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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 private foundations)

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Brown University
% CHARLENE SWEENEY
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
Controllers Office Box J

City or town, state or province, country, and ZIP or foreign postal code
Providence, RI 02912

D Employer identification number
05-0258809

E Telephone number
(401) 863-2716

G Gross receipts $ 3,143,540,826

F Name and address of principal officer:
CHRISTINA PAXSON
BROWN UNIVERSITY BOX J
PROVIDENCE, RI 02912

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http://www.brown.edu

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1764

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ ☐ 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**	52
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	50
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	12,013
6	Total number of volunteers (estimate if necessary)	**6**	60,550
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,456,387
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	474,642,932	495,032,643
9	Program service revenue (Part VIII, line 2g)	675,913,001	715,297,441
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	178,712,448	378,480,743
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,330,616	1,684,286
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,331,598,997	1,590,495,113
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	301,076,612	323,216,187
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)	491,508,380	497,264,318
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶31,713,854		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	348,792,215	357,602,654
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,141,377,207	1,178,083,159
19	Revenue less expenses. Subtract line 18 from line 12	190,221,790	412,411,954

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,776,361,953	6,193,056,294
21	Total liabilities (Part X, line 26)	1,138,452,551	1,135,767,628
22	Net assets or fund balances. Subtract line 21 from line 20	4,637,909,402	5,057,288,666

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

****** 2020-05-14
Signature of officer Date

BARBARA CHERNOW EVP Finance & Admin
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-05-15		P01441612

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500
BOSTON, MA 02210 — 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 or note to any line 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: See Additional Data) (Expenses $ 619,457,997 including grants of $ 26,725,140) (Revenue $ 581,911,371)

4b (Code: See Additional Data) (Expenses $ 297,535,322 including grants of $ 296,491,047) (Revenue $)

4c (Code: See Additional Data) (Expenses $ 101,464,944 including grants of $) (Revenue $ 95,314,945)

4d Other program services (Describe in Schedule O.)
(Expenses $ 40,527,585 including grants of $) (Revenue $ 38,071,125)

4e **Total program service expenses ▶** 1,058,985,848

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	Yes	
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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		No
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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,281		
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**	12,013		
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" to line 3b, 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: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		No
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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 or note to any line 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	**1a**	52		
	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	**1b**	50		
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**		No
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**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA , IN , MA , OK

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records:
▶CHARLENE SWEENEY BROWN UNIVERSITY BOX J PROVIDENCE, RI 02912 (401) 863-5220

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII**, Section A** ▶			
d Total (add lines 1b and 1c) ▶	11,862,878	0	1,264,099

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,010

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
SHAWMUT DESIGN CONSTRUCTION, 3 DAVOL SQUARE SUITE A275 PROVIDENCE, RI 02903	Construction	69,779,521
AZ Corporation, PO Box 370 NORTH STONINGTON, CT 06359	Construction	8,695,367
Ecosystem Energy Services USA Inc, 462 7th Ave FL 22 NEW YORK, NY 10018	Consulting	6,330,501
REX Architecture PC, 20 Jay Street Suite 920 BROOKLYN, NY 11201	Construction	6,151,672
nextSource Inc, 1040 Avenue of the Americas 24th F NEW YORK, NY 10018	Temporary Employment	3,937,433

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 ▶ 482

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 107,376				
b Membership dues	1b				
c Fundraising events	1c 363,997				
d Related organizations	1d				
e Government grants (contributions)	1e 200,897,449				
f All other contributions, gifts, grants, and similar amounts not included above	1f 293,663,821				
g Noncash contributions included in lines 1a - 1f: $ 40,416,958					
h **Total.** Add lines 1a-1f	▶ 495,032,643				
Program Service Revenue	Business Code				
2a TUITION & FEES	900099	581,911,371	581,911,371		
b RESIDENCE	900099	47,708,588	47,708,588		
c DINING HALLS	900099	24,795,001	24,795,001		
d BOOKSTORE	451211	6,870,482	6,848,488	21,994	
e COMPUTER STORE	900099	2,330,043	2,330,043		
f All other program service revenue.		51,681,956	51,015,987	665,969	
g **Total.** Add lines 2a–2f	▶ 715,297,441				
3 Investment income (including dividends, interest, and other similar amounts)	▶	15,285,892		13,768,424	1,517,468
4 Income from investment of tax-exempt bond proceeds	▶	0			
5 Royalties	▶	2,070,661			2,070,661
	(i) Real / (ii) Personal				
6a Gross rents					
b Less: rental expenses					
c Rental income or (loss)	0 / 0				
d Net rental income or (loss)	▶	0			
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	1,913,556,094 / 2,186,627				
b Less: cost or other basis and sales expenses	1,550,024,948 / 2,522,922				
c Gain or (loss)	363,531,146 / -336,295				
d Net gain or (loss)	▶	363,194,851			363,194,851
Other Revenue 8a Gross income from fundraising events (not including $ 363,997 of contributions reported on line 1c). See Part IV, line 18	a 111,468				
b Less: direct expenses	b 497,843				
c Net income or (loss) from fundraising events	▶	-386,375			-386,375
9a Gross income from gaming activities. See Part IV, line 19	a 0				
b Less: direct expenses	b 0				
c Net income or (loss) from gaming activities	▶	0			
10a Gross sales of inventory, less returns and allowances	a 0				
b Less: cost of goods sold	b 0				
c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d	▶	0			
12 **Total revenue.** See Instructions.	▶	1,590,495,113	714,609,478	14,456,387	366,396,605

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,725,140	26,725,140		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	294,814,040	294,814,040		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,677,007	1,677,007		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,124,248	1,974,586	5,807,165	342,497
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	559,165	559,165		
7 Other salaries and wages	399,506,548	340,254,182	39,935,885	19,316,481
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,132,579	24,880,611	2,781,048	1,470,920
9 Other employee benefits	32,755,693	24,156,608	5,624,328	2,974,757
10 Payroll taxes	27,186,085	23,218,212	2,595,232	1,372,641
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,412,704	98,775	2,313,929	
c Accounting	429,000		429,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,352,937	1,158,552	194,385	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,935,594	48,141,792	5,510,551	1,283,251
12 Advertising and promotion	2,575,776	1,954,539	318,669	302,568
13 Office expenses	50,346,594	45,871,630	3,083,944	1,391,020
14 Information technology	18,835,031	16,941,259	1,511,390	382,382
15 Royalties	0			
16 Occupancy	46,934,962	37,199,034	8,923,502	812,426
17 Travel	25,847,113	22,633,793	1,746,243	1,467,077
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,659,121	2,473,882	123,459	61,780
20 Interest	24,484,129	24,289,737	194,392	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	80,525,697	80,525,697		
23 Insurance	18,422,323	17,362,030	1,060,293	
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 DUES AND MEMBERSHIPS	2,151,002	1,172,333	951,034	27,635
b PURCHASED GOODS	18,181,960	18,181,960		
c OTHER GRADUATE SUPPLEMENTAL	2,116,974	2,116,974		
d ALL OTHER EXPENSES	5,391,737	604,310	4,279,008	508,419
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,178,083,159	1,058,985,848	87,383,457	31,713,854
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		242,940,739	1	208,925,008
	2	Savings and temporary cash investments		354,095,405	2	147,238,407
	3	Pledges and grants receivable, net		252,224,316	3	313,786,534
	4	Accounts receivable, net		19,036,989	4	24,297,608
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		200,000	5	200,000
	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		28,306,137	7	23,928,170
	8	Inventories for sale or use		3,952,216	8	4,717,043
	9	Prepaid expenses and deferred charges		4,653,677	9	10,878,872
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,300,861,488			
	b	Less: accumulated depreciation	10b 1,111,052,960	1,040,778,610	10c	1,189,808,528
	11	Investments—publicly traded securities		405,440,784	11	500,495,084
	12	Investments—other securities. See Part IV, line 11		3,334,501,465	12	3,765,957,245
	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		90,231,615	15	2,823,795
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,776,361,953	16	6,193,056,294
Liabilities	17	Accounts payable and accrued expenses		103,292,999	17	85,767,240
	18	Grants payable		0	18	0
	19	Deferred revenue		65,597,002	19	74,284,562
	20	Tax-exempt bond liabilities		723,661,000	20	709,609,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		2,978,445	21	3,789,008
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		79,051,958	24	78,099,850
	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		163,871,147	25	184,217,968
	26	**Total liabilities.** Add lines 17 through 25		1,138,452,551	26	1,135,767,628
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,088,371,385	27	1,118,657,637
	28	Temporarily restricted net assets		1,926,445,222	28	2,198,666,041
	29	Permanently restricted net assets		1,623,092,795	29	1,739,964,988
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		4,637,909,402	33	5,057,288,666
	34	Total liabilities and net assets/fund balances		5,776,361,953	34	6,193,056,294

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,590,495,113
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,178,083,159
3	Revenue less expenses. Subtract line 2 from line 1	3	412,411,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,637,909,402
5	Net unrealized gains (losses) on investments	5	33,128,690
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-26,161,380
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,057,288,666

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 05-0258809
Name: Brown University

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTION/ENROLLMENT. (SEE SCHEDULE O)

Form 990, Part III, Line 4b:

STUDENT AID, FELLOWSHIPS AND SCHOLARSHIPS. (SEE SCHEDULE O)

Form 990, Part III, Line 4c:

AUXILIARY SERVICES / ACTIVITIES INCLUDES THE OPERATION OF THE DORMITORIES, DINING SERVICES, HEALTH SERVICES, THE BOOKSTORE, ETC. THESE SERVICES ACCOMMODATE STUDENTS, FACULTY AND STAFF BY SUPPORTING ACADEMIC & CULTURAL ENRICHMENT.

