

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable:

<input type="checkbox"/>	Address change	C Name of organization TRUSTEES OF BOSTON UNIVERSITY	D Employer identification number 04-2103547
<input type="checkbox"/>	Name change		
<input type="checkbox"/>	Initial return		
<input type="checkbox"/>	Final return/terminated return Amended return Application pending		
		Doing business as	E Telephone number (617) 353-2290
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 881 COMMONWEALTH AVENUE, 4TH FL	G Gross receipts \$ 3,493,353,651.
		City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02215-1303	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		F Name and address of principal officer: ROBERT A. BROWN, PRESIDENT ONE SILBER WAY BOSTON, MA 02215	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
		J Website: ▶ HTTP://WWW.BU.EDU	H(c) Group exemption number ▶
		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1869 M State of legal domicile: MA

Part I Summary

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	40.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37.
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25,974.
6 Total number of volunteers (estimate if necessary)	6	1,379.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,255,256.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,840,855.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	432,431,459.	539,254,044.
9 Program service revenue (Part VIII, line 2g)	1,630,247,347.	1,719,034,994.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,457,966.	128,713,410.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,683,864.	29,357,854.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,203,820,636.	2,416,360,302.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	402,840,938.	425,815,221.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,040,340,572.	1,082,171,231.
16a Professional fundraising fees (Part IX, column (A), line 11e)	177,830.	103,845.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,540,939.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	542,960,963.	552,944,288.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,986,320,303.	2,061,034,585.
19 Revenue less expenses. Subtract line 18 from line 12	217,500,333.	355,325,717.
20 Total assets (Part X, line 16)	Beginning of Current Year 5,188,726,734.	End of Year 5,890,986,351.
21 Total liabilities (Part X, line 26)	2,301,065,799.	2,490,996,168.
22 Net assets or fund balances. Subtract line 21 from line 20.	2,887,660,935.	3,399,990,183.

Part II Signature Block

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

Sign Here

Signature of officer: *Martin J. Howard* Date: 5/11/18

MARTIN J. HOWARD SVP, CFO, & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARILYN FARLEY Preparer's signature: *Marilyn Farley* Date: 5/10/18

Firm's name: KPMG LLP Firm's EIN: 13-5565207

Firm's address: 60 SOUTH STREET BOSTON, MA 02111 Phone no.: 617-988-1000

Check if self-employed PTIN: P01231880

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	TRUSTEES OF BOSTON UNIVERSITY	04-2103547
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	881 COMMONWEALTH AVENUE, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02215-1303	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Boston University, Office of the Comptroller

Telephone No. ► 617-353-2290 Fax No. ► 617-353-5483

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning July 1, 20 16, and ending June 30, 20 17.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,259,607,932. including grants of \$ 388,955,871.) (Revenue \$ 1,386,341,313.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 235,449,000. including grants of \$ 36,859,350.) (Revenue \$ 15,521,584.)

RESEARCH - WHAT SETS BOSTON UNIVERSITY APART AS A RESEARCH UNIVERSITY IS THE BREADTH AND DEPTH OF ITS RESEARCH AND THE UNIQUELY ENTREPRENEURIAL SPIRIT OF ITS FACULTY. RESEARCHERS AT BU ARE NOT AFRAID TO CROSS DISCIPLINARY BOUNDARIES, AS CAN BE SEEN BY STRATEGIC EFFORTS TO SUPPORT INTERDISCIPLINARY RESEARCH AND EDUCATION IN NEUROSCIENCE, RELIGION AND WORLD AFFAIRS, INTEGRATIVE BIOLOGY, CLEAN ENERGY, SUSTAINABILITY AND THE ENVIRONMENT, HEALTH CARE DELIVERY, AND GLOBAL HEALTH, TO NAME A FEW. IN EACH CASE, THE EMPHASIS IS NOT ON INTERDISCIPLINARITY FOR ITS OWN SAKE, BUT ON USING A MULTIFACETED APPROACH TO SOLVE THE IMPORTANT AND COMPLEX PROBLEMS FACING SOCIETY TODAY.

4c (Code:) (Expenses \$ 228,434,783. including grants of \$) (Revenue \$ 317,172,097.)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 109,548,388. including grants of \$) (Revenue \$)

4e Total program service expenses 1,833,040,103.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe 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:

GILLIAN EMMONS 881 COMMONWEALTH AVENUE, 4TH FLOOR, BOSTON, MA 02215-1303 617-353-2290

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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			
(1) ROBERT A. BROWN PRESIDENT	55.00 1.00	X		X				1,418,222.	0.	419,793.
(2) J. ROBB DIXON TRUSTEE & PROFESSOR	55.00 0.	X						202,852.	0.	34,532.
(3) ROBERT A. KNOX CHAIRMAN (UNTIL 09/15/16)	3.00 0.	X						0.	0.	0.
(4) KENNETH J. FELD CHAIRMAN (AS OF 09/15/16)	3.00 0.	X						0.	0.	0.
(5) J. KENNETH MENGES, JR. TRUSTEE - VICE CHAIRMAN	3.00 0.	X						0.	0.	0.
(6) RICHARD D. REIDY TRUSTEE - VICE CHAIRMAN	3.00 0.	X						0.	0.	0.
(7) WILLIAM D. BLOOM TRUSTEE	3.00 0.	X						0.	0.	0.
(8) RICHARD D. COHEN TRUSTEE	3.00 0.	X						0.	0.	0.
(9) JONATHAN R. COLE TRUSTEE	3.00 0.	X						0.	0.	0.
(10) SHAMIM A. DAHOD TRUSTEE	3.00 0.	X						0.	0.	0.
(11) SUDARSHANA DEVADHAR TRUSTEE	3.00 0.	X						0.	0.	0.
(12) ELAINE ERBEY TRUSTEE (UNTIL 09/15/16)	3.00 0.	X						0.	0.	0.
(13) AHMASS L. FAKAHANY TRUSTEE (AS OF 09/15/16)	3.00 0.	X						0.	0.	0.
(14) MAURICE R. FERRE TRUSTEE	3.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) SANDRA A. FRAZIER TRUSTEE	3.00 0.	X					0.	0.	0.	
16) CAROL N. FULP TRUSTEE	3.00 0.	X					0.	0.	0.	
17) RYAN K. ROTH GALLO TRUSTEE	3.00 0.	X					0.	0.	0.	
18) RONALD G. GARRIQUES TRUSTEE (UNTIL 09/15/16)	3.00 0.	X					0.	0.	0.	
19) RICHARD C. GODFREY TRUSTEE	3.00 0.	X					0.	0.	0.	
20) SUNGEUN HAN-ANDERSEN TRUSTEE	3.00 0.	X					0.	0.	0.	
21) BAHAA R. HARIRI TRUSTEE	3.00 0.	X					0.	0.	0.	
22) ROBERT J. HILDRETH TRUSTEE (UNTIL 09/15/16)	3.00 0.	X					0.	0.	0.	
23) JOHN P. HOWE III TRUSTEE	3.00 0.	X					0.	0.	0.	
24) STEPHEN R. KARP TRUSTEE	3.00 0.	X					0.	0.	0.	
25) RAJEN A. KILACHAND TRUSTEE	3.00 0.	X					0.	0.	0.	
1b Sub-total							1,621,074.	0.	454,325.	
c Total from continuation sheets to Part VII, Section A							5,652,367.	4,837,698.	719,092.	
d Total (add lines 1b and 1c)							7,273,441.	4,837,698.	1,173,417.	

