUSETTS HEFA SERIES H BONDS IN THE AMOUNT OF \$44,000,000 SCHEDULE K, PART II, LINE 7, COLUMNS A-D COLUMN A COST OF ISSUANCE IN THE AMOUNT OF \$355,425 IS COMPRISED OF ISSUANCE COSTS TOTALING \$197,925 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$157,500 COLUMN B COST OF ISSUANCE IN THE AMOUNT OF \$1,008,534 IS COMPRISED OF ISSUANCE COSTS TOTALING \$276,204 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$732,330 COLUMN C COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$498,602 COLUMN D COST OF ISSUANCE IN THE AMOUNT OF \$395,000 IS COMPRISED OF ISSUANCE COSTS TOTALING \$150,179 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$244,821 SCHEDULE K, PART III, LINES 4 & 5, COLUMNS A-C (INCLUDING SERIES X BOND) 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 2C THE REBATE COMPUTATION FOR THE SERIES T1 BOND WAS PERFORMED IN JUNE 2010 THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS WAS PERFORMED IN MAY 2013 SCHEDULE K, PART IV, LINES 3A & 3B, COLUMN C THE HEDGES THAT ARE ALL OR IN PART IDENTIFIED WITH MDFA - SERIES U-1, U-2, U-3, U-4, U-5 AND U-6 BONDS ARE AS FOLLOWS WELLS FARGO 30 YEARS, GOLDMAN SACHS 20-33 YEARS, MERRILL LYNCH 33-34 YEARS, AND DEUTSCHE BANK 34 YEARS SCHEDULE K, PART IV, LINE 5, COLUMNS B-C UNSPENT PROCEEDS THAT WERE NOT DRAWN FOR CAPITAL EXPENDITURES DURING THE PRESCRIBED AVAILABLE TEMPORARY PERIOD WERE NOT INVESTED ABOVE THE BOND YIELD SCHEDULE K, PART II, LINE 3, COLUMN A (SERIES X BOND) RECONCILIATION OF ISSUE PRICE TO TOTAL GROSS PROCEEDS AT 6/30/13 ISSUE PRICE 120,736,790 INVESTMENT EARNINGS 9,890 GROSS PROCEEDS AT 6/30/13 120,746,680
SCHEDULE K, PART II, LINE 7, COLUMN A (SERIES X BOND)	0	COST OF ISSUANCE IN THE AMOUNT OF \$733,876 IS COMPRISED OF ISSUANCE COSTS TOTALING \$433,549 AND UNDERWRITERS DISCOUNT IN THE AMOUNT OF \$300,327

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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) Pool financing	
						Yes	No	Yes	No	Yes	No
(E) MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04-30-2013	120,736,790	CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	120,746,680							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	733,876							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	0							
10	Capital expenditures from proceeds	27,954,255							
11	Other spent proceeds	0							
12	Other unspent proceeds	92,058,549							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %				%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

2 Enter the amount of tax incurred by 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
Total ▶ \$											

Part III Grants or Assistance Benefitting 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

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) IRON MOUNTAIN INC	SEE PART V	167,924	SEE PART V		No
(2) J LAWFORD ANDERSON	SEE PART V	169,812	EMPLOYMENT COMPENSATION		No
(3) ANDREA MERCURIO	SEE PART V	99,271	EMPLOYMENT COMPENSATION		No
(4) ANTONIO MERCURIO	SEE PART V	65,903	EMPLOYMENT COMPENSATION		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN C		COMPENSATION OF FAMILY MEMBERS INCLUDES TUITION REMISSION, IF APPLICABLE SCHEDULE L, PART IV, LINE 1 (B) A FAMILY MEMBER OF TRUSTEE CARLA E MEYER SERVES ON THE BOARD OF DIRECTORS OF IRON MOUNTAIN, INC THE UNIVERSITY'S RELATIONSHIP WITH IRON MOUNTAIN PREDATES MS MEYER'S BECOMING A TRUSTEE (D) THE TRANSACTION AMOUNT IN COLUMN (C) REPRESENTS THE COST OF ARCHIVING AND DIGITAL IMAGING SERVICES PURCHASED BY THE UNIVERSITY FOR RECORDS STORAGE SCHEDULE L, PART IV, LINE 2 (B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON SCHEDULE L, PART IV, LINE 3 (B) FAMILY MEMBER OF RETIRED EXECUTIVE VICE PRESIDENT JOSEPH P MERCURIO SCHEDULE L, PART IV, LINE 4 (B) FAMILY MEMBER (NOW DECEASED) OF RETIRED EXECUTIVE VICE PRESIDENT JOSEPH P MERCURIO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,998	INDEP APPRAISAL
5 Clothing and household goods	X		122,709	INDEP APPRAISAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	159	24,916,168	MEAN PRICE ON DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EVENT SUPPORT)	X	4	9,590	EVENT SUPPORT COST
26 Other ► (EQUIPMENT - MEDICAL, RESEARCH, EDUCATIONAL, ETC)	X	10	1,179,093	INDEP APPRAISAL
27 Other ► (DONATED AUCTION ITEMS)	X	118	390,112	INDEP APPRAISAL
28 Other ► ()				