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			
CRAIG E BARTON FELLOW	2.0 0.0	X						0	0	0
MARK S BLUMENKRANZ FELLOW	2.0 0.0	X						0	0	0
RICHARD A FRIEDMAN SECRETARY/FELLOW	2.0 0.0	X		X				0	0	0
LAURA GELLER FELLOW	2.0 0.0	X						0	0	0
ROBIN A LENHARDT FELLOW	2.0 0.0	X						0	0	0
BRIAN T MOYNIHAN FELLOW	2.0 0.0	X						0	0	0
JONATHAN M NELSON FELLOW	2.0 0.0	X						0	0	0
CHRISTINA PAXSON PRESIDENT/FELLOW	40.0 0.0	X		X				1,072,005	0	297,985
THOMAS J TISCH FELLOW	2.0 0.0	X						0	0	0
JEROME C VASCELLARO FELLOW	2.0 0.0	X						0	0	0

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			
PETER S VOSS FELLOW	2.0 0.0	X						0	0	0
MARIA T ZUBER FELLOW	2.0 0.0	X						0	0	0
CHIAMAKA A ANYOKU TRUSTEE	2.0 0.0	X						0	0	0
JOHN C ATWATER TRUSTEE	2.0 0.0	X						0	0	0
BERNADETTE AULESTIA TRUSTEE	2.0 0.0	X						0	0	0
GEORGE S BARRETT TRUSTEE	2.0 0.0	X						0	0	0
PREETHA BASAVIAH TRUSTEE	2.0 0.0	X						0	0	0
BRIAN A BENJAMIN TRUSTEE	2.0 0.0	X						0	0	0
SANGEETA N BHATIA TRUSTEE	2.0 0.0	X						0	0	0
GUOQING CHEN TRUSTEE	2.0 0.0	X						0	0	0

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			
BRICKSON E DIAMOND TRUSTEE	2.0 0.0	X						0	0	0
JOHN B EHRENKRANZ TRUSTEE	2.0 0.0	X						0	0	0
JOSE J ESTABIL TRUSTEE	2.0 0.0	X						0	0	0
GENINE M FIDLER TRUSTEE	2.0 0.0	X						0	0	0
TODD A FISHER TRUSTEE	2.0 0.0	X						0	0	0
CHARLES H GIANCARLO TRUSTEE	2.0 0.0	X						0	0	0
ROBERT P GOODMAN TRUSTEE	2.0 0.0	X						0	0	0
ALEXANDRA ROBERT GORDON TRUSTEE	2.0 0.0	X						0	0	0
THERESIA GOUW TREASURER/TRUSTEE	2.0 0.0	X		X				0	0	0
LIBBY A HEIMARK TRUSTEE	2.0 0.0	X						0	0	0

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			
GALEN V HENDERSON TRUSTEE	2.0 0.0	X						0	0	0
JEFFREY F HINES TRUSTEE	2.0 0.0	X						0	0	0
NANCY CHICK HYDE TRUSTEE	2.0 0.0	X						0	0	0
JIM YONG KIM TRUSTEE	2.0 0.0	X						0	0	0
PABLO LEGORRETA TRUSTEE	2.0 0.0	X						0	0	0
KENNETH H MCDANIEL TRUSTEE	2.0 0.0	X						0	0	0
PAULA M MCNAMARA TRUSTEE	2.0 0.0	X						0	0	0
SAMUEL M MENCOFF CHANCELLOR/TRUSTEE	2.0 0.0	X		X				0	0	0
JENNIFER B MOSES TRUSTEE	2.0 0.0	X						0	0	0
SRIHARI S NAIDU TRUSTEE	2.0 0.0	X						0	0	0

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			
RONALD O PERELMAN TRUSTEE	2.0 0.0	X						0	0	0
PAMELA REEVES Senior Fellow/Trustee	2.0 0.0	X						48,500	0	0
ALISON S RESSLER VICE CHANCELLOR/TRUSTEE	2.0 0.0	X		X				0	0	0
MYA L ROBERSON TRUSTEE	2.0 0.0	X						0	0	0
RALPH F ROSENBERG TRUSTEE	2.0 0.0	X						0	0	0
BARRY ROSENSTEIN TRUSTEE	2.0 0.0	X						0	0	0
PABLO J SALAME TRUSTEE	2.0 0.0	X						0	0	0
ZACHARY J SCHREIBER TRUSTEE	2.0 0.0	X						0	0	0
MATTHEW I SIROVICH TRUSTEE	2.0 0.0	X						0	0	0
JOAN WERNIG SORENSEN TRUSTEE	2.0 0.0	X						0	0	0

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			
PRESTON C TISDALE TRUSTEE	2.0 0.0	X						0	0	0
DIANA E WELLS TRUSTEE	2.0 0.0	X						0	0	0
BARBARA CHERNOW EXEC VP OF FIN AND ADMIN	40.0 0.0				X			615,793	0	113,199
JOSEPH DOWLING CEO of Investment Office	40.0 0.0				X			1,197,588	0	71,959
JACK ELIAS DEAN OF MEDICINE & BIOLOGICAL	40.0 0.0				X			941,075	0	40,532
KEVIN MCLAUGHLIN DEAN OF FACULTY	40.0 0.0				X			458,955	0	63,222
JOSEPH CALHOUN VP FIN & CFO	40.0 0.0				X			373,940	0	46,748
RICHARD LOCKE PROVOST	40.0 0.0				X			724,389	0	77,146
JILL PIPHER VP OF RESEARCH	40.0 0.0				X			388,870	0	33,433
MICHAEL GUGLIELMO VP FOR FACILITIES MGMT	40.0 0.0				X			277,573	0	51,998

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			
JANE DIETZE VP & CHIEF INVESTMENT OFFICER	40.0 0.0				X			1,180,804	0	48,533
SERGIO GONZALEZ SENIOR VP FOR ADVANCEMENT	40.0 0.0				X			769,411	0	44,274
BESS MARCUS DEAN - SCHOOL OF PUBLIC HEALTH	40.0 0.0					X		676,677	0	50,990
RAFAEL LA PORTA DRAGO PROFESSOR OF ECONOMICS	40.0 0.0					X		620,323	0	62,686
ERICA NOURIJAN HEAD OF OPERATIONS-INVESTMENTS	40.0 0.0					X		575,351	0	44,840
LOUIS RICE CHAIR OF MEDICINE	40.0 0.0					X		668,698	0	45,697
VICKI COLVIN PROFESSOR OF CHEMISTRY	40.0 0.0					X		592,166	0	37,672
DAVID SAVITZ FORMER VP OF RESEARCH	40.0 0.0						X	275,513	0	54,382
EDWARD WING FORMER DEAN OF MED AND BIO	40.0 0.0						X	260,313	0	40,923
CLYDE BRIANT FORMER VP OF RESEARCH	40.0 0.0						X	144,934	0	37,880

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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.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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

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

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 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.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	336,481,435	377,081,968	386,783,998	474,642,932	495,032,643	2,070,022,976
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	336,481,435	377,081,968	386,783,998	474,642,932	495,032,643	2,070,022,976
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). .						0
6 **Public support.** Subtract line 5 from line 4.						2,070,022,976

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. .	336,481,435	377,081,968	386,783,998	474,642,932	495,032,643	2,070,022,976
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	20,854,247	36,059,163	59,229,087	53,102,257	17,356,553	186,601,307
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
11 **Total support.** Add lines 7 through 10						2,256,624,283

12 Gross receipts from related activities, etc. (see instructions) **12** 3,192,195,133

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	91.731 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	90.414 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	THE TOTAL REPORTED ON THIS LINE INCLUDES FUNDRAISING GROSS REVENUE FOR TAX YEARS 2014 THROUGH 2018.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	**Employer identification number**
Brown University	05-0258809

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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.		

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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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		150,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,182
j	Total. Add lines 1c through 1i			160,182
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

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1B & 1G	CERTAIN MEMBERS OF THE UNIVERSITY'S STAFF DEVOTED A PORTION OF THEIR TIME TO PROMOTE OUR MISSION BY WORKING WITH STATE AND FEDERAL GOVERNMENT ENTITIES TO ADVOCATE FOR LEGISLATION AND POLICY INITIATIVES THAT SUPPORT HIGHER EDUCATION AND THE UNIVERSITY'S RESEARCH AGENDA. SCHEDULE C, PART II-B, LINE 1i AMOUNTS REPORTED ON THIS LINE RELATE TO MEMBERSHIP DUES PAID TO ORGANIZATIONS THAT LOBBY ON BEHALF OF THEIR MEMBERS (INCLUDING BROWN UNIVERSITY).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	1,283,271	

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? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☑ Other Education

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,587,173,706	3,230,076,865	2,948,970,720	3,057,972,089	2,984,653,513
b Contributions	98,564,147	99,020,628	62,717,847	87,258,716	69,354,967
c Net investment earnings, gains, and losses	433,173,443	415,898,924	390,185,026	-36,609,212	152,398,816
d Grants or scholarships	38,608,971	37,987,703	41,496,214	38,973,982	36,463,209
e Other expenditures for facilities and programs	114,571,217	112,965,217	122,703,273	113,755,228	105,565,021
f Administrative expenses	6,948,579	6,869,791	7,597,241	6,921,663	6,406,977
g End of year balance	3,958,782,529	3,587,173,706	3,230,076,865	2,948,970,720	3,057,972,089

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

- a Board designated or quasi-endowment ▶ 14.000 %
- b Permanent endowment ▶ 40.000 %
- c Temporarily restricted endowment ▶ 46.000 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No

b If "Yes" on 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		89,214,961		89,214,961
b Buildings		1,891,448,328	947,316,010	944,132,318
c Leasehold improvements				
d Equipment		81,032,764	51,468,976	29,563,788
e Other		239,165,435	112,267,974	126,897,461
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,189,808,528

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON STOCK	844,466,438	F
(B) FIXED INCOME	286,432,518	F
(C) HEDGE STRATEGIES	1,398,788,801	F
(D) PRIVATE EQUITY	1,111,800,140	F
(E) REAL ASSETS	124,469,348	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	3,765,957,245	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LIAB. ASSOCIATED WITH INVESTME	24,423,480
INTEREST RATE SWAP LIABILITY	45,259,560
PENSION LIABILITY	34,165,065
REFUNDABLE ADVANCES	20,377,899
SPLIT INTEREST OBLIGATIONS	16,432,206
ASSET RETIREMENT OBLIGATIONS	16,106,488
DEFERRED COMPENSATION	27,453,270
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	184,217,968