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 **2851**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **283**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ANDREW R. LACK ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(27) PETER J. LEVINE ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(28) KEVIN MERIDA ----- TRUSTEE (AS OF 04/14/17)	3.00 ----- 0.	X						0.	0.	0.
(29) CARLA E. MEYER ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(30) RUTH A. MOORMAN ----- TRUSTEE (AS OF 09/15/16)	3.00 ----- 0.	X						0.	0.	0.
(31) ALICIA C. MULLEN ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(32) PETER T. PAUL ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(33) JACQUES P. PEROLD ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(34) C.A. LANCE PICCOLO ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(35) STUART W. PRATT ----- TRUSTEE (UNTIL 09/15/16)	3.00 ----- 0.	X						0.	0.	0.
(36) ALLEN I. QUESTROM ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2851

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) SHARON G. RYAN ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(38) S.D. SHIBULAL ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(39) RICHARD C. SHIPLEY ----- TRUSTEE (UNTIL 09/15/16)	3.00 ----- 0.	X						0.	0.	0.
(40) HUGO X. SHONG ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(41) BIPPY M. SIEGAL ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(42) KENNETH Z. SLATER ----- TRUSTEE (AS OF 09/15/16)	3.00 ----- 0.	X						0.	0.	0.
(43) MALEK SUKKAR ----- TRUSTEE (AS OF 09/15/16)	3.00 ----- 0.	X						0.	0.	0.
(44) NINA C. TASSLER ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(45) ANDREA L. TAYLOR ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(46) STEPHEN M. ZIDE ----- TRUSTEE	3.00 ----- 0.	X						0.	0.	0.
(47) MARTIN J. HOWARD ----- SR VP, CFO, & TREASURER	55.00 ----- 1.00			X				519,186.	0.	113,134.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2851

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) TODD L. C. KLIPP SR VP, SR COUNSEL, & SECRETARY	55.00 0.			X				532,962.	0.	53,636.
(49) JEAN MORRISON UNIVERSITY PROVOST	55.00 0.				X			768,738.	0.	248,431.
(50) KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	55.00 5.00				X			904,440.	0.	35,920.
(51) GARY W. NICKSA SR VP FOR OPERATIONS	55.00 2.00				X			524,575.	0.	63,469.
(52) TONY TANNOURY PROFESSOR & PHYSICIAN	0. 50.00					X		0.	2,796,830.	53,924.
(53) PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	55.00 0.					X		1,321,585.	0.	55,125.
(54) WILLIAM CREEVY PROFESSOR & PHYSICIAN	0. 54.00					X		0.	1,067,108.	59,224.
(55) CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	55.00 0.					X		1,080,881.	0.	36,013.
(56) ERIC SMITH PROFESSOR & PHYSICIAN	0. 50.00					X		0.	973,760.	216.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2851

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

Section B. Independent Contractors

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

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

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

Part 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						
	b Membership dues	1b						
	c Fundraising events	1c	1,078,576.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	281,971,878.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	256,203,590.					
	g Noncash contributions included in lines 1a-1f: \$		7,874,529.					
	h Total. Add lines 1a-1f			539,254,044.				
	Program Service Revenue	2a TUITION AND FEES			900099	1,386,341,313.	1,386,341,313.	
b AUX SALES & SERVICES			900099	317,172,097.	317,172,097.			
c NON-GOVERNMENT GRANTS			900099	15,521,584.	15,521,584.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				1,719,034,994.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).			70,029,761.		-1,499,355.	71,529,116.
	4 Income from investment of tax-exempt bond proceeds			218,584.			218,584.	
	5 Royalties			3,526,361.			3,526,361.	
	6a Gross rents	(i) Real	36,966,624.					
		(ii) Personal						
		b Less: rental expenses		20,800,303.				
		c Rental income or (loss)		16,166,321.				
	d Net rental income or (loss)			16,166,321.			16,166,321.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,112,756,162.	213,000.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		1,054,250,660.	253,437.			
		c Gain or (loss)		58,505,502.	-40,437.			
	d Net gain or (loss)			58,465,065.		104,862.	58,360,203.	
	8a Gross income from fundraising events (not including \$ 1,078,576. of contributions reported on line 1c). See Part IV, line 18	a		1,704,372.				
		b Less: direct expenses		1,688,949.				
		c Net income or (loss) from fundraising events			15,423.			15,423.
	9a Gross income from gaming activities. See Part IV, line 19	a		0.				
b Less: direct expenses			0.					
c Net income or (loss) from gaming activities				0.			0.	
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold		0.					
	c Net income or (loss) from sales of inventory			0.			0.	
Miscellaneous Revenue			Business Code					
11a ATHLETIC RENTALS			713940	7,370,311.		7,370,311.		
	b PARKING		812930	1,550,880.		1,550,880.		
			722320	631,811.		631,811.		
	c EXTERNAL CONFERENCES/CATERING				96,747.		96,747.	
		d All other revenue			9,649,749.			
e Total. Add lines 11a-11d				9,649,749.				
12 Total revenue. See instructions.				2,416,360,302.	1,719,034,994.	8,255,256.	149,816,008.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,698,579.	33,698,579.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	388,955,871.	388,955,871.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,160,771.	3,160,771.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,509,362.	4,167,463.	463,280.	878,619.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	304,526.	304,526.		
7 Other salaries and wages	832,943,668.	715,964,460.	102,934,307.	14,044,901.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,310,300.	60,435,871.	8,688,873.	1,185,556.
9 Other employee benefits	106,928,982.	91,911,799.	13,214,172.	1,803,011.
10 Payroll taxes	66,174,393.	56,880,814.	8,177,762.	1,115,817.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	2,857,135.		2,857,135.	
c Accounting	718,206.		718,206.	
d Lobbying	327,474.	327,474.		
e Professional fundraising services. See Part IV, line 17.	103,845.			103,845.
f Investment management fees	2,244,332.		2,244,332.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	118,629,298.	107,416,273.	9,335,807.	1,877,218.
12 Advertising and promotion	4,794,448.	4,241,648.		552,800.
13 Office expenses	37,405,298.	35,535,033.	1,496,212.	374,053.
14 Information technology	26,775,166.	8,587,579.	18,039,880.	147,707.
15 Royalties	906,438.	906,438.		
16 Occupancy	153,523,458.	142,758,832.	10,664,098.	100,528.
17 Travel	29,812,772.	25,837,833.	2,828,229.	1,146,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,686,024.	5,071,978.	1,443,720.	1,170,326.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	111,953,464.	101,445,751.	10,507,713.	
23 Insurance	4,463,971.	2,497,801.	1,966,170.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH & LAB SUPPLIES	28,818,735.	28,818,735.		
b BOOKS & PERIODICALS	1,886,354.	1,813,883.	61,021.	11,450.
c DUES & MEMBERSHIPS	7,954,101.	3,896,778.	4,028,925.	28,398.
d EDUCATIONAL SERVICES	7,398,118.	7,398,118.		
e All other expenses	4,789,496.	1,005,795.	3,783,701.	
25 Total functional expenses. Add lines 1 through 24e	2,061,034,585.	1,833,040,103.	203,453,543.	24,540,939.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	520,985,921.	2	458,987,106.
	3 Pledges and grants receivable, net	127,664,883.	3	210,954,034.
	4 Accounts receivable, net	170,674,911.	4	180,548,817.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	9,674,872.	7	9,023,319.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	28,908,030.	9	25,604,081.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3927766835.		
	b Less: accumulated depreciation	10b 1519672577.	2,276,594,577.	10c 2,408,094,258.
	11 Investments - publicly traded securities	780,920,588.	11	1,119,281,694.
	12 Investments - other securities. See Part IV, line 11	1,273,302,952.	12	1,478,493,042.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,188,726,734.	16	5,890,986,351.	
Liabilities	17 Accounts payable and accrued expenses	627,120,333.	17	551,439,256.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	193,683,580.	19	267,325,654.
	20 Tax-exempt bond liabilities	1,000,785,000.	20	1,106,405,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	280,037,975.	23	298,576,886.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	199,438,911.	25	267,249,372.
	26 Total liabilities. Add lines 17 through 25	2,301,065,799.	26	2,490,996,168.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,698,817,676.	27	1,990,739,924.
	28 Temporarily restricted net assets	569,996,541.	28	685,807,541.
	29 Permanently restricted net assets	618,846,718.	29	723,442,718.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,887,660,935.	33	3,399,990,183.
34 Total liabilities and net assets/fund balances	5,188,726,734.	34	5,890,986,351.	