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

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, 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.

Identifier	Return Reference	Explanation
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.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
TRUSTEES OF BOSTON UNIVERSITY**Employer identification number**

04-2103547

Identifier	Return Reference	Explanation
organization's mission	FORM 990, PART I, LINE 1 & PART III, LINE 1	BOSTON UNIVERSITY IS AN INTERNATIONAL, COMPREHENSIVE, PRIVATE RESEARCH UNIVERSITY, COMMITTED TO EDUCATING STUDENTS TO BE REFLECTIVE, RESOURCEFUL INDIVIDUALS READY TO LIVE, ADAPT, AND LEAD IN AN INTERCONNECTED WORLD BOSTON UNIVERSITY IS COMMITTED TO GENERATING NEW KNOWLEDGE TO BENEFIT SOCIETY FORM 990, PART III, LINE 4A INSTRUCTION - BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMERSSED IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT WITH 16 SCHOOLS AND COLLEGES ON OUR TWO CAMPUSES, WE OFFER OUR STUDENTS MORE THAN 250 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES OUR STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN MORE THAN 75 PROGRAMS AND 23 FOREIGN COUNTRIES OUR FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL EVOLUTION, AND HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE PERFORMING ARTS WE PLACE A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, AND GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR EMERGING INFECTIOUS DISEASES FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES CONSIST OF LIBRARIES, ACADEMIC SERVICES, STUDENT SERVICES, EXTERNAL PROGRAMS, AND OTHER DEDUCTIONS

Identifier	Return Reference	Explanation
FOREIGN ACCOUNTS	FORM 990, PART V, LINE 4B	THE TRUSTEES OF BOSTON UNIVERSITY HAS BANK ACCOUNTS IN FOREIGN COUNTRIES THESE ACCOUNTS FUND THE OPERATIONS OF THE UNIVERSITY'S UNDERGRADUATE AND GRADUATE OVERSEAS PROGRAMS FOREIGN COUNTRIES INCLUDE (ATTACHMENT 1 CONTINUED) SPAIN SWITZERLAND UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES) ZAMBIA