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 05-0258809

Name: Brown University

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1a	THE UNIVERSITY'S COLLECTIONS INCLUDE WORKS OF ART, HISTORICAL TREASURES, AND ARTIFACTS THAT ARE MAINTAINED IN THE UNIVERSITY'S LIBRARIES AND MUSEUMS. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION AND RESEARCH PURPOSES. THE COLLECTIONS ARE NOT RECOGNIZED AS ASSETS IN THE FINANCIAL STATEMENTS OF THE UNIVERSITY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE JOHN CARTER BROWN LIBRARY CONTAINS AN INTERNATIONALLY RENOWNED, CONSTANTLY GROWING COL LECTION OF PRIMARY HISTORICAL SOURCES PERTAINING TO THE AMERICAS, BOTH NORTH AND SOUTH, BE FORE CA. 1825. THE JOHN CARTER BROWN LIBRARY COLLECTION OF 50,000 RARE BOOKS (PRINTED BEFO RE CA. 1825), MANUSCRIPTS, AND 16,000 REFERENCE BOOKS AND SECONDARY SOURCES (PRINTED AFTER CA. 1825) IS DISTINGUISHED IN MANY SUBJECT AREAS. MOST WELL-KNOWN, PERHAPS, ARE THE LIBRA RY'S EXTENSIVE HOLDINGS IN THE LITERATURE OF EUROPEAN EXPLORATION AND TRAVEL IN THE WESTER N HEMISPHERE, FROM THE FIRST LATIN EDITION OF THE COLUMBUS LETTER OF 1493, THROUGH NEARLY ALL OF THE CONTEMPORARY NARRATIVES OF SPANISH, PORTUGUESE, FRENCH, DUTCH, AND ENGLISH DISC OVERY, EXPLORATION, AND SETTLEMENT. THE HOLDINGS OF THE LIBRARY ARE AVAILABLE TO SCHOLARS ENGAGED IN PRODUCTIVE RESEARCH FOR WHOM ACCESS TO THE COLLECTION IS ESSENTIAL FOR THE ADVA NCEMENT OF THEIR WORK. THE BROWN UNIVERSITY LIBRARY, IN SUPPORT OF THE UNIVERSITY'S EDUCAT IONAL AND RESEARCH MISSION, IS THE LOCAL REPOSITORY FOR AND THE PRINCIPAL GATEWAY TO CURRE NT INFORMATION AND THE SCHOLARLY RECORD. THE BROWN UNIVERSITY LIBRARY IS COMPRISED OF THE JOHN D. ROCKEFELLER, JR. LIBRARY; THE SCIENCES LIBRARY; THE ORWIG MUSIC LIBRARY; THE JOHN HAY LIBRARY; AND THE ANNMARY BROWN MEMORIAL. THE JOHN D. ROCKEFELLER, JR. LIBRARY IS THE P RIMARY TEACHING AND RESEARCH LIBRARY FOR THE HUMANITIES, SOCIAL SCIENCES, AND FINE ARTS. T HE SCIENCES LIBRARY HOLDS MATERIALS THAT SUPPORT STUDY AND RESEARCH IN THE FIELDS OF MEDIC INE, PSYCHOLOGY, NEURAL SCIENCE, ENVIRONMENTAL SCIENCE, BIOLOGY, CHEMISTRY, GEOLOGY, PHYSI CS, ENGINEERING, COMPUTER SCIENCE, AND PURE AND APPLIED MATHEMATICS, AND PROVIDES A WIDE R ANGE OF SERVICES TO THE STAFF, STUDENTS AND FACULTY. THE ORWIG MUSIC LIBRARY HOUSES THE GE NERAL MUSIC COLLECTION ON CAMPUS: MUSIC BOOKS, SCORES, PERIODICALS, SOUND RECORDINGS, VIDE O RECORDINGS, AND MICROFORMS. THE COLLECTION SUPPORTS THE CURRICULUM OF THE MUSIC DEPARTME NT AND PROVIDES MATERIAL FOR GENERAL USE BY THE BROWN COMMUNITY. THE JOHN HAY LIBRARY HOUS ES DIVERSE COLLECTIONS SPANNING MANY SUBJECTS AND TIME PERIODS, WITH PARTICULARLY STRONG C OLLECTIONS IN AMERICAN LITERATURE AND HISTORY, POPULAR CULTURE, MILITARY HISTORY AND ICONO GRAPHY, HISTORY OF SCIENCE AND THE ART AND HISTORY OF THE BOOK. THE ANNMARY BROWN MEMORIAL HOUSES EXHIBITS OF EUROPEAN AND AMERICAN PAINTINGS FROM THE 17TH THROUGH THE 20TH CENTURI ES, THE CYRIL AND HARRIET MAZANSKY BRITISH SWORD COLLECTION, AS WELL AS PERSONAL MEMENTOS OF ITS FOUNDER, GENERAL RUSH C. HAWKINS, AND THE BROWN FAMILY. THE MEMORIAL IS UTILIZED AS A RESOURCE FOR STUDENTS STUDYING EUROPEAN AND AMERICAN ART BETWEEN THE 17TH AND 20TH CENT URY. THE UNIVERSITY'S ART SLIDE LIBRARY HOUSES SLIDES AND PHOTOGRAPHS REPRESENTING ART AND ART-RELATED SUBJECTS, INCLUDING ARCHITECTURE AND ARCHAEOLOGY. STUDENTS WHO ARE WRITING PA PERS OR CREATING PROJECTS ON ART-RELATED TOPICS CAN MAKE RESEARCH CONSULTATIONS BY APPOINT MENT. THE ART SLIDE LIBRARY AL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	SO PROVIDES SCANNING SERVICES FOR FACULTY WHO NEED DIGITAL IMAGES OF VISUAL CULTURE FOR TE ACHING. THE HAFFENREFFER MUSEUM OF ANTHROPOLOGY IS A UNIVERSITY TEACHING MUSEUM WITH COLLE CTIONS OF ETHNOGRAPHIC AND ARCHAEOLOGICAL ARTIFACTS AND ACTIVE PUBLIC EXHIBITIONS AND EDUC ATION PROGRAMS. A CENTRAL FEATURE OF THE MUSEUM'S MISSION IS TO INSTRUCT STUDENTS AT ALL L EVELS IN COURSES AS WELL AS THROUGH ACTIVITIES ENHANCING THE VALUE OF ITS COLLECTIONS BY R ESPONSIBLE, CAREFUL FIELD-DOCUMENTED COLLECTING.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	THE UNIVERSITY ACTS AS THE FISCAL AGENT FOR FUNDS RELATED TO UNIVERSITY AFFILIATED PROGRAMS. THE UNIVERSITY DOES NOT OWN THE FUNDS ASSOCIATED WITH THESE PROGRAMS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT INCOME HELPS FINANCE VITAL ACTIVITIES, INCLUDING UNDERGRADUATE STUDENT SCHOLARSHIPS, PROFESSORSHIPS, GRADUATE STUDENT FELLOWSHIPS, LIBRARY ACQUISITIONS, THE DIVISION OF BIOLOGY AND MEDICINE, ACADEMIC PROGRAMS, VARSITY SPORTS, AND BUILDING MAINTENANCE.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	BROWN UNIVERSITY DOES NOT HAVE A FIN 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, LIABILITY RECORDED IN ITS FINANCIAL STATEMENTS.

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

► Go to *www.irs.gov/Form990EZ* for the latest instructions.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

Part I

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

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

Return Reference	Explanation
RACIALLY NONDISCRIMINATORY POLICY	PART I, LINE 3 THE UNIVERSITY'S POLICY ON NON-DISCRIMINATION IS MADE AVAILABLE ON ITS WEBSITE. THE UNIVERSITY DOES NOT DISCRIMATE ON THE BASIS OF SEX, RACE, COLOR, RELIGION, DISABILITY, STATUS AS A VETERAN, NATIONAL OR ETHNIC ORIGIN, SEXUAL ORIENTATION, GENDER IDENTITY OR GENDER EXPRESSION, IN THE ADMINSTATION OF ITS EDUCATION POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, OR OTHER SCHOOL-ADMINISTERED PROGRAMS.
GOVERNMENT FINANCIAL AID	PART I, LINE 6 THE UNIVERSITY RECEIVED FUNDS FROM VARIOUS GOVERNMENTAL AGENCIES FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED RECIPIENTS AND TO SUPPORT SPONSORED RESEARCH.

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SCHEDULE F (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Brown University

Employer identification number
05-0258809

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

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

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

3 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		1,745			2,964,870,396
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)		1,745			2,964,870,396

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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 . . . . . ▶ 12

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COLUMN F	THE ORGANIZATION REVIEWS ALL FOREIGN WIRE INFORMATION, INTERNATIONAL TRAVEL EXPENSES, AND FOREIGN EXPENDITURES, BASED ON THE CAPABILITIES OF ITS ACCOUNTING SYSTEMS, TO DETERMINE THE AMOUNTS REPORTED ON SCHEDULE F.

Additional Data

Software ID:

Software Version:

EIN: 05-0258809

Name: Brown 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		2,754,209,214
Europe (Including Iceland and Greenland)			Investments		166,167,396

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			Investments		39,585,943
Central America and the Caribbean		39	Program Services	RESEARCH/STUDY ABROAD	183,284

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		247	Program Services	RESEARCH/STUDY ABROAD	740,595
Europe (Including Iceland and Greenland)		804	Program Services	RESEARCH/STUDY ABROAD	2,396,034

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		56	Program Services	RESEARCH/STUDY ABROAD	182,444
North America		308	Program Services	RESEARCH/STUDY ABROAD	378,888

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		24	Program Services	RESEARCH/STUDY ABROAD	85,489
South America		127	Program Services	RESEARCH/STUDY ABROAD	316,174

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		59	Program Services	RESEARCH/STUDY ABROAD	275,964
Sub-Saharan Africa		81	Program Services	RESEARCH/STUDY ABROAD	348,971

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	SUBCONTRACT GRANT AWARD	39,536				FMV
		Sub-Saharan Africa	Subcontract Grant Award	214,104				FMV

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)	Subcontract	48,639				FMV
		Sub-Saharan Africa	Subcontract	124,137				FMV

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	Subcontract	126,962				FMV
		East Asia and the Pacific	Subcontract	150,674				FMV

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	Subcontract	458,889				FMV
		Sub-Saharan Africa	Subcontract	7,492				FMV

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	Subcontract	28,698				FMV
		Europe (Including Iceland and Greenland)	Subcontract	91,878				FMV

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	Subcontract	344,576				FMV
		Sub-Saharan Africa	Subcontract	41,422				FMV

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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**			
Total . . . . . ▶						

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

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

		(a) Event #1 Brown Bear Golf (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	85,370	278,627		363,997
	2 Less: Contributions	22,030	230,499		252,529
	3 Gross income (line 1 minus line 2)	63,340	48,128		111,468
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	145,039	352,804		497,843
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				497,843
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-386,375

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ ----------

Address ▶ ----------

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 3	RHODE ISLAND DOES NOT REQUIRE THE UNIVERSITY TO REGISTER IN ORDER TO SOLICIT FUNDS.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 132

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) UNDERGRADUATE SCHOLARSHIPS/FELLOWSHIPS/STIPENDS	2862	136,317,008			
(2) MEDICAL SCHOOL SCHOLARSHIPS/FELLOWSHIPS/STIPENDS	330	9,791,110			
(3) GRADUATE SCHOLARSHIPS/FELLOWSHIPS/STIPENDS	1978	148,705,922			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	**Explanation**
SCHEDULE I, PART I, LINE 2	GRANT FUNDS ARE MANAGED IN ACCORDANCE WITH BOTH THE SPONSOR AND UNIVERSITY RULES AND REGULATIONS. EXPENDITURES ARE REVIEWED ON A PRE AND POST AUDIT BASIS TO ENSURE THAT THE COSTS INCURRED AND CHARGED TO A PARTICULAR GRANT IS IN COMPLIANCE WITH BOTH THE SPONSOR AND UNIVERSITY POLICIES.
SCHEDULE I, PART III	THE CASH GRANTS ARE REFLECTED ON STUDENTS' ACCOUNTS.