Part XI Reconciliation 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	2,416,360,302.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,061,034,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	355,325,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,887,660,935.
5	Net unrealized gains (losses) on investments	5	167,342,497.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	2,244,332.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,583,298.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,399,990,183.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (80.14%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (82.26%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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.

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
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 .		

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.		
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.		

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).		

Section D. All Type III Supporting Organizations

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

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described 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.		
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 .		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY EXPLANATION

SCHEDULE C, PART II-B, LINE 1

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

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

Part IV Supplemental Information *(continued)*

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON UNIVERSITY

04-2103547

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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 in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1593186499.	1576594417.	1547493496.	1335661496.	1131262496.
b Contributions	160,802,323.	107,883,764.	51,729,011.	44,714,899.	70,974,935.
c Net investment earnings, gains, and losses	211,456,207.	-33,644,386.	32,600,137.	218,204,659.	179,313,345.
d Grants or scholarships	17,591,210.	16,360,403.	14,455,011.	14,560,244.	13,706,973.
e Other expenditures for facilities and programs	39,762,970.	35,000,932.	34,080,533.	31,133,213.	26,777,636.
f Administrative expenses	6,937,967.	6,285,961.	6,692,683.	5,394,101.	5,404,671.
g End of year balance	1901152882.	1593186499.	1576594417.	1547493496.	1335661496.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 42.0000 %
 - b** Permanent endowment 29.0000 %
 - c** Temporarily restricted endowment 29.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	19,839,729.	80,150,975.		99,990,704.
b Buildings	139,182,018.	3047474303.	1099363750.	2,087,292,571.
c Leasehold improvements	27,104,282.	53,759,538.	45,078,112.	35,785,708.
d Equipment	245,118.	334,137,412.	197,576,662.	136,805,868.
e Other		225,873,460.	177,654,053.	48,219,407.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,408,094,258.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVES-HEDGE	646,662,239.	FMV
(B) ALTERNATIVES-NATURAL RESOURCES	84,055,957.	FMV
(C) ALTERNATIVES-PRIVATE	277,479,492.	FMV
(D) ALTERNATIVES-REAL ESTATE	419,215,447.	FMV
(E) RESIDUAL ASSET NOTE	42,684,685.	FMV
(F) SPLIT INTEREST AGREEMENT	8,395,222.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,478,493,042.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	11,845,988.
(3) CAPITAL LEASE OBLIGATION	82,414,066.
(4) DISCOUNTED NOTE OBLIGATION	42,684,685.
(5) FEDERAL PERKINS LOAN ADVANCES	39,254,331.
(6) COND. ASSET RETIREMENT OBLIGATION	14,325,451.
(7) POST-RETIREMENT OBLIGATION	2,700,000.
(8) NON-CORE REAL ESTATE SALE DEPOSIT	74,024,851.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	267,249,372.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

THE UNIVERSITY'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS ON THE STATEMENT IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS RELEASES FROM TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS HAD BEEN RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

SCHEDULE D, PART III, LINE 4

THE UNIVERSITY'S COLLECTIONS CONSIST OF WORKS OF ART, ARTIFACTS, RARE BOOKS, HISTORICAL DOCUMENTS, AND OTHER SIMILAR MATERIALS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED REGULARLY. THE COLLECTIONS ARE SUBJECT TO A DEACCESSION POLICY REQUIRING THAT PROCEEDS FROM THE DISPOSITION OF AN OBJECT BE USED TO SUPPORT THE PRESERVATION AND DEVELOPMENT OF THE UNIVERSITY'S COLLECTIONS.

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND PROVIDES THE UNIVERSITY WITH THE FLEXIBILITY AND FREEDOM TO EMBARK ON NEW DISCIPLINES, TO HIRE ADDITIONAL FACULTY, AND TO BUILD OR UPDATE FACILITIES. IT ENSURES REGULAR FUNDING LEVELS FOR UNIVERSITY DEPARTMENTS, PROGRAMS, AND SCHOLARSHIPS, AND HELPS STEM RISES

Part XIII Supplemental Information *(continued)*

IN TUITION BY SUPPORTING UNIVERSITY OPERATIONS THAT ARE OTHERWISE PAID
FOR WITH STUDENT TUITION AND FEES.

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY'S FINANCIAL STATEMENTS DID NOT REPORT A LIABILITY FOR
UNCERTAIN TAX POSITIONS UNDER FIN 48.

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

Schools

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

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

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I

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

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

SCHEDULE E, PART I, LINE 3

BOSTON UNIVERSITY PROHIBITS DISCRIMINATION AGAINST ANY INDIVIDUAL ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, GENETIC INFORMATION, MILITARY SERVICE, OR BECAUSE OF MARITAL, PARENTAL, OR VETERAN STATUS. THIS POLICY EXTENDS TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES, INCLUDING ADMISSIONS, FINANCIAL ASSISTANCE, EDUCATIONAL AND ATHLETIC PROGRAMS, HOUSING, EMPLOYMENT, COMPENSATION, EMPLOYEE BENEFITS, AND THE PROVIDING OF, OR ACCESS TO, UNIVERSITY SERVICES OR FACILITIES. BOSTON UNIVERSITY RECOGNIZES THAT NON-DISCRIMINATION DOES NOT ENSURE THAT EQUAL OPPORTUNITY IS A REALITY. ACCORDINGLY, THE UNIVERSITY WILL CONTINUE TO TAKE AFFIRMATIVE ACTION TO ACHIEVE EQUAL OPPORTUNITY THROUGH RECRUITMENT, OUTREACH, AND INTERNAL REVIEWS OF POLICIES AND PRACTICES. INQUIRIES REGARDING THE APPLICATION OF THIS POLICY SHOULD BE ADDRESSED TO THE EXECUTIVE DIRECTOR OF EQUAL OPPORTUNITY, 19 DEERFIELD STREET, BOSTON, MA 02115 (617-353-9286).