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 5A		<p>IN 1998, BOSTON UNIVERSITY ENTERED INTO A TRANSACTION NOW DESCRIBED IN SECTION 4965(E) THE OTHER PARTIES TO THE TRANSACTION ARE JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, AIG-FP FUNDING (CAYMAN) LIMITED, AIG-FP SPECIAL FINANCE (CAYMAN) LIMITED, AND WILMINGTON TRUST COMPANY, AS TRUSTEE. ALL INCOME EARNED BY THE UNIVERSITY FROM THIS TRANSACTION WAS ALLOCATED, IN ACCORDANCE WITH THE UNIVERSITY'S ESTABLISHED ACCOUNTING METHODS, TO ITS FISCAL YEAR ENDING JUNE 30, 1998. FORM 990, PART VI, SECTION A, LINE 1A. WITH CERTAIN EXCEPTIONS SPECIFIED IN THE UNIVERSITY'S BY-LAWS OR OTHERWISE REQUIRED BY LAW, THE EXECUTIVE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF TRUSTEES BETWEEN FULL BOARD MEETINGS. THE COMMITTEE HOLDS MEETINGS DURING MOST MONTHS WHEN THE FULL BOARD DOES NOT MEET AND OTHERWISE AS NECESSARY. THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD, THE CHAIRS OF THE 10 OTHER STANDING COMMITTEES OF THE BOARD, THE PRESIDENT, AND UP TO THREE AT-LARGE MEMBERS ELECTED ANNUALLY BY THE BOARD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION A, LINE 2. TRUSTEES ALICIA C. MULLEN AND STEPHEN KARP ARE BOTH BOARD MEMBERS OF THE NANTUCKET PROJECT LLC, WHICH ACQUIRED BUSINESS SERVICES WORTH MORE THAN \$10,000 FROM THE WHITE ELEPHANT, IN WHICH STEPHEN KARP HAS A MATERIAL OWNERSHIP INTEREST. SUCH SERVICES WERE PROVIDED AT FAIR MARKET VALUE OR LESS. FORM 990, PART VI, SECTION B, LINE 11B. UPON COMPLETION, A DRAFT OF THE FORM 990 IS REVIEWED BY THE UNIVERSITY'S COMPTROLLER, BY THE CHIEF FINANCIAL OFFICER (AS WELL AS OTHER FINANCE/ ACCOUNTING STAFF), AND BY UNIVERSITY COUNSEL. THE UNIVERSITY'S PUBLIC ACCOUNTING FIRM, PRICEWATERHOUSECOOPERS, IS INVOLVED THROUGHOUT THE PROCESS OF PREPARATION AND REVIEW OF THE RETURN. THE FORM IS THEN SENT TO THE UNIVERSITY'S AUDIT COMMITTEE TO BE REVIEWED DURING ITS ANNUAL SPRING MEETING. AFTER AUDIT COMMITTEE REVIEW, THE FINAL RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA A SECURE INTRANET SITE BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C. ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES (INCLUDING VICE PRESIDENTS AND OTHER MANAGERIAL PERSONNEL) ARE REQUIRED TO DISCLOSE ON THE UNIVERSITY'S CONFLICT OF INTEREST DISCLOSURE FORM ANY BUSINESS OR FINANCIAL RELATIONSHIP THEY OR MEMBERS OF THEIR IMMEDIATE FAMILIES HAVE OR PROPOSE TO HAVE WITH THE UNIVERSITY, EITHER DIRECTLY OR THROUGH ANOTHER ENTITY IN WHICH THEY HAVE A SIGNIFICANT INTEREST. THE DISCLOSURE FORM IS REQUIRED TO BE FILED ANNUALLY, AN AMENDED FORM MUST BE FILED PROMPTLY IN THE EVENT OF A MATERIAL CHANGE IN CIRCUMSTANCES. A TRUSTEE OR OFFICER IS REQUIRED TO PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP COVERED BY THIS POLICY TO THE CHAIRMAN OF THE AUDIT COMMITTEE. AN EMPLOYEE OR OTHER REPRESENTATIVE MUST PROVIDE ADVANCE WRITTEN DISCLOSURE OF ANY SUCH RELATIONSHIP TO THE UNIVERSITY'S COMPLIANCE COMMITTEE. TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER REPRESENTATIVES WHO HAVE DISCLOSED A POTENTIAL CONFLICT OF INTEREST SHALL REFRAIN FROM PARTICIPATING IN THE UNIVERSITY'S CONSIDERATION OF ANY PROPOSED BUSINESS OR FINANCIAL RELATIONSHIP IN WHICH HE OR SHE IS INTERESTED, EXCEPT TO RESPOND TO QUESTIONS OR TO PROVIDE FURTHER INFORMATION. IF A TRANSACTION OR RELATIONSHIP REQUIRES A VOTE, THE INTERESTED PARTY SHOULD NOT BE PRESENT AT THE TIME OF THE VOTE. THE AUDIT COMMITTEE WILL DETERMINE WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING A TRUSTEE OR OFFICER SHOULD BE ENTERED INTO OR CONTINUED. IN THE CASE OF ANY SUCH RELATIONSHIP INVOLVING A TRUSTEE, SUCH A DETERMINATION SHALL BE SET FORTH IN A WRITTEN REPORT OF THE AUDIT COMMITTEE SIGNED BY THE CHAIRMAN AND A MAJORITY OF THE COMMITTEE. THE COMPLIANCE COMMITTEE WILL DETERMINE WHETHER A BUSINESS OR FINANCIAL RELATIONSHIP INVOLVING AN EMPLOYEE OR OTHER REPRESENTATIVE SHOULD BE ENTERED INTO OR CONTINUED. THE COMPLIANCE COMMITTEE SHALL PROVIDE SUCH REPORTS AS MAY BE REQUESTED BY THE AUDIT COMMITTEE AND MAY REQUEST ADVICE OR DIRECTION FROM THE AUDIT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15B. EACH YEAR, INCLUDING THE YEAR COVERED BY THIS RETURN, THE FOLLOWING PROCESS IS USED TO ESTABLISH THE COMPENSATION OF THE FOLLOWING INDIVIDUALS: THE PRESIDENT, UNIVERSITY PROVOST, MEDICAL CAMPUS PROVOST, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESIDENT FOR OPERATIONS, SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER, AND TREASURER, AND THE SENIOR VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (WHICH CONSISTS ENTIRELY OF INDEPENDENT PERSONS HAVING NO CONFLICTS OF INTEREST AS DEFINED IN THE APPLICABLE REGULATIONS) ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO OBTAIN DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMMITTEE REVIEWS THIS DATA AND THE PERF</p>