Additional Data

Software ID:
Software Version:
EIN: 05-0258809
Name: Brown University

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AdCare Educational Institute Inc 5 Northampton Street Worcester, MA 01605	04-2418109	501(C)(3)	84,719		FMV		SUBCONTRACT GRANT AWARD
Ann & Robert H Lurie Children's Hosp of Chiacago 225 E Chicago Ave Chicago, IL 60611	36-3357006	501(C)(3)	324,000		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
B&F Consulting 2805 Tobermory Ln Raleigh, NC 27606	55-0873412		106,549		FMV		SUBCONTRACT GRANT AWARD
Bailit Health Purchasing LLC 56 Pickering St 3 Needham, MA 02492	04-3340991		173,078		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Binghamton University 4400 Vestal Pkwy E Binghamton, NY 13902	15-0532275	GOVT	131,991		FMV		SUBCONTRACT GRANT AWARD
Blackrock Microsystems LLC 630 Komas Drive Salt Lake City, UT 84108	26-2659394		18,750		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Blood Center of Wisconsin 628 North 19th Street Milwaukee, WI 53201	39-0807235	501(C)(3)	56,881		FMV		SUBCONTRACT GRANT AWARD
Board of Regents of the University of Wisconsin 21 N Park Street Madison, WI 53715	39-6006492	GOVT	11,950		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Board of Regents University of Nebraska 2200 Vine Street Lincoln, NE 68583	47-0049123	GOVT	357,121		FMV		SUBCONTRACT GRANT AWARD
Board of Regents Nevada System of Higher Edu 2601 ENTERPRISE RD Reno, NV 89512	88-6000024	GOVT	9,372		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boston Medical Center Corporation 88 East Newton Street BOSTON, MA 02118	04-3314093	501(C)(3)	44,954		FMV		SUBCONTRACT GRANT AWARD
Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2921338	501(C)(3)	83,223		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Butler Hospital 345 BLACKSTONE Blvd PROVIDENCE, RI 02906	05-0258812	501(C)(3)	645,995		FMV		SUBCONTRACT GRANT AWARD
California Institute of Technology - MC 170-25 1200 E California Blvd Pasedena, CA 91125	95-1643307	501(C)(3)	158,542		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cambridge Public Health Commission 1493 Cambridge Street Cambridge, MA 02139	04-3320571	501(C)(3)	260,900		FMV		SUBCONTRACT GRANT AWARD
Carnegie Mellon University 5000 Forbes Ave Pittsburgh, PA 15213	25-0969449	501(C)(3)	91,334		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Central Michigan University 304 WARRINER MT PLEASANT, MI 48859	38-6004447	501(C)(3)	435,294		FMV		SUBCONTRACT GRANT AWARD
Children's Hospital Boston 300 Longwood Ave Boston, MA 02115	04-2774441	501(C)(3)	5,906		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027	95-1690977	501(C)(3)	8,506		FMV		SUBCONTRACT GRANT AWARD
Children's Hospital of Philadelphia 3401 Civic Center Philadelphia, PA 19104	23-1352166	501(C)(3)	63,994		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cincinnati Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 44106	31-0833936	501(C)(3)	413,218		FMV		SUBCONTRACT GRANT AWARD
Cleveland VA Medical Research Foundation 10701 East Blvd Cleveland, OH 44106	34-1710663	501(C)(3)	18,750		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
College of Charleston 66 George Street Charleston, SC 29424	57-6000265	501(C)(3)	38,522		FMV		SUBCONTRACT GRANT AWARD
Consorcio Investigacion Sobre VIH SIDA TB CISIDAT 500 Fifth Ave North Seattle, WA 98109	91-1663695	501(C)(3)	81,566		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dartmouth College Office of Sponsored Projects 7 LEBANON STREET HANOVER, NH 03755	02-0222111	501(C)(3)	24,823		FMV		SUBCONTRACT GRANT AWARD
Drexel University-Research Accounting Services 3201 Arch Street Philadelphia, PA 19104	23-1352630	501(C)(3)	55,917		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Duke University 324 Blackwell Street Durham, NC 27701	56-0532129	501(C)(3)	384,204		FMV		SUBCONTRACT GRANT AWARD
Emory University 1762 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)(3)	144,781		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EP Bradley HospitalLifespan 1011 Vete Memo East Providence, RI 02915	05-0258806	501(C)(3)	163,973		FMV		SUBCONTRACT GRANT AWARD
Fenway Community Health Center Inc 1340 Boylston Street Boston, MA 02115	04-2510564	501(C)(3)	238,779		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida International University 11200 SW 8th Street Miami, FL 33199	65-0177616	501(C)(3)	206,719		FMV		SUBCONTRACT GRANT AWARD
Florida State University 600 W College Ave Tallahassee, FL 32306	59-1961248	501(C)(3)	31,482		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Geisinger Clinic 100 N Academy Ave Danville, PA 17822	23-6291113	501(C)(3)	54,552		FMV		SUBCONTRACT GRANT AWARD
Genesis HealthCare 101 E State St Kennet Square, PA 19348	27-3237296		25,000		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Georgetown University - SPFO 37th and O streets NW Washington, DC 20057	53-0196603	501(C)(3)	18,982		FMV		SUBCONTRACT GRANT AWARD
Georgia Tech Research Corporation 760 Spring Street Atlanta, GA 30308	58-6002023	501(C)(3)	25,563		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Harvard Medical School 1033 Massachusetts Ave Cambridge, MA 02138	04-2103580	501(C)(3)	313,692		FMV		SUBCONTRACT GRANT AWARD
Hebrew Rehabilitation Center 1200 Centre Street Boston, MA 02131	04-2104298	501(C)(3)	258,318		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Issara Institute Inc 9510 Horn Ave Nottingham, MD 21236	35-6001678	501(C)(3)	135,771		FMV		SUBCONTRACT GRANT AWARD
Johns Hopkins University 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	703,432		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kent County Memorial Hospital 455 Toll Gate Road Warwick, RI 02886	05-0258896	501(C)(3)	17,964		FMV		SUBCONTRACT GRANT AWARD
Lehigh University - Research Accounting 28 Memorial Dr W Bethlehem, PA 18015	24-0795445	501(C)(3)	32,649		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LSU Health Sciences Center 433 Bolivar Street New Orleans, LA 70112	72-6087770	GOVT	19,573		FMV		SUBCONTRACT GRANT AWARD
Massachusetts General Hospita 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	606,868		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Institute of Technology 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	1,064,703		FMV		SUBCONTRACT GRANT AWARD
McLean Hospital Corporation 115 Mill Street Belmont, MA 02478	04-2697981	501(C)(3)	6,849		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Michigan State University 535 CHESTNUT ROAD EAST LANSING, MI 48824	38-6005984	GOVT	357,332		FMV		SUBCONTRACT GRANT AWARD
Microtissues Inc CONTROLLERS OFF BOX J PROVIDENCE, RI 02912	27-0255723		42,026		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MindSciences Inc 45 Hickory Dr Worcester, MA 01609	27-0231514	501(C)(3)	40,000		FMV		SUBCONTRACT GRANT AWARD
Miriam Hospital 164 Summit Avenue Providence, RI 02906	05-0258905	501(C)(3)	860,957		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Morehouse College 830 Westview Dr SW Atlanta, GA 30314	58-0566205	501(C)(3)	13,582		FMV		SUBCONTRACT GRANT AWARD
Mount Holyoke College 50 College Street South Hadley, MA 01075	04-2103578	501(C)(3)	19,116		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New York Botanical Garden 2900 Southern Blvd The Bronx, NY 10458	13-1693134	501(C)(3)	18,204		FMV		SUBCONTRACT GRANT AWARD
New York University School of Medicine 550 1st avernue New York, NY 10016	37-1592643	501(C)(3)	529,473		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Northwestern University 633 Clark Street Evanston, IL 60208	36-2167817	501(C)(3)	43,734		FMV		SUBCONTRACT GRANT AWARD
Oasis Center Inc 1704 Charlotte Ave Nashville, TN 37203	62-0968273	501(C)(3)	9,348		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Ocean State Research Institute 830 Chalkstone Ave Providence, RI 02908	15-0440574	501(C)(3)	30,512		FMV		SUBCONTRACT GRANT AWARD
Oregon Health & Science University 1121 SW Salmon St Portland, OR 97205	23-7083114	501(C)(3)	184,337		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Pacific Institute For Research & Evaluation 11720 Beltsville Drive Beltsville, MD 20705	94-2243283	501(C)(3)	51,974		FMV		SUBCONTRACT GRANT AWARD
Palo Alto Veterans Institute for Research 3801 Miranda Ave Palo Alto, CA 94304	77-0207331	501(C)(3)	71,196		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Portland State University 1600 SW 4th Ave Portland, OR 97201	93-0619733	501(C)(3)	149,204		FMV		SUBCONTRACT GRANT AWARD
Project Weber 432 R Willi Ave East Providence, RI 02916	46-0964136	501(C)(3)	36,052		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Providence Children's Museum 100 South Street PROVIDENCE, RI 02903	05-0370944	501(C)(3)	34,113		FMV		SUBCONTRACT GRANT AWARD
PruittHealth Inc fka UHS-Pruitt Corporation 1626 Jeurgens Ct Norcross, GA 30093	16-2945517		65,873		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Qualcomm Technologies Inc 5775 Morehouse Dr San Diego, CA 92121	95-3685934		150,000		FMV		SUBCONTRACT GRANT AWARD
Rector and Visitors of the University of Virginia 210 Sprigg Ln Charlottesville, VA 22903	54-6001796	GOVT	20,964		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Regents of the Univeristy California - Davis 1850 Research Park Dr Davis, CA 95618	94-6036494	501(C)(3)	88,281		FMV		SUBCONTRACT GRANT AWARD
Regents of the University of California Irvine 141 Innovation Irvine, CA 92697	95-2226406	501(C)(3)	137,481		FMV		SUBCONTRACT GRANT AWARD