SCHEDULE E, PART I, LINE 6A

BOSTON UNIVERSITY PARTICIPATES IN SEVERAL FEDERAL FINANCIAL AID PROGRAMS INCLUDING THE FEDERAL PELL GRANT PROGRAM AND THE FEDERAL WORK STUDY PROGRAM; IN ADDITION THE UNIVERSITY RECEIVES FEDERAL GRANTS AND CONTRACTS IN SUPPORT OF ITS RESEARCH MISSION. FEDERAL AGENCIES PROVIDING SUPPORT FOR UNIVERSITY RESEARCH AND TRAINING INCLUDED THE NATIONAL INSTITUTES OF HEALTH, THE NATIONAL SCIENCE FOUNDATION, THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF ENERGY, AND THE US AGENCY FOR INTERNATIONAL DEVELOPMENT.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			FUNDRAISING		286,221.
(2) EUROPE			FUNDRAISING		102,860.
(3) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		70,156.
(4) NORTH AMERICA			FUNDRAISING		21,375.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING		183,845.
(6) EUROPE			GRANTMAKING		582,608.
(7) NORTH AMERICA			GRANTMAKING		185,400.
(8) SOUTH AMERICA			GRANTMAKING		468,243.
(9) SOUTH ASIA			GRANTMAKING		321,687.
(10) SUB-SAHARAN AFRICA			GRANTMAKING		1,361,808.
(11) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		439,068,336.
(12) EAST ASIA AND THE PACIFIC			INVESTMENTS		24,764.
(13) EUROPE			INVESTMENTS		51,991,069.
(14) NORTH AMERICA			INVESTMENTS		16,449,612.
(15) SOUTH ASIA			INVESTMENTS		4,724,245.
(16) CENTRAL AMERICA/CARIBBEAN	1.	9.	PROGRAM SERVICES	RESEARCH	398,659.
(17) EAST ASIA AND THE PACIFIC	1.	7.	PROGRAM SERVICES	RESEARCH	904,751.
3a Sub-total	2.	16.			517,145,639.
b Total from continuation sheets to Part I	20.	287.			53,847,019.
c Totals (add lines 3a and 3b)	22.	303.			570,992,658.

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

Schedule F (Form 990) 2016

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE		6.	PROGRAM SERVICES	RESEARCH	2,907,991.
(2) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH	124,896.
(3) NORTH AMERICA			PROGRAM SERVICES	RESEARCH	535,768.
(4) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	RESEARCH	144,419.
(5) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	142,947.
(6) SOUTH ASIA			PROGRAM SERVICES	RESEARCH	198,855.
(7) SUB-SAHARAN AFRICA	1.	5.	PROGRAM SERVICES	RESEARCH	6,340,400.
(8) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SEMINAR	184,532.
(9) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEMINAR	751,250.
(10) EUROPE			PROGRAM SERVICES	SEMINAR	1,256,140.
(11) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINAR	108,982.
(12) NORTH AMERICA			PROGRAM SERVICES	SEMINAR	187,648.
(13) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	SEMINAR	13,816.
(14) SOUTH AMERICA			PROGRAM SERVICES	SEMINAR	79,687.
(15) SOUTH ASIA			PROGRAM SERVICES	SEMINAR	140,762.
(16) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEMINAR	96,725.
(17) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	54,928.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	4.	51.	PROGRAM SERVICES	STUDY ABROAD	7,927,382.
(2) EUROPE	15.	198.	PROGRAM SERVICES	STUDY ABROAD	31,217,802.
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	252,775.
(4) NORTH AMERICA		14.	PROGRAM SERVICES	STUDY ABROAD	126,084.
(5) SOUTH AMERICA		7.	PROGRAM SERVICES	STUDY ABROAD	766,547.
(6) SOUTH ASIA		4.	PROGRAM SERVICES	STUDY ABROAD	127,845.
(7) SUB-SAHARAN AFRICA		2.	PROGRAM SERVICES	STUDY ABROAD	158,838.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	298,689.	CHECK			
(2)			NORTH AMERICA	RESEARCH	45,675.	CHECK			
(3)			EAST ASIA/PACIFIC	RESEARCH	41,316.	WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH	68,932.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	103,802.	CHECK			
(6)			SUB-SAHARAN AFRICA	RESEARCH	20,000.	WIRE			
(7)			NORTH AMERICA	RESEARCH	69,501.	CHECK			
(8)			EAST ASIA/PACIFIC	RESEARCH	120,029.	WIRE			
(9)			EAST ASIA/PACIFIC	RESEARCH	22,500.	WIRE			
(10)			SOUTH ASIA	RESEARCH	6,036.	WIRE			
(11)			SOUTH ASIA	RESEARCH	315,651.	WIRE			
(12)			SUB-SAHARAN AFRICA	RESEARCH	46,330.	WIRE			
(13)			NORTH AMERICA	RESEARCH	17,995.	CHECK			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	49,978.	WIRE			
(15)			SOUTH AMERICA	RESEARCH	415,993.	CHECK			
(16)			SUB-SAHARAN AFRICA	RESEARCH	11,800.	WIRE			

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. ▶ _____

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	236,299.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	36,243.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	30,195.	WIRE			
(4)			NORTH AMERICA	RESEARCH	52,229.	WIRE			
(5)			SOUTH AMERICA	RESEARCH	52,250.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	6,566.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH	9,134.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	14,553.	WIRE			
(9)			SUB-SAHARAN AFRICA	RESEARCH	978,447.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH	29,623.	WIRE			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 18.

3 Enter total number of other organizations or entities. 8.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDENT FINANCIAL AID	EAST ASIA/PACIFIC	2.	23,500.			TUITION	COST
(2) STUDENT FINANCIAL AID	EUROPE/ICELAND/GREENLAND	5.	33,680.			TUITION	COST
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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; do not file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

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

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

SCHEDULE F, PART I, LINE 3

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

**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.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EDWARD HERBSTMAN	FUNDRAISING CONSULTANT		X		62,850.	
2 GREATER PUBLIC	FUNDRAISING CONSULTANT		X		14,130.	
3 KLJD CONSULTING	FUNDRAISING CONSULTANT		X		14,750.	
4 UPSTATEMENT, LLC	FUNDRAISING CONSULTANT		X		12,115.	
5						
6						
7						
8						
9						
10						
Total					103,845.	

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

ALL STATES

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

		(a) Event #1		(b) Event #2		(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WBUR VALENTINE	WBUR MOTHER ' S	5.		(total number)		
		(event type)		(event type)				
Revenue	1	Gross receipts		1,076,442.	949,845.	756,661.	2,782,948.	
	2	Less: Contributions		168,882.	351,340.	558,354.	1,078,576.	
	3	Gross income (line 1 minus line 2)		907,560.	598,505.	198,307.	1,704,372.	
Direct Expenses	4	Cash prizes				0.		
	5	Noncash prizes				310,065.	310,065.	
	6	Rent/facility costs				85,792.	85,792.	
	7	Food and beverages		2,413.	762.	2,065.	5,240.	
	8	Entertainment				28,928.	28,928.	
	9	Other direct expenses		647,875.	544,350.	66,699.	1,258,924.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶						1,688,949.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶						15,423.