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 5A		FORMANCE OF THE INDIVIDUALS HOLDING THE POSITIONS IN QUESTION, AND IT DEVELOPS A RECOMMENDATION REGARDING THE PRESIDENT'S COMPENSATION AND CONSIDERS THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR EACH OF THE OTHER COVERED PERSONS. THE EXECUTIVE COMPENSATION COMMITTEE THEN PRESENTS THE DATA AND ITS COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE DELIBERATIONS AND ACTIONS OF BOTH THE EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY. Form 990, Part VI, SECTION C, Line 19. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS OWN WEBSITE.

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		ROBERT A BROWN, PRESIDENT OF BOSTON UNIVERSITY, DEVOTES LESS THAN ONE HOUR PER WEEK TO MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION MARTIN J HOWARD, OFFICER OF BOSTON UNIVERSITY, DEVOTES LESS THAN ONE HOUR PER WEEK TO BOTH 660 CORPORATION AND 520 COMMONWEALTH AVENUE REAL ESTATE CORPORATION, BOTH RELATED ORGANIZATIONS GARY W NICKSA, KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS EACH OR LESS PER WEEK TO BIOSQUARE REALTY TRUST AND EAST CONCORD MEDICAL FOUNDATION, INC, BOTH RELATED ORGANIZATIONS KAREN H ANTMAN MD, KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES THREE HOURS OR LESS EACH PER WEEK TO FACULTY PRACTICE FOUNDATION, INC AND EAST CONCORD MEDICAL FOUNDATION, INC, BOTH RELATED ORGANIZATIONS WILLIAM CREEVY MD, ONE OF THE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY AND PRESIDENT OF THE FACULTY PRACTICE FOUNDATION, INC, DEVOTES 54 HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC BARRY ZUCKERMAN MD DEVOTES 50 HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC PUSHKAR MEHRA DMD DEVOTES 50 HOURS OR LESS PER WEEK TO THE ORAL SURGERY GROUP PRACTICE KATHERYN PFISTERER DARR WAS COMPENSATED AS A FACULTY MEMBER, NOT AS TRUSTEE FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET ACTUARIAL GAINS \$ LOSSES -\$2,543,000 GAIN/LOSS ON NON INVESTMENT ASSETS -\$8,711,332 NON OPERATING GIFTS \$ GRANTS \$6,607,541 OTHER CHANGES \$437,669 TOTAL -\$4,209,122

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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) Lure Restaurant Group LLC 650 Beacon Street S 501 Boston, MA 02215 80-0032198	Restaurant	MA	2,476,041		BU TRUSTEES
(2) University Inn LLC 650 Beacon Street S 501 Boston, MA 02215 04-3493329	Hotel	MA	616,216		BU TRUSTEES
(3) HAWTHORNE LOUNGE LLC 500A COMMONWEALTH AVENUE BOSTON, MA 02215 45-1859454	LOUNGE	MA	530,891		BU TRUSTEES
(4) BU FUNDING LLC 108 BAY STATE ROAD BOSTON, MA 02215 87-0773653	LLC	MA		53,014,000	BU TRUSTEES

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate 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 SW7 2DL UK	EDUCATION	UK	BU EUREUSA LLP		107,243	178,621		No			No	100 000 %
(2) SMALLPHARMA LLC 881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON, MA 02215 04-3398901	R&D MFG	MA	520 CORP			21,385		No		Yes		99 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to 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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP	J	609,252	ACTUAL PAYMENT
(2) 520 COMMONWEALTH AVENUE REAL ESTATE CORP	O	200,000	ACTUAL PAYMENT

Schedule R (Form 990) 2012

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

[illegible]