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Regents of the University of California LA 5151 State Uni Dr Los Angeles, CA 90032	95-4044252	501(C)(3)	42,930		FMV		SUBCONTRACT GRANT AWARD
Regents of the University of California San Diego 9500 Gilman Drive La Jolla, CA 92093	95-2872494	501(C)(3)	9,907		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Regents of the Univ of California San Francisco 3333 California St San Francisco, CA 94143	94-6036493	501(C)(3)	175,375		FMV		SUBCONTRACT GRANT AWARD
Regents Of The University Of Michigan 500 S State St Ann Arbor, MI 48109	38-6006309	501(C)(3)	140,487		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Regents of The University of Minnesota 600 Mc N Alumni Ctr Mineapolis, MN 55455	41-6042488	501(C)(3)	16,879		FMV		SUBCONTRACT GRANT AWARD
Regents of University of California 111 Franklin St Oakland, CA 94607	94-3067788	501(C)(3)	182,254		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Research Foundation for State University of NY PO Box 9 Albany, NY 12201	14-1368361	501(C)(3)	91,339		FMV		SUBCONTRACT GRANT AWARD
Research Foundation of CUNY 230 W 41st Street New York, NY 10036	13-1988190	501(C)(3)	46,184		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rhode Island College 600 Mt Pleasant Ave Providence, RI 02908	05-6016315	501(C)(3)	35,475		FMV		SUBCONTRACT GRANT AWARD
Rhode Island Free Clinic Inc 655 Broad St Providence, RI 02907	05-0501276	501(C)(3)	62,718		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rhode Island Hospital 593 Eddy Street Providence, RI 02903	05-0258954	501(C)(3)	1,825,371		FMV		SUBCONTRACT GRANT AWARD
Rhode Island Quality Institute 50 Holden Street Providence, RI 02908	75-3059336	501(C)(3)	103,258		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rhode Island School of Design 2 College St Providence, RI 02908	05-0258956	501(C)(3)	72,872		FMV		SUBCONTRACT GRANT AWARD
Roger Williams University One Old Ferry Rd Bristol, RI 02809	05-0277222	501(C)(3)	18,633		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RTI International PO Box 12194 Resear Triangle Park, NC 27709	56-0686338	501(C)(3)	143,417		FMV		SUBCONTRACT GRANT AWARD
Rutgers The State University of New Jersey 57 US Highway 1 New Brunswick, NJ 08901	22-6001086	501(C)(3)	146,759		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Salve Regina University - Business Office 100 Ochre Point Ave Newport, RI 02840	05-0259080	501(C)(3)	8,584		FMV		SUBCONTRACT GRANT AWARD
Scintillon Institute 6868 Nancy Ridge Dr San Diego, CA 92121	45-4323888	501(C)(3)	190,776		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Smith College 10 Elm Street Northampton, MA 01063	04-1843040	501(C)(3)	19,178		FMV		SUBCONTRACT GRANT AWARD
Spelman College 350 Spelman Lane SW Atlanta, GA 30314	58-0566243	501(C)(3)	24,795		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Stanford University 3145 Porter Drive Palo Alto, CA 94304	94-1156365	501(C)(3)	56,762		FMV		SUBCONTRACT GRANT AWARD
State of Rhode Island - Dept of Public Safety 311 Danielson Pike Scituate, RI 02857	05-6000522	GOVT	10,371		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Team Wendy LLC 17000 St Clair Ave Cleveland, OH 44110	31-1537545		356,962		FMV		SUBCONTRACT GRANT AWARD
Tennessee Department of Education 710 James Robertson Pkwy Nashville, TN 37243	62-6001445	501(C)(3)	10,006		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Texas A&M-Sponsored Research Services 401 G Bush Dr College station, TX 77840	74-2245072	501(C)(3)	357,249		FMV		SUBCONTRACT GRANT AWARD
The Trustees of Columbia University 615 West 131st St New York, NY 10027	13-5598093	501(C)(3)	260,894		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Trustees of Boston University 881 Commonwealth Ave Boston, MA 02215	04-2103547	501(C)(3)	291,205		FMV		SUBCONTRACT GRANT AWARD
Trustees of Columbia University 615 West 131st Street New York, NY 10027	13-5598093	501(C)(3)	32,714		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Trustees of Tufts College 169 Holland Street Somerville, MA 02144	04-2103634	501(C)(3)	9,589		FMV		SUBCONTRACT GRANT AWARD
Truth Initiative 900 G Street Washington, DC 20001	91-1956621	501(C)(3)	37,798		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tufts Medical Center Inc 800 Washington St Boston, MA 02111	04-3400617	501(C)(3)	67,547		FMV		SUBCONTRACT GRANT AWARD
Tufts University School of Medicine 169 Holland Street Somerville, MA 02144	04-2103634	501(C)(3)	158,811		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Alabama at Birmingham 1530 3rd Ave South Birmingham, AL 35294	63-6005369	501(C)(3)	179,333		FMV		SUBCONTRACT GRANT AWARD
University of Arizona 1200 E University Blvd Tucson, AZ 19104	74-2652689	501(C)(3)	12,620		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Arkansas for Medical Science 4301 W Markham Little Rock, AR 72205	71-6056774	501(C)(3)	14,542		FMV		SUBCONTRACT GRANT AWARD
University of California Davis 202 Cousteau Pl Davis, CA 95618	94-6036494	501(C)(3)	25,667		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of California Santa Cruz 2505 Augustine Dr Santa Clara, CA 95054	94-1539563	501(C)(3)	33,781		FMV		SUBCONTRACT GRANT AWARD
University of California Merced 5200 N Lake Rd Merced, CA 95343	94-3250114	501(C)(3)	14,997		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of California San Diego 9500 Gilman Dr La Jolla, CA 92093	95-6006144	501(C)(3)	521,081		FMV		SUBCONTRACT GRANT AWARD
University of Chicago 6054 S Drexel Ave Chicago, IL 60637	36-2177139	501(C)(3)	80,012		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Cincinnati PO Box 210222 Cincinnati, OH 45221	31-6000989	501(C)(3)	74,273		FMV		SUBCONTRACT GRANT AWARD
University Of Connecticut 233 Glennbrook RD Storrs, CT 06269	06-0772160	501(C)(3)	191,708		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Delaware 220 Hullihen Hall Newark, DE 19716	51-6000297	501(C)(3)	246,207		FMV		SUBCONTRACT GRANT AWARD
University Of Florida 219 Grinter Hall Gainesville, FL 32611	59-6002052	501(C)(3)	337,789		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Hawaii 2444 Dole St Honolulu, HI 96822	99-0085260	501(C)(3)	6,548		FMV		SUBCONTRACT GRANT AWARD
University of Houston 4302 University Dr Houston, TX 77204	74-6001399	501(C)(3)	153,783		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Iowa PO Box 4550 Iowa, IA 52244	42-0796760	501(C)(3)	123,049		FMV		SUBCONTRACT GRANT AWARD
University of Maryland Baltimore County 1000 Hilltop Circle Baltimore, MD 21250	52-6002033	501(C)(3)	46,053		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Massachusetts 100 Morrissey Blvd Boston, MA 02125	04-3167352	501(C)(3)	667,098		FMV		SUBCONTRACT GRANT AWARD
University of Miami PO Box 248106 Coral Gables, FL 33124	59-0624458	501(C)(3)	409,115		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Michigan 3003 S State st Ann Arbor, MI 48109	38-6006309	501(C)(3)	90,800		FMV		SUBCONTRACT GRANT AWARD
University of Mississippi Medical Center 2500 North State St Jackson, MS 39216	64-6008520	501(C)(3)	179,631		FMV		SUBCONTRACT GRANT AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of North Carolina 104 Airport Drive Chapel Hill, NC 27599	56-6001393	501(C)(3)	282,027		FMV		Subcontract Grant Award
University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(C)(3)	45,454		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Pittsburgh 116 Atwood Street Pittsburgh, PA 15260	25-0965591	501(C)(3)	661,191		FMV		Subcontract Grant Award
University of Rhode Island 45 Upper College Rd Kingston, RI 02881	05-6000522	501(C)(3)	1,443,721		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Rochester 910 Genesee Street Rochester, NY 14611	16-0743209	501(C)(3)	648,436		FMV		Subcontract Grant Award
University of South Carolina PO Box 84900 Columbia, SC 29208	57-6001153	501(C)(3)	170,652		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Tennessee 1331 Circle Park Dr Knoxville, TN 37916	62-6001636	501(C)(3)	67,251		FMV		Subcontract Grant Award
University of Texas at Austin 101 E 27th St Austin, TX 78712	74-6000203	501(C)(3)	15,937		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University of Utah 332 S 1400 E Salt Lake City, UT 84211	87-6000525	501(C)(3)	107,358		FMV		Subcontract Grant Award
University of Virginia 1001 Emmet St N Charlottesville, VA 22903	54-6001796	GOVT	17,491		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
University Of Washington 4300 Roosevelt Way NE Seattle, WA 98915	91-6001537	501(C)(3)	389,346		FMV		Subcontract Grant Award
Urban Institute 2100 M Street NW Washington, DC 20037	52-0880375	501(C)(3)	42,045		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vanderbilt University 2301 Vanderbilt Pl Nashville, TN 37240	62-0476822	501(C)(3)	368,811		FMV		Subcontract Grant Award
Virginia Polytechnic Institute and State Universit 902 Prices Fork Rd Blackburg, VA 24061	54-0721690	501(C)(3)	375,492		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wake Forest University Health Sciences 1834 Wake Forest Rd Winston Salem, NC 27109	56-0532138	501(C)(3)	14,679		FMV		Subcontract Grant Award
Washington University 700 Rosedale Ave Saint Louis, MO 63112	43-0653611	501(C)(3)	81,407		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Westat Inc 1600 Research Blvd Rockville, MD 20850	84-0529566		522,396		FMV		Subcontract Grant Award
William Marsh Rice University 6100 Main Street Houston, TX 77005	74-1109620	501(C)(3)	168,093		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Women & Infants Hospital Of Rhode Island 101 Dudley Street Providence, RI 02905	05-0258937	501(C)(3)	329,841		FMV		Subcontract Grant Award
Worcester Polytechnic Institute 100 Institute Road Worcester, MA 01609	04-2121659	501(C)(3)	130,061		FMV		Subcontract Grant Award