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALTERNATIVES FOR COMMUNITY & ENVIRONMENT 2201 WASHINGTON ST #302 ROXBURY, MA 02119	04-3228509	501C3	5,600.				RESEARCH
(2) AMERICAN ACADEMY OF PEDIATRICS 36957 EAGLE WAY CHICAGO, IL 60678	36-2275597	501C3	42,533.				RESEARCH
(3) AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191	36-2261602	501C3	1,119,746.				RESEARCH
(4) AMERICAN INSTITUTES FOR RESEARCH PO BOX 28126 NY, NY 10087	25-0965219	501C3	40,554.				RESEARCH
(5) AMERICAN UNIVERSITY 4400 MASS AVE NW WASHINGTON, DC 20016	53-0196549	501C3	26,714.				RESEARCH
(6) AURITEC PHARMACEUTICALS, INC. 2285 E FOOTHILL BLVD PASADENA, CA 91107	84-1629188		74,961.				RESEARCH
(7) BAY AREA BIOSCIENCE CENTER 250 E GRAND AVE SAN FRANCISCO, CA 94080	94-3118621	501C3	481,587.				RESEARCH
(8) BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501C3	220,430.				RESEARCH
(9) BECTON, DICKINSON AND COMPANY 21 DAVIS DR RESEARCH TRIANGLE PK, NC 27709	22-0760120		35,748.				RESEARCH
(10) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501C3	715,375.				RESEARCH
(11) BETHEL UNIVERSITY 3900 BETHEL DRIVE ST PAUL, MN 55112	41-0708577	501C3	19,512.				RESEARCH
(12) BOARD OF TRUSTEES OF STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501C3	58,854.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOARD OF TRUSTEES OF UNIVERSITY OF IL 28392 NETWORK PLACE CHICAGO, IL 60673	37-6000511	STATE OF IL	28,483.				RESEARCH
(2) BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118	04-3160480	501C3	120,306.				RESEARCH
(3) BOSTON HOUSING AUTHORITY 52 CHAUNCY ST BOSTON, MA 02111	04-6001907	STATE OF MA	23,772.				RESEARCH
(4) BOSTON MEDICAL CENTER 660 HARRISON AVE BOSTON, MA 02118	04-3314093	501C3	786,799.				RESEARCH
(5) BOSTON PUBLIC HEALTH COMMISSION 1010 MASS AVE 6TH FL BOSTON, MA 02118	04-3316655	STATE OF MA	28,566.				RESEARCH
(6) BOSTON VA RESEARCH INSTITUTE, INC. 150 SOUTH HUNTINGTON AVE BOSTON, MA 02130	04-3081524	501C3	26,111.				RESEARCH
(7) BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM, MA 02454	04-2103552	501C3	93,493.				RESEARCH
(8) BROOKLYN BUREAU COMMUNITY SERVICE 285 SCHERMERHORN STREET BROOKLYN, NY 11217	11-1630780	501C3	18,917.				RESEARCH
(9) BROWN UNIVERSITY PO BOX 1911 PROVIDENCE, RI 02912	05-0258809	501C3	481,737.				RESEARCH
(10) CARDIOVASCULAR ENGINEERING, INC. 1 EDGEWATER DRIVE NORWOOD, MA 02062	04-3428135		316,000.				RESEARCH
(11) CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH, MA 15250	25-0969449	501C3	70,242.				RESEARCH
(12) CASA ESPERANZA INC PO BOX 191540 ROXBURY, MA 02119	22-2525437	501C3	88,012.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTRAL TEXAS VETERANS RESEARCH FOUNDATION 1901 SOUTH 1ST ST TEMPLE, TX 76504	74-2623309	501C3	31,252.				RESEARCH
(2) CHILDRENS HOSPITAL CORPORATION PO BOX 414413 BOSTON, MA 02241	04-2774441	501C3	1,092,522.				RESEARCH
(3) CIDARA THERAPEUTICS INC 6310 NANCY RIDGE DR SAN DIEGO, CA 92121	46-1537286		25,991.				RESEARCH
(4) CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 44193	34-0714585	501C3	53,449.				RESEARCH
(5) CODMAN SQUARE HEALTH CENTER, INC 637 WASHINGTON STREET DORCHESTER, MA 02124	04-2678774	501C3	11,974.				RESEARCH
(6) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	STATE OF CO	118,264.				RESEARCH
(7) COMMONWEAL PO BOX 316, 451 MESA RD BOLINAS, CA 94924	94-2366094	501C3	6,000.				RESEARCH
(8) COMMONWEALTH CARE ALLIANCE INC 30 WINTER ST, 12TH FL BOSTON, MA 02108	04-3756900	501C3	42,261.				RESEARCH
(9) COMMONWEALTH OF MASSACHUSETTS 250 WASHINGTON ST BOSTON, MA 02108	04-6002284	STATE OF MA	5,751.				RESEARCH
(10) CONTRAFECT CORP 28 WELLS AVE 3RD FL YONKERS, NY 10701	39-2072586		51,471.				RESEARCH
(11) CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501C3	64,684.				RESEARCH
(12) DALLAS VA RESEARCH CORPORATION PO BOX 516 LANCASTER, TX 75146	75-2329831	501C3	31,288.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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(1) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501C3	87,290.				RESEARCH
(2) DENVER RESEARCH INSTITUTE 1055 CLERMONT ST, VAMC 151 DENVER, CO 80220	84-1392442	501C3	137,749.				RESEARCH
(3) DIMAGI, INC. 585 MASSACHUSETTS AVE. CAMBRIDGE, MA 02139	83-0343298		38,733.				RESEARCH
(4) DREXEL UNIVERSITY P.O. BOX 95000-1010 PHILADELPHIA, PA 19195	23-1352630	501C3	99,482.				RESEARCH
(5) DUKE UNIVERSITY 2200 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501C3	386,106.				RESEARCH
(6) EASTMAN KODAK COMPANY 343 STATE STREET ROCHESTER, NY 14650	16-0417150		17,406.				RESEARCH
(7) EDUCATIONAL TESTING SERVICE PO BOX 371986 PITTSBURGH, PA 15251	21-0634479	501C3	103,570.				RESEARCH
(8) EMMANUEL COLLEGE 400 THE FENWAY BOSTON, MA 02115	04-2105769	501C3	6,232.				RESEARCH
(9) EMORY UNIVERSITY 1599 CLIFTON RD NE ATLANTA, GA 30322	58-0566256	501C3	243,660.				RESEARCH
(10) ENDICOTT COLLEGE 376 HALE ST BEVERLY, MA 01915	04-2103567	501C3	26,025.				RESEARCH
(11) ENTASIS THERAPEUTICS INC 35 GATEHOUSE DRIVE WALTHAM, MA 02451	47-3440942		27,604.				RESEARCH
(12) FENWAY COMMUNITY HEALTH CENTER INC. 1340 BOYLSTON STREET BOSTON, MA 02215	04-2510564	501C3	16,388.				RESEARCH

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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