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yale University PO Box 208239 New Haven, CT 06520	06-0646973	501(C)(3)	1,312,297		FMV		Subcontract Grant Award

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☑ Personal services (e.g., maid, chauffeur, chef)		
b	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	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	RESIDENCE FOR PERSONAL USE WAS PROVIDED TO THE FOLLOWING INDIVIDUALS: PRESIDENT - AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE EMPLOYER, THE PRESIDENT IS REQUIRED TO LIVE IN UNIVERSITY HOUSING. THEREFORE, NONE OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION. PROVOST - AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE EMPLOYER, THE PROVOST IS REQUIRED TO LIVE IN UNIVERSITY HOUSING. THEREFORE, NONE OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION. THE CURRENT PRESIDENT'S HOUSEHOLD SERVICES ASSISTANT PROVIDES SOME PERSONAL SERVICES FOR THE PRESIDENT. THE PRESIDENT REIMBURSES THE UNIVERSITY BY CHECK FOR THESE SERVICES.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	IN LIEU OF A STANDARDIZED WRITTEN POLICY, SENIOR OFFICERS WERE ISSUED AN ADDENDUM TO THEIR COMPENSATION LETTER APPROVED BY THE CHANCELLOR, OUTLINING THE TREATMENT OF THE HOUSING ITEM LISTED IN PART I, LINE 1A.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	IN CONNECTION WITH HER DEPARTURE FROM THE PROVOST POSITION AND RETURN TO FACULTY, THE FORMER PROVOST RECEIVED CERTAIN PAYMENTS WHICH ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	TERMS & CONDITIONS OF SUPPLEMENTAL RETIREMENT PLAN AND PAYMENT FOR 2018: EFFECTIVE JULY 1, 2017, THE UNIVERSITY ENTERED INTO A NEW DEFERRED COMPENSATION AGREEMENT. UNDER THE NEW PLAN THE ORGANIZATION WILL DEPOSIT $200,000 TO THE PRESIDENT'S DEFERRED COMPENSATION ACCOUNT EACH JUNE 30TH THROUGH JUNE 30, 2022. SUCH AMOUNTS WILL VEST OVER THE COURSE OF THE AGREEMENT SO LONG AS THE PRESIDENT REMAINS CONTINUOUSLY EMPLOYED BY THE UNIVERSITY THROUGH EACH VESTING DATE. NO AMOUNTS WERE CREDITED UNDER THIS PLAN IN CALENDAR YEAR 2018. AS PART OF HER EMPLOYMENT AGREEMENT, BARBARA CHERNOW PARTICIPATES IN A DEFERRED COMPENSATION ARRANGEMENT. PURSUANT TO THE TERMS OF THE ARRANGEMENT, MS. CHERNOW WILL RECEIVE A PAYMENT OF 75% OF HER ANNUAL PAY IN JULY 2020, PROVIDED SHE REMAINS EMPLOYED AT THE UNIVERSITY THROUGH THAT DATE. THE ACCRUAL FOR CALENDAR YEAR 2018 IS INCLUDED IN SCHEDULE J, PART II COLUMN C.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	THE UNIVERSITY OFFERS INCENTIVE COMPENSATION TO SENIOR PROFESSIONALS IN THE INVESTMENT OFFICE BASED UPON THE UNIVERSITY'S INVESTMENT PERFORMANCE AND OTHER QUALITATIVE FACTORS. THE FOLLOWING AMOUNTS WERE PAID TO THE FOLLOWING INDIVIDUALS IN CALENDAR YEAR 2018: JANE A. DIETZE $ 702,748 JOSEPH DOWLING $ 561,718 ERICA NOURIJAN $ 275,000 THE UNIVERSITY OFFERS INCENTIVE COMPENSATION TO CERTAIN OTHER INDIVIDUALS AS SIGNING BONUSES AND DEPARTMENT FUNDED BONUSES. THE FOLLOWING AMOUNT WAS PAID TO THE FOLLOWING INDIVIDUAL IN CALENDAR YEAR 2018: SERGIO GONZALEZ $ 60,000

Additional Data

Software ID:
Software Version:
EIN: 05-0258809
Name: Brown University

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRISTINA PAXSON PRESIDENT/FELLOW	(i)	1,004,655	0	67,350	222,000	75,985	1,369,990	0
	(ii)	0	0	0	0	0	0	0
BARBARA CHERNOW EXEC VP OF FIN AND ADMIN	(i)	597,043	0	18,750	109,188	4,011	728,992	0
	(ii)	0	0	0	0	0	0	0
JOSEPH DOWLING CEO of Investment Office	(i)	614,568	561,718	21,302	22,000	49,959	1,269,547	0
	(ii)	0	0	0	0	0	0	0
JACK ELIAS DEAN OF MEDICINE & BIOLOGICAL	(i)	920,124	0	20,951	22,000	18,532	981,607	0
	(ii)	0	0	0	0	0	0	0
KEVIN MCLAUGHLIN DEAN OF FACULTY	(i)	427,155	0	31,800	33,000	30,222	522,177	0
	(ii)	0	0	0	0	0	0	0
JOSEPH CALHOUN VP FIN & CFO	(i)	358,540	0	15,400	22,000	24,748	420,688	0
	(ii)	0	0	0	0	0	0	0
RICHARD LOCKE PROVOST	(i)	681,119	0	43,270	21,583	55,563	801,535	0
	(ii)	0	0	0	0	0	0	0
JILL PIPHER VP OF RESEARCH	(i)	386,979	0	1,891	33,000	433	422,303	0
	(ii)	0	0	0	0	0	0	0
MICHAEL GUGLIELMO VP FOR FACILITIES MGMT	(i)	277,573	0	0	27,500	24,498	329,571	0
	(ii)	0	0	0	0	0	0	0
JANE DIETZE VP & CHIEF INVESTMENT OFFICER	(i)	477,053	702,748	1,003	22,000	26,533	1,229,337	0
	(ii)	0	0	0	0	0	0	0
BESS MARCUS DEAN - SCHOOL OF PUBLIC HEALTH	(i)	607,829	0	68,848	25,000	25,990	727,667	0
	(ii)	0	0	0	0	0	0	0
RAFAEL LA PORTA DRAGO PROFESSOR OF ECONOMICS	(i)	552,543	0	67,780	21,408	41,278	683,009	0
	(ii)	0	0	0	0	0	0	0
ERICA NOURIJAN HEAD OF OPERATIONS-INVESTMENTS	(i)	300,351	275,000	0	21,143	23,697	620,191	0
	(ii)	0	0	0	0	0	0	0
LOUIS RICE CHAIR OF MEDICINE	(i)	647,604	0	21,094	22,000	23,697	714,395	0
	(ii)	0	0	0	0	0	0	0
VICKI COLVIN PROFESSOR OF CHEMISTRY	(i)	331,106	0	261,060	19,250	18,422	629,838	0
	(ii)	0	0	0	0	0	0	0
CLYDE BRIANT FORMER VP OF RESEARCH	(i)	144,934	0	0	18,701	19,179	182,814	0
	(ii)	0	0	0	0	0	0	0
DAVID SAVITZ FORMER VP OF RESEARCH	(i)	254,725	0	20,788	22,000	32,382	329,895	0
	(ii)	0	0	0	0	0	0	0
EDWARD WING FORMER DEAN OF MED AND BIO	(i)	244,021	0	16,292	31,534	9,389	301,236	0
	(ii)	0	0	0	0	0	0	0
SERGIO GONZALEZ SENIOR VP FOR ADVANCEMENT	(i)	679,409	60,000	30,002	20,833	23,441	813,685	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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	RI H&E CORP SERIES 2003A & 2003B	52-1300173	762243CA9	11-13-2003	91,425,000	FINANCE CAPITAL PROJECTS		X		X		X
B	RI H&E BLD CORP SERIES 2005A	52-1300173	762243MY6	10-04-2005	85,500,000	FINANCE CAPITAL PROJECTS		X		X		X
C	RI H&E CORP SERIES 2009	52-1300173	762197DT5	10-01-2009	75,643,750	FIN.CAP.PJT./REFUND COM. PAPER		X		X		X
D	RI H&E CORP SERIES 2011	52-1300173	762197GR6	08-24-2011	80,629,956	CURRENT REFUNDING 2001 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	50,250,000	0	4,848,750	34,469,956
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	91,928,050	87,064,981	75,646,988	80,629,956
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	590,401	526,642	643,750	506,344
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	91,337,649	86,538,339	25,003,238	0
11	Other spent proceeds	0	0	50,000,000	80,123,612
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2006	2011	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
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 ▶		0.128 %		0.020 %		0.026 %		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		0.128 %		0.020 %		0.026 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		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		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
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	JP MORGAN		GOLDMAN SACHS		0		0	
c	Term of hedge	3530 %		2960 %					
d	Was the hedge superintegrated?		X		X				
e	Was the 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		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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A (SERIES 2003)	INCLUDES $503,050 OF INVESTMENT EARNINGS. SCHEDULE K, PART II, LINE 3, COLUMN B (SERIES 2005A) INCLUDES $1,564,981 OF INVESTMENT EARNINGS SCHEDULE K, PART II, LINE 3, COLUMN C (SERIES 2009) INCLUDES $3,239 OF INVESTMENT EARNINGS SCHEDULE K, PART II, LINE 3, COLUMN C (SERIES 2015) INCLUDES $16,964 OF INVESTMENT EARNINGS SCHEDULE K, PART II, LINE 3, COLUMN D (SERIES 2017) INCLUDES $1,708,737 OF INVESTMENT EARNINGS SCHEDULE K, PART III, LINE 9 / PART IV, LINE 7 & PART V BROWN UNIVERSITY CONDUCTS AN ANALYSIS OF ACTIVITIES CONDUCTED WITHIN ITS BOND-FINANCED FACILITIES TO DETERMINE IF THERE IS ANY PRIVATE USE.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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	RI H&E CORP SERIES 2012	52-1300173	762197KD2	07-19-2012	149,807,220	FIN.CAP. PROJECTS/REFUND COM.PAPER		X		X		X
B	RI H&E CORP SERIES 2013	52-1300173	762197PX3	12-04-2013	150,950,167	FIN.CAP.PJT./REFUND 2003A BOND/REF		X		X		X
C	RI H&E CORP SERIES 2015	52-1300173	000000000	10-21-2015	45,000,000	FIN.CAP.PJT./REFUND 2005 BOND		X		X		X
D	RI H&E CORP SERIES 2017	52-1300173	762197VG3	07-19-2017	160,656,503	FIN.CAP.PJT/REFUND 2007 BOND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	31,567,220	21,025,000	2,245,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	149,807,220	150,950,167	45,016,964	162,365,240
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	794,535	755,226	140,000	707,932
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	99,012,685	109,887,521	13,406,964	76,708,737
11	Other spent proceeds	50,000,000	40,307,420	31,470,000	84,948,571
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2014	2016	2018	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
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 ▶		0.011 %		0.016 %		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 ▶								
6	Total of lines 4 and 5		0.011 %		0.016 %				
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		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		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X		X	
b	Exception to rebate?	X							
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
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		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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		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
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. Provide additional information for responses to questions on Schedule K (see instructions).

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) RICHARD LOCKE	PROVOST	PERSONAL		X	200,000	200,000		No		No	Yes	
Total . . . . . ▶ $						200,000						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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) ARTHUR GABINET	FAMILY MEMBER OF OFFICER	22,764	SEASONAL EMPLOYMENT		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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		0	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	740	40,416,958	FMV
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	X	2	0	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PHOTOGRAPHS)	X	5	0	FMV
26 Other ▶ (EVENT EXPENSES)	X	9	0	FMV
27 Other ▶ (APPAREL)	X	3	0	FMV
28 Other ▶ (3D CRYSTAL)	X	1	0	FMV

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.**

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE YEAR.
SCHEDULE M, PART I, LINE 33	NO REVENUE WAS REPORTED ON FORM 990, PART VIII, LINE 1G BECAUSE THE UNIVERSITY'S COLLECTIONS (WHICH INCLUDE WORKS OF ART, HISTORICAL TREASURES & ARTIFACTS) ARE NOT RECOGNIZED AS ASSETS IN THE FINANCIAL STATEMENTS OF THE UNIVERSITY. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR EDUCATION AND RESEARCH PURPOSES.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISSION STATEMENT	TO SERVE THE COMMUNITY, THE NATION, AND THE WORLD BY DISCOVERING, COMMUNICATING, AND PRESE RVING KNOWLEDGE AND UNDERSTANDING IN A SPIRIT OF FREE INQUIRY, AND BY EDUCATING AND PREPAR ING STUDENTS TO DISCHARGE THE OFFICES OF LIFE WITH USEFULNESS AND REPUTATION. BROWN ACCOMP LISHES THIS THROUGH A PARTNERSHIP OF STUDENTS & TEACHERS IN A UNIFIED COMMUNITY CALLED A U NIVERSITY-COLLEGE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INSTRUCTION / ENROLLMENT INCLUDES COST OF SUPPLIES, SALARIES AND BENEFITS ASSOCIATED WITH TEACHING APPROXIMATELY 9,900 STUDENTS (68% UNDERGRADUATE; 26% GRADUATE; 6% MEDICAL). A FAC ULTY OF APPROXIMATELY 1,500 TEACH AND ADMINISTER PROGRAMS IN A VARIETY OF DISCIPLINES, INC LUDING THE HUMANITIES, LIFE/MEDICAL SCIENCES, PHYSICAL SCIENCES AND SOCIAL SCIENCES. THERE ARE NEARLY 100 PROGRAMS OF STUDY OFFERED BETWEEN UNDERGRADUATE COLLEGE, GRADUATE SCHOOL A ND MEDICAL SCHOOL OF THE UNIVERSITY. IN 2019, THE UNIVERSITY AWARDED A TOTAL OF 2,896 BACC ALAUREATE DEGREES AND ADVANCED (MASTER, MEDICAL AND DOCTORATE) DEGREES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	STUDENT AID, FELLOWSHIPS & SCHOLARSHIPS BROWN PROVIDES 100 PERCENT OF DEMONSTRATED NEED FO R ALL AIDED UNDERGRADUATE STUDENTS THAT MATRICULATE. THE UNIVERSITY IS NEED-BLIND FOR DOME STIC STUDENTS (US CITIZENS AND PERMANENT RESIDENTS) AND "NEED-AWARE" FOR INTERNATIONAL AND TRANSFER (BOTH DOMESTIC AND INTERNATIONAL) STUDENTS. INTERNATIONAL AND TRANSFER STUDENTS WHO DO NOT APPLY FOR AID AS PART OF THEIR ADMISSION APPLICATION MAY NOT RECEIVE NEED-BASED SCHOLARSHIPS FROM THE UNIVERSITY. FORTY-FIVE PERCENT OF THE UNDERGRADUATE STUDENT BODY RE CEIVES NEED-BASED FINANCIAL AID. THE AVERAGE FINANCIAL-AID PACKAGE FOR THE CLASS OF 2021 W AS $50,507. SINCE THE CLASS OF 2007, ALL DOMESTIC UNDERGRADUATES ADMITTED AS FRESHMEN AT B ROWN UNIVERSITY WERE ADMITTED UNDER THE UNIVERSITY'S NEEDS-BLIND ADMISSION POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES (EXPENSES $40,527,585) (REVENUE $38,071,125) THE UNIVERSITY ENGAGES IN RESEARCH IN PHYSICAL SCIENCES, HUMANITIES, LIFE SCIENCES AND SOCIAL SCIENCES. THE UNIV ERSITY'S RESEARCH NETWORK FEATURES ADVANCED ACADEMIC INSTITUTES, CENTERS AND FACILITIES TH AT MAKE OUR WORLD RENOWNED RESEARCH POSSIBLE. THESE FACILITIES, WHICH ARE MADE AVAILABLE T O FACULTY AND STUDENTS, ENCOURAGE DISCOVERY AND INNOVATION BY PROVIDING STATE-OF-THE-ART E QUIPMENT AND RESOURCES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	FOREIGN ACCOUNTS THE ORGANIZATION HAS AN INTEREST IN OR A SIGNATURE OR OTHER AUTHORITY OVE R A FINANCIAL ACCOUNT IN THE FOLLOWING FOREIGN COUNTRIES: 1) ITALY 2) FRANCE 3) GERMANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE ADVISORY & EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT (CHAIR), THE CHANCELLOR, THE VICE CHANCELLOR, THE SECRETARY, AND THE TREASURER, ALL EX OFFICIO, AND AT LEAST NINE ADDITIONAL MEMBERS OF THE CORPORATION OF WHOM AT LEAST TWO SHALL BE FELLOWS AND THREE TRUS TEES. THE CHAIRS OF THE COMMITTEES ON ACADEMIC AFFAIRS, BUDGET & FINANCE, CAMPUS LIFE, ADV ANCEMENT, FACILITIES & CAMPUS PLANNING, AUDIT, MEDICAL SCHOOL AND INVESTMENT SHALL ALWAYS BE AMONG THE MEMBERS OF THE ADVISORY & EXECUTIVE COMMITTEE. THREE FELLOWS AND FOUR TRUSTEE S SHALL CONSTITUTE A QUORUM. THE COMMITTEE MAY TRANSACT ANY BUSINESS OF THE CORPORATION EX CEPT THE LOCATION OF BUILDINGS AND THE ELECTION OF TRUSTEES, FELLOWS, AND THE PRESIDENT. I N ADDITION TO THE POWERS OF THE MINOR QUORUM, THE COMMITTEE, BY ACTION OF THE CORPORATION, IS AUTHORIZED TO APPOINT PROFESSORS. THE ACTS OF THE ADVISORY & EXECUTIVE COMMITTEE SHALL BE VALID UNTIL THE NEXT MEETING OF THE CORPORATION, AND NO LONGER UNLESS APPROVED BY THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RALPH ROSENBERG AND TODD FISHER HAVE A BUSINESS RELATIONSHIP AS BOTH SIT ON THE BOARD OF A NOTHER ORGANIZATION. MARIA ZUBER AND BRIAN MOYNIHAN HAVE A BUSINESS RELATIONSHIP AS BOTH S IT ON THE BOARD OF ANOTHER ORGANIZATION. RICH FRIEDMAN AND PABLO SALAME HAVE A BUSINESS RE LATIONSHIP AS BOTH SIT ON THE BOARD OF ANOTHER ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY THE UNIVERSITY AND REVIEWED BY THE UNIVERSITY'S TAX CONSULTANTS. A DRAFT VERSION OF THE FORM 990 IS PROVIDED TO THE CONTROLLER, VICE PRESIDENT for Finance and Chief Financial Officer, EXECUTIVE VICE PRESIDENT FOR FINANCE & ADMINISTRATION, AND T HE AUDIT COMMITTEE FOR REVIEW. CHANGES/COMMENTS ARE SUBMITTED TO MANAGEMENT AND ANY NECESS ARY CHANGES ARE MADE PRIOR TO THE FINAL REVIEW AND SIGNING OF THE TAX RETURN BY THE UNIVER SITY'S INDEPENDENT AUDITORS/TAX CONSULTANTS. THE FINAL TAX RETURN IS PROVIDED TO THE BOARD PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BROWN COMMUNITY ARE RESPONSIBLE FOR READING THE UNIVERSITY'S CONFLICT O F INTEREST AND COMMITMENT POLICY (COICP) AND ITS RELATED GUIDELINES AND TO DISCLOSE POTENT IAL OR ACTUAL CONFLICTS AS THEY ARISE TO THEIR SUPERVISOR OR ASSIGNED SENIOR ADMINISTRATOR . FAILURE TO DO SO WILL BE DEEMED A FAILURE TO MEET ONE'S OBLIGATIONS FOR WHICH SANCTIONS, UP TO AND INCLUDING DISMISSAL, MAY BE IMPOSED. RESPONSIBILITY FOR IMPLEMENTING THE UNIVER SITY'S COICP IS AS FOLLOWS - THE CHANCELLOR FOR MEMBERS OF THE CORPORATION AND ITS STANDIN G COMMITTEES; THE PRESIDENT FOR THE CABINET; AND THE PROVOST FOR OFFICERS OF INSTRUCTION A ND RESEARCH. FOR ALL OTHER MEMBERS OF THE BROWN COMMUNITY, RESPONSIBILITY FOR IMPLEMENTING THE UNIVERSITY'S COICP SHALL REST WITH THE SENIOR VICE PRESIDENT FOR CORPORATION AFFAIRS AND GOVERNANCE. ALL CORPORATION MEMBERS, ALL MEMBERS OF THE CORPORATION'S STANDING COMMITT EES, ALL OFFICERS OF INSTRUCTION, ALL SENIOR OFFICERS, AND SELECTED STAFF SHALL ALSO BE RE SPONSIBLE FOR SUBMITTING AN ANNUAL DISCLOSURE FORM. IF THERE ARE NO DISCLOSURES WHICH PRES ENT A CONFLICT OR APPEAR TO PRESENT A CONFLICT, THE SUPERVISOR SIGNS THE FORM AND FORWARDS IT TO THE ASSIGNED SENIOR ADMINISTRATOR. IF THERE ARE DISCLOSURES WHICH PRESENT A CONFLIC T OR APPEAR TO PRESENT A CONFLICT, THE SUPERVISOR IS RESPONSIBLE FOR WORKING WITH THE EMPL OYEE TO DETERMINE WHETHER A MANAGEMENT PLAN IS WARRANTED, SIGNING THE DISCLOSURE FORM TO A CKNOWLEDGE THAT IT HAS RECEIVED SUPERVISORY REVIEW, AND FORWARDING IT TO THE ASSIGNED SENI OR ADMINISTRATOR FOR THAT EMPLOYEE. FORMS THAT DISCLOSE AFFILIATIONS ARE REQUIRED TO RECEI VE SECONDARY REVIEW AND SIGNATURE BY THE ASSIGNED SENIOR ADMINISTRATOR OR, WHEN THE ASSIGN ED SENIOR ADMINISTRATOR IS ALSO THE EMPLOYEE'S SUPERVISOR, BY THE ASSIGNED SENIOR ADMINIST RATOR'S SUPERVISOR. SENIOR ADMINISTRATORS, AS ASSIGNED BY THE SENIOR VICE PRESIDENT FOR CO RPORATION AFFAIRS AND GOVERNANCE, ARE RESPONSIBLE FOR COLLECTING DISCLOSURE FORMS AND, IF WARRANTED, MANAGEMENT PLANS WITHIN THEIR DIVISIONS AND FORWARDING THEM TO THE OFFICE OF CO RPORATION AFFAIRS AND GOVERNANCE. HUMAN RESOURCES SHALL MAINTAIN EMPLOYEES' DISCLOSURE FOR MS AND RELATED MANAGEMENT PLANS, AND THE UNIVERSITY AUDITOR SHALL PERIODICALLY MONITOR THE FILE TO ENSURE COMPLIANCE WITH THE DISCLOSURE REQUIREMENTS OF THIS POLICY. THE UNIVERSITY 'S INVESTMENT OFFICE ALSO HAS STRICT INVESTMENT POLICIES INTENDED TO MAINTAIN THE HIGHEST ETHICAL AND LEGAL STANDARDS AND AVOID CONFLICTS. ALL MEMBERS OF THE CORPORATION, INCLUDING THE PRESIDENT, DISCLOSE INFORMATION ANNUALLY RELATED TO CONFLICT OF INTEREST AND COMMITME NT. IF THERE IS CONSIDERATION TO HIRE A FIRM THAT COULD POTENTIALLY PRESENT A CONFLICT, TH E INVESTMENT OFFICE SEEKS THE ADVICE AND CONSENT OF THE CORPORATION OFFICE AND GENERAL COU NSEL. ALL MEMBERS OF THE INVESTMENT COMMITTEE MUST RECUSE THEMSELVES AND REFRAIN FROM PART ICIPATION IN CONSIDERATION OF ANY INVESTMENT IN WHICH THEY HAVE AN INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE AUTHORITY TO ESTABLISH AND ADJUST COMPENSATION FOR THE PRESIDENT AND SENIOR STAFF REST S WITH THE CORPORATION COMMITTEE ON SENIOR ADMINISTRATION. SENIOR STAFF INCLUDES OFFICERS REPORTING TO THE PRESIDENT, THE DEANS AND VICE PRESIDENTS OR THEIR EQUIVALENTS WHO REPORT TO THE PROVOST AND/OR THE EXECUTIVE VICE PRESIDENT FOR FINANCE & ADMINISTRATION, ANY OTHER UNIVERSITY EMPLOYEE WHOSE ANNUAL COMPENSATION IS IN EXCESS OF $225,000, AND OTHERS WHOSE RESPONSIBILITIES MIGHT BE DETERMINED TO REFLECT SIGNIFICANT INFLUENCE OVER THE AFFAIRS OF THE UNIVERSITY. THE COMMITTEE CONDUCTS THEIR REVIEW ANNUALLY AND, AS PART OF THEIR REVIEW PROCESS, USES DATA AND INFORMATION FROM SURVEYS REFLECTING INDUSTRY STANDARDS FOR COMPENSA TION, BENEFITS, AND PREREQUISITES OF SENIOR OFFICERS EITHER AT INSTITUTIONS OF HIGHER EDUC ATION OR AT COMPARABLE ENTITIES. DOCUMENTATION OF THIS REVIEW, AS WELL AS ANY DECISIONS MA DE, ARE PREPARED BEFORE THE NEXT MEETING OF THE COMMITTEE ON SENIOR ADMINISTRATION, OR 60 DAYS AFTER THE FINAL ACTIONS OF THE COMMITTEE TO SET SALARIES, WHICHEVER IS LATER. THE COM MITTEE FORMALLY APPROVES THE DOCUMENTATION WITHIN A REASONABLE TIME AFTER IT IS PREPARED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICIES, AND GOVERNING DOCUMENTS (CHARTER AND STATUTES) ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON OUR WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARIAL GAIN/LOSS - SPLIT INTEREST: $ 2,520,364 CHANGE IN PENSION OBLIGATION: $(14,335,8 10) CHANGE IN SWAP LIABILITY: $(13,502,316) CHANGE IN ASSET RETIREMENT LIABILITY: $ (843,6 19) OTHER: $ 1 ---------- TOTAL: $(26,161,380) ==========