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(1) FIKST LLC 45 INDUSTRIAL PKWY 2ND FL WOBURN, MA 01801	20-3934602		167,080.				RESEARCH
(2) FORGE THERAPEUTICS INC 3210 MERRYFIELD ROW SAN DIEGO, CA 92121	80-0940055		30,893.				RESEARCH
(3) FORSYTH DENTAL INFIRMARY FOR CHILDREN 245 FIRST STREET CAMBRIDGE, MA 02142	04-2104230	501C3	78,926.				RESEARCH
(4) FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604	23-1352635	501C3	73,227.				RESEARCH
(5) FRAUNHOFER USA, INC. PO BOX 673308 DETROIT, MI 48267	38-3203030	501C3	105,590.				RESEARCH
(6) GAYLORD HOSPITAL, INC. GAYLORD FARM ROAD WALLINGFORD, CT 06492	06-0646649	501C3	46,659.				RESEARCH
(7) GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057	53-0196603	501C3	46,450.				RESEARCH
(8) GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501C3	83,356.				RESEARCH
(9) HEALTH RESEARCH, INC. 150 BROADWAY SUITE 560 MENANDS, NY 12204	14-1402155	501C3	284,058.				RESEARCH
(10) HEALTH RESOURCES IN ACTION INC 95 BERKELEY STREET BOSTON, MA 02116	04-2229839	501C3	5,705.				RESEARCH
(11) HEBREW REHABILITATION CENTER 1200 CENTRE STREET BOSTON, MA 02131	04-2104298	501C3	86,114.				RESEARCH
(12) HEBREW SENIORLIFE, INC. 1200 CENTRE STREET BOSTON, MA 02131	90-0183119	501C3	8,977.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1) HOLYOKE HEALTH CENTER INC. P. O. BOX 6260 HOLYOKE, MA 01041	04-2492730	501C3	190,714.				RESEARCH
(2) HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE. NEW BRITAIN, CT 06053	06-0646766	501C3	22,667.				RESEARCH
(3) IMPACT MARKETING AND COMMUNICATIONS 10219 GRN HOLLY TER SILVER SPRING, MD 20902	16-1694206		18,728.				RESEARCH
(4) IMPAQ INTERNATIONAL LLC 10420 LI'L PATUXENT PKWY COLUMBIA, MD 21044	52-2293877		63,981.				RESEARCH
(5) INDIANA UNIVERSITY PO BOX 78000 DEPT 78896 DETROIT, MI 48278	35-6001673	STATE OF IN	55,762.				RESEARCH
(6) INNOVATIONS FOR POVERTY ACTION 101 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1660068	501C3	320,825.				RESEARCH
(7) INFERTOX INC 600 STEWART ST STE 1101 SEATTLE, WA 98101	91-1684217		48,164.				RESEARCH
(8) IOWA STATE UNIVERSITY COLLEGE OF VET 2221 WANDA DALEY DR AMES, IA 50011	42-6004224	501C3	99,453.				RESEARCH
(9) JAEB CENTER FOR HEALTH RESEARCH INC 15310 AMBERLY DRIVE STE 350 TAMPA, FL 33647	59-3187624	501C3	152,859.				RESEARCH
(10) JOHNS HOPKINS UNIV APPLIED PHYSICS 11100 JOHNS HOPKINS ROAD LAUREL, MD 20723	52-0595111		72,737.				RESEARCH
(11) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	52-0595110	501C3	440,823.				RESEARCH
(12) JOSLIN DIABETES CENTER, INC. ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501C3	73,649.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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(1) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST. OAKLAND, CA 94612	94-1105628	501C3	7,959.				RESEARCH
(2) MANAGEMENT SCIENCES FOR HEALTH 200 RIVERS EDGE DR #320 MEDFORD, MA 02155	04-2482188	501C3	9,090.				RESEARCH
(3) MAPP BIOPHARMACEUTICAL, INC 6160 LUSK BLVD SAN DIEGO, CA 92121	20-0037593		75,645.				RESEARCH
(4) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE. CAMBRIDGE, MA 02139	04-2103594	501C3	1,113,704.				RESEARCH
(5) MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD. JACKSONVILLE, FL 32224	59-3337028	501C3	368,138.				RESEARCH
(6) MEDICAL COLLEGE OF WISCONSIN, INC. 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501C3	39,314.				RESEARCH
(7) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE STE 805 CHARLESTON, SC 29425	57-6000722	STATE OF SC	43,659.				RESEARCH
(8) MICROBIOTIX INC ONE INNOVATION DRIVE WORCESTER, MA 01605	06-1538344		69,969.				RESEARCH
(9) MIDDLE TENNESSEE RESEARCH INSTITUTE 1310 24TH AVE SOUTH NASHVILLE, TN 37212	62-1387860	501C3	207,944.				RESEARCH
(10) MIRIAM HOSPITAL 1 HOPPIN ST. PROVIDENCE, RI 02903	05-0258905	501C3	302,990.				RESEARCH
(11) MOLECULAR NEUROIMAGING LLC 60 TEMPLE ST STE 8A NEW HAVEN, CT 06510	06-1594851		33,471.				RESEARCH
(12) MONTCLAIR STATE UNIVERSITY 1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-2912682	STATE OF NJ	34,360.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
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(1) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PL. NEW YORK, NY 10029	13-6171197	501C3	46,986.				RESEARCH
(2) MULTNOMAH COUNTY 421 SW OAK ST STE 210 PORTLAND, OR 97204	93-6002309	STATE OF OR	22,583.				RESEARCH
(3) NEW MEXICO MUSEUM OF NATURAL HISTORY P O BOX 25446 ALBUQUERQUE, NM 87125	85-0257595	501C3	6,873.				RESEARCH
(4) NEW YORK SOC - RELIEF OF RUPTURED&CRIPPLED 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501C3	17,250.				RESEARCH
(5) NEW YORK UNIVERSITY PO BOX 415026 BOSTON, MA 02241	13-5562308	501C3	262,375.				RESEARCH
(6) NORTH CAROLINA STATE UNIVERSITY BOX 7214 RALEIGH, NC 27695	56-6000756	STATE OF NC	5,939.				RESEARCH
(7) NORTH SHORE-LIJ CONTRACT RESEARCH ORG LLC 972 BRUSH HOLLOW ROAD WESTBURY, NY 11590	46-4469806		13,733.				RESEARCH
(8) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE. BOSTON, MA 02115	04-1679980	501C3	945,819.				RESEARCH
(9) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501C3	64,568.				RESEARCH
(10) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FORT LAUDERDALE, FL 33314	59-1083502	501C3	22,721.				RESEARCH
(11) OHIO UNIVERSITY 1 OHIO UNIV. W UNION ST ATHENS, OH 45701	31-6402113	501C7	13,875.				RESEARCH
(12) OSU OREGON STATE UNIVERSITY 312 KERR ADMIN BUILDING CORVALLIS, OR 97331	48-1278540	STATE OF OR	64,684.				RESEARCH

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2016

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Department of the Treasury
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Employer identification number

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(1) PATHFINDER INTERNATIONAL 9 GALEN STREET #217 WATERTOWN, MA 02472	53-0235320	501C3	59,902.				RESEARCH
(2) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501C3	940,201.				RESEARCH
(3) PROPEL CAREERS 1 BROADWAY 14TH FL CAMBRIDGE, MA 02142	27-1093470		33,600.				RESEARCH
(4) RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 90407	95-1958142	501C3	62,213.				RESEARCH
(5) RECTOR AND VISITORS OF THE UNIV. OF VA PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501C3	206,920.				RESEARCH
(6) REGENTS OF THE UNIV OF CA BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	501C3	48,440.				RESEARCH
(7) REGENTS OF THE UNIV OF CA SAN DIEGO 9500 GILLMAN DR MC 0009 LA JOLLA, CA 92093	95-6006144	501C3	57,603.				RESEARCH
(8) REGENTS OF THE UNIV OF CA SANTA BARBARA SAASB BLDG RM 1212 SANTA BARBARA, CA 93106	95-6006145	501C3	74,188.				RESEARCH
(9) REGENTS OF THE UNIV. OF CA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	501C3	671,617.				RESEARCH
(10) REGENTS OF THE UNIV. OF CA RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 92521	95-6006142	501C3	21,993.				RESEARCH
(11) REGENTS OF THE UNIV. OF CA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6035493	STATE OF CA	266,038.				RESEARCH
(12) REGENTS OF THE UNIV. OF CA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	94-1539563	501C3	64,651.				RESEARCH

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
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(1) REGENTS OF THE UNIVERSITY OF CA IRVINE ACCTNG OFFICE BIO SCIENCE IRVINE, CA 92697	95-2226406	501C3	126,370.				RESEARCH
(2) REGENTS OF THE UNIVERSITY OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	501C3	35,055.				RESEARCH
(3) REGENTS OF THE UNIVERSITY OF IDAHO 875 PERIMETER DR, MS 3020 MOSCOW, ID 83844	82-6000945	501C3	199,474.				RESEARCH
(4) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	41-6007513	501C3	18,046.				RESEARCH
(5) REGENTS UNIV. OF CA LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095	95-6006143	501C3	870,819.				RESEARCH
(6) REHABILITATION INSTITUTE OF CHICAGO 345 E SUPERIOR STREET CHICAGO, IL 60611	36-2256036	501C3	7,058.				RESEARCH
(7) RENNIE CENTER FOR EDUCATION RESEARCH 114 STATE STREET 3RD FL BOSTON, MA 02109	51-0548106	501C3	115,636.				RESEARCH
(8) REPROTECT, INC. 703 STAGS HEAD RD BALTIMORE, MD 21286	65-1167586		66,084.				RESEARCH
(9) RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY #301 MENANDS, NY 12204	14-1410842	501C3	14,217.				RESEARCH
(10) RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501C3	827,601.				RESEARCH
(11) RIVERSIDE COMMUNITY CARE, INC. 270 BRIDGE ST, STE 301 DEDHAM, MA 02026	04-3097170	501C3	80,197.				RESEARCH
(12) ROWAN UNIVERSITY 40E LAUREL RD STRATFORD, NJ 08084	22-2764819	STATE OF NJ	15,612.				RESEARCH

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST #277 CHICAGO, IL 60612	36-2174823	501C3	168,316.				RESEARCH
(2) RUTGERS, THE STATE UNIVERSITY 3 RUTGERS PLAZA NEW BRUNSWICK, NJ 08901	22-6001086	501C3	308,853.				RESEARCH
(3) SALUS UNIVERSITY 8360 OLD YORK ROAD ELKINS PARK, PA 19027	23-1413680	501C3	124,725.				RESEARCH
(4) SAN ANTONIO FIGHTING BACK INC 2803 EAST COMMERCE SAN ANTONIO, TX 78203	03-0418327	501C3	10,443.				RESEARCH
(5) SEATTLE CHILDRENS HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98145	91-0564748	501C3	85,822.				RESEARCH
(6) SEATTLE INST - BIOMEDICAL&CLINICAL RESEARCH 1660 S COLUMBIAN WAY SEATTLE, WA 98108	91-1452438	501C3	70,997.				RESEARCH
(7) SENSIMETRICS CORPORATION 14 SUMMER STREET MALDEN, MA 02148	04-2973546		76,013.				RESEARCH
(8) SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION 1201 NW 16TH ST #2A103 MIAMI, FL 33125	65-0207903	501C3	22,849.				RESEARCH
(9) STATE OF MARYLAND 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	STATE OF MD	55,090.				RESEARCH
(10) TEMPLE UNIVERSITY OF THE COMMONWEALTH PO BOX 824242 PHILADELPHIA, PA 19182	23-1365971	501C3	53,254.				RESEARCH
(11) TETRAPHASE PHARMACEUTICALS INC 480 ARSENAL STREET WATERTOWN, MA 02472	20-5276217		16,439.				RESEARCH
(12) THE BOARD OF TRUSTEES OF THE UNIV. OF AR 4301 WEST MARKHAM LITTLE ROCK, AR 72205	71-6046242	STATE OF AR	41,835.				RESEARCH

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

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Schedule I (Form 990) (2016)

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(1) THE BRIGHAM & WOMENS HOSPITAL, INC. P.O. BOX 3887 BOSTON, MA 02241	04-2312909	501C3	1,257,336.				RESEARCH
(2) THE BROAD INSTITUTE INC. 415 MAIN ST NE30-7031 CAMBRIDGE, MA 02142	26-3428781	501C3	94,433.				RESEARCH
(3) THE BROOKLYN HOSPITAL CENTER 121 DEKALB AVENUE BROOKLYN, NY 11201	11-1630755	501C3	24,984.				RESEARCH
(4) THE CHILDRENS HOSPITAL OF PHILADELPHIA LB#1457, PO BOX 8500 PHILADELPHIA, PA 19178	23-1352166	501C3	332,248.				RESEARCH
(5) THE FEINSTEIN INSTITUTE FOR MEDICAL 350 COMMUNITY DRIVE MANHASSET, NY 11030	11-2673595	501C3	28,415.				RESEARCH
(6) THE FLORIDA STATE UNIVERSITY PO BOX 3064166 TALLAHASSEE, FL 32306	59-1961248	501C3	7,727.				RESEARCH
(7) THE GENERAL HOSPITAL CORPORATION 529 MAIN STREET CHARLESTOWN, MA 02241	04-2697983	501C3	2,560,192.				RESEARCH
(8) THE GENEVA FOUNDATION 917 PACIFIC AVE STE 600 AR TACOMA, WA 98402	91-1593913	501C3	136,470.				RESEARCH
(9) THE GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL. ASHBURN, VA 20147	53-0196584	501C3	121,943.				RESEARCH
(10) THE HENRY M. JACKSON FDN - MILITARY MED 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501C3	87,523.				RESEARCH
(11) THE LEARNING CENTER FOR THE DEAF, INC 848 CENTRAL STREET FRAMINGHAM, MA 01701	23-7064431	501C3	143,438.				RESEARCH
(12) THE MASS INSTITUTE FOR A NEW COMMONWEALTH 11 BEACON STREET SUITE 500 BOSTON, MA 02108	04-3271457	501C3	53,388.				RESEARCH

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Schedule I (Form 990) (2016)

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2016

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(1) THE MENTAL HEALTH CTR OF GREATER MANCHESTER 401 CYPRESS STREET MANCHESTER, NH 03103	02-0258994	501C3	116,045.				RESEARCH
(2) THE OREGON PARTNERSHIP INC 5100 SW MACADAM AVE PORTLAND, OR 97239	93-0725294	501C3	11,875.				RESEARCH
(3) THE PENNSYLVANIA STATE UNIVERSITY 227 W BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	501C3	187,813.				RESEARCH
(4) THE REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501C3	110,757.				RESEARCH
(5) THE RESEARCH FOUNDATION OF SUNY P. O. BOX 9 ALBANY, NY 12201	14-1368361	501C3	40,137.				RESEARCH
(6) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501C3	27,072.				RESEARCH
(7) THE SPAULDING REHABILITATION HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2551124	501C3	27,503.				RESEARCH
(8) THE THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	36-2518901	501C3	168,950.				RESEARCH
(9) THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501C3	75,841.				RESEARCH
(10) THE TRUSTEES OF PURDUE UNIVERSITY 23510 NETWORK PL AP SPS CHICAGO, IL 60673	35-6002041	501C3	81,335.				RESEARCH
(11) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DR HUNTSVILLE, AL 35899	63-0520830	STATE OF AL	57,135.				RESEARCH
(12) THE UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD. TUCSON, AZ 85719	74-2652689	STATE OF AZ	54,901.				RESEARCH

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(1) THE UNIVERSITY OF CHICAGO 6054 SO DREXEL AVE STE300 CHICAGO, IL 60637	36-2177139	501C3	49,213.				RESEARCH
(2) THE UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	14,949.				RESEARCH
(3) THE UNIVERSITY OF SOUTH CAROLINA 718 DEVINE ST COLUMBIA, SC 29208	57-6001153	501C3	47,787.				RESEARCH
(4) THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7159 AUSTIN, TX 78713	74-6000203	STATE OF TX	226,938.				RESEARCH
(5) THOMAS JEFFERSON UNIVERSITY 170S INDEPEND. MALLW PHILADELPHIA, PA 19106	23-1352651	501C3	147,813.				RESEARCH
(6) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501C3	123,075.				RESEARCH
(7) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY RD HANOVER, NH 03755	02-0222111	501C3	480,793.				RESEARCH
(8) TRUSTEES OF TUFTS COLLEGE 136 HARRISON AVE BOSTON, MA 02111	04-2103634	501C3	403,599.				RESEARCH
(9) US CIVILIAN RESEARCH & DEVELOPMENT FDN 1776 WILSON BLVD STE300 ARLINGTON, VA 22209	54-1773406	501C3	44,237.				RESEARCH
(10) UNIVERSITY CORP FOR ATMOSPHERIC RESEARCH PO BOX 3000 BOULDER, CO 80307	84-0412668	501C3	82,508.				RESEARCH
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE. S BIRMINGHAM, AL 35294	63-6005396	501C3	15,421.				RESEARCH
(12) UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501C3	86,064.				RESEARCH

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Schedule I (Form 990) (2016)