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2D	BROWN UNIVERSITY'S FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF THE JOHN NICHOLAS BROWN CE NTER FOR THE STUDY OF AMERICAN CIVILIZATION, BROWN FACULTY CLUB, FARVIEW INCORPORATED (A R EAL ESTATE HOLDING COMPANY), AND KARING. ALL OF WHICH ARE SEPARATE ENTITIES THAT ARE CONSO LIDATED IN THE FINANCIAL STATEMENTS. BROWN UNIVERSITY AND THESE CONSOLIDATED ENTITIES ARE COLLECTIVELY REFERRED TO HEREIN AS THE UNIVERSITY. ALL SIGNIFICANT INTER-ENTITY TRANSACTIO NS AND BALANCES HAVE BEEN ELIMINATED IN CONSOLIDATION.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Brown University

Employer identification number
05-0258809

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BLH Mortgage Holdings LLC 121 South Main ST 9th FL Providence, RI 02903 47-3252442	Investments	DE	0	10,606,290	BROWN
(2) BLH Mortgage Purchaser LLC 121 South Main St 9TH FL Providence, RI 02903 47-3262127	Investments	DE	0	14,760,615	BROWN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)Brown University Research Foundation c/o Brown University Controllers O Providence, RI 02912 05-0390989	Support Brown	RI	501(c)(3)	12	BROWN	Yes	
(2)John Nicholas Brown Center c/o Brown University Controllers O Providence, RI 02912 22-2506553	Support Brown	RI	501(c)(3)	12A	BROWN	Yes	
(3)Farview Inc c/o Brown University Controllers O Providence, RI 02912 22-2665046	Support Brown	RI	501(c)(2)	n/a	BROWN	Yes	
(4)Brown Faculty Club One Magee Street Providence, RI 02912 51-0192393	Support Brown	RI	501(c)(7)	n/a	BROWN	Yes	
(5)KARING 110 S MAIN STREET PROVIDENCE, RI 02912 27-2862779	SUPPORT BROWN	RI	501(c)(4)	N/A	BROWN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MR ARGENT OFFSHORE FUND CB 04 LP 900 THIRD AVENUE 11TH FLOOR NEW YORK, NY 10022 98-1328058	INVESTMENTS	NY	BROWN UNIVERSIT	EXCLUDED	692,454	48,271,003		No	33,781		No	89.943 %
(2) MLAF LP 575 MARKET STREET STE 2028 SAN FRANCISCO, CA 94105 47-5483664	INVESTMENTS	CA	BROWN UNIVERSIT	EXCLUDED	8,966,051	7,863,976		No	0		No	98.790 %
(3) TS TRANSPORT I 228 PARK AVENUE SOUTH NEW YORK, NY 10003 47-3646646	INVESTMENTS	NY	BROWN UNIVERSIT	EXCLUDED	3,431,550	12,188,795		No	2,517,656		No	77.271 %
(4) MOONBASE 1C 459 HAMILTON AVE PALO ALTO, CA 94301 83-2503615	INVESTMENTS	CA	BROWN UNIVERSIT	EXCLUDED	0	5,074,992		No	0		No	68.406 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE GIFT ANNUITY FUND (2)	SUPPORT	MA	NA	TRUST					
(2)CHARITABLE REMAINDER ANNUITY TRUST (6)	SUPPORT	MA	NA	TRUST					
(3)CHARITABLE REMAINDER UNITRUST (70)	SUPPORT	MA	NA	TRUST					
(4)POOLED INCOME (3)	SUPPORT	MA	NA	TRUST					
(5) Brown Cayman I 121 South Main St 9th Fl Providence, RI 02903 98-1182767	INVESTMENTS	CJ	BROWN	C CORP	0	358,336,470	100.000 %	Yes	
(6)KINGSWAY CAPITAL ICAV GEORGES COURT 54-62 TOWNSEND ST DUBLIN L-1855 EI	INVESTMENTS	EI	BROWN	C CORP	1,184,988	61,981,148	61.770 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MLAF LP	B	158,800,000	CASH
(2)MOONBASE 1C LP	B	5,075,000	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART IV, LINE 1	TRUSTS ARE DOMICILED IN MASSACHUSETTS. SCHEDULE R, PART IV, LINE 3 TRUSTS ARE DOMICILED IN MASSACHUSETTS. SCHEDULE R, PART V, LINE 1N & 1O FOR BROWN UNIVERSITY RESEARCH FOUNDATION, JOHN NICHOLAS BROWN CENTER, FAIRVIEW, AND THE BROWN FACULTY CLUB - THE EXPENSES FOR THESE RELATED ORGANIZATIONS ARE PAID DIRECTLY BY BROWN UNIVERSITY. THERE IS NO REIMBURSEMENT PAID BY ANY OF THESE RELATED ORGANIZATIONS TO BROWN UNIVERSITY.