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(1) UNIVERSITY OF GEORGIA RESEARCH FOUNDATION 240A RIVERBEND RD BOX 5333 ATHENS, GA 30602	58-1353149	501C3	113,479.				RESEARCH
(2) UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570, SPFAC, LAFAYETTE, LA 70504	72-6000820	STATE OF LA	165,633.				RESEARCH
(3) UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	STATE OF MA	794,748.				RESEARCH
(4) UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501C3	71,075.				RESEARCH
(5) UNIVERSITY OF NEW ENGLAND 2803 EAST COMMERCE BIDDEFORD, ME 04005	01-0211810	501C3	57,491.				RESEARCH
(6) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501C3	36,496.				RESEARCH
(7) UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DR. NEW ORLEANS, LA 70148	72-0702000	STATE OF LA	53,995.				RESEARCH
(8) UNIVERSITY OF NC - CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501C3	288,385.				RESEARCH
(9) UNIVERSITY OF NORTHERN COLORADO 501 20TH ST GREELEY, CO 80639	84-6000546	STATE OF CO	13,573.				RESEARCH
(10) UNIVERSITY OF NOTRE DAME DU LAC 836A GRACE HALL RSPA NOTRE DAME, IN 46556	35-0868188	501C3	39,897.				RESEARCH
(11) UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501C3	335,512.				RESEARCH
(12) UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501C3	347,208.				RESEARCH

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(1) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501C3	46,028.				RESEARCH
(2) UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP ST #300 MEMPHIS, TN 38163	62-6001636	501C3	13,866.				RESEARCH
(3) UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	501C3	210,037.				RESEARCH
(4) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 1898 SAN ANTONIO, TX 78297	74-1586031	501C3	500,219.				RESEARCH
(5) UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120 DEPT #750 DALLAS, TX 75266	74-6000949	STATE OF TX	69,489.				RESEARCH
(6) UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	501C3	198,860.				RESEARCH
(7) UNIVERSITY OF VERMONT & STATE AGRICULTURE PO BOX 1389 WILLISTON, VT 05495	03-0179440	501C3	79,672.				RESEARCH
(8) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501C3	171,082.				RESEARCH
(9) UNIVERSITY OF WISCONSIN 1220 LINDEN DRIVE MADISON, WI 53278	39-1805963	501C3	93,615.				RESEARCH
(10) US ARMY MEDICAL RESEARCH INSTITUTE 1425 PORTER STREET FT DETRICK, MD 21702	46-4337478	DEPT OF DEFENSE	49,992.				RESEARCH
(11) USGS NATIONAL CENTER MS 270 MS 271 NATIONAL CENTER RESTON, VA 20192	53-0196958	US GEO SURVEY	6,035.				RESEARCH
(12) UT MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 77210	74-6001118	501C3	182,380.				RESEARCH

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(1) VA INSTITUTE OF MARINE SCIENCE P. O. BOX 1346 GLOUCESTER POINT, VA 23062	54-6001802		6,568.				RESEARCH
(2) VANDERBILT UNIVERSITY MEDICAL CENTER 500 ROSS STREET PITTSBURGH, PA 15262	35-2528741	501C3	90,184.				RESEARCH
(3) VETERANS MEDICAL RESEARCH FOUNDATION 3350 LAJOLLA VILLAGE DR SAN DIEGO, CA 92161	33-0189397	501C3	58,986.				RESEARCH
(4) VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 RICHMOND, VA 23284	54-6001758	501C3	70,740.				RESEARCH
(5) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112	43-0653611	501C3	278,967.				RESEARCH
(6) WEILL MEDICAL COLLEGE OF CORNELL 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	501C3	23,331.				RESEARCH
(7) WESTAT, INC. PO BOX 1004 ROCKVILLE, MD 20850	84-0529566		248,518.				RESEARCH
(8) WILLIAM MARSH RICE UNIVERSITY PO BOX 1892, MS 74 HOUSTON, TX 77251	74-1109620	501C3	274,759.				RESEARCH
(9) WINDSOR HOSPITAL CORPORATION 289 COUNTY ROAD WINDSOR, VT 05089	03-0183721	501C3	8,128.				RESEARCH
(10) WOODS HOLE OCEANOGRAPHIC INSTITUTION 569 WOODS HOLE ROAD WOODS HOLE, MA 02543	04-2105850	501C3	381,051.				RESEARCH
(11) WORCESTER STATE UNIVERSITY 486 CHANDLER ST, A339B WORCESTER, MA 01602	04-2760551	STATE OF MA	6,260.				RESEARCH
(12) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646973	501C3	649,842.				RESEARCH

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX, NY 10461	13-1624225	501C3	75,653.				RESEARCH
(2) YOUNGOV AMERICA INC 805 VETERANS BLVD REDWOOD CITY, CA 94063	98-0547173		84,470.				RESEARCH
(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 ▶ 180.

3 Enter total number of other organizations listed in the line 1 table ▶ 26.

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION & STIPEND FOR STUDENT & POST-DOC FELLOWS	17,452.	388,955,871.		COST	TUITION OFFSET
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

SCHEDULE I, PART III

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

04-2103547

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a	X	
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT A. BROWN PRESIDENT	(i) 1,012,150.	0.	406,072.	165,573.	254,220.	1,838,015.	113,125.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
2	J. ROBB DIXON TRUSTEE & PROFESSOR	(i) 158,541.	0.	44,311.	26,835.	7,697.	237,384.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
3	MARTIN J. HOWARD SR VP, CFO, & TREASURER	(i) 488,952.	0.	30,234.	35,260.	77,874.	632,320.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
4	TODD L. C. KLIPP SR VP, SR COUNSEL, & SECRETARY	(i) 428,000.	0.	104,962.	35,260.	18,376.	586,598.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
5	JEAN MORRISON UNIVERSITY PROVOST	(i) 712,646.	0.	56,092.	85,260.	163,171.	1,017,169.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
6	KAREN H. ANTMAN MEDICAL CAMPUS PROVOST	(i) 831,650.	0.	72,790.	35,260.	660.	940,360.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
7	GARY W. NICKSA SR VP FOR OPERATIONS	(i) 495,339.	0.	29,236.	35,260.	28,209.	588,044.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
8	TONY TANNOURY PROFESSOR & PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 256,703.	0.	2,540,127.	29,960.	23,964.	2,850,754.	0.	
9	PUSHKAR MEHRA PROFESSOR & ORAL SURGEON	(i) 435,676.	648,017.	237,892.	29,960.	25,165.	1,376,710.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
10	WILLIAM CREEVY PROFESSOR & PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 258,810.	132,978.	675,320.	35,260.	23,964.	1,126,332.	0.	
11	CLARISSA HUNNEWELL CHIEF INVESTMENT OFFICER	(i) 627,200.	408,701.	44,980.	35,260.	753.	1,116,894.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
12	ERIC SMITH PROFESSOR & PHYSICIAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 197,220.	0.	776,540.	0.	216.	973,976.	0.	
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I

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

SCHEDULE J, PART I, LINE 1A

(1) HOUSING ALLOWANCE: AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, PRESIDENT ROBERT BROWN AND PROVOST JEAN MORRISON WERE BOTH REQUIRED TO LIVE IN UNIVERSITY RESIDENCES. AMOUNTS REPORTED IN COLUMN D INCLUDE, IN ADDITION TO OTHER NON-TAXABLE BENEFITS, THE ESTIMATED FAIR MARKET RENTAL VALUE OF THE UNIVERSITY-PROVIDED RESIDENCE, BASED UPON AN INDEPENDENT OPINION OF VALUE AND WITHOUT ANY ALLOCATION OR REDUCTION FOR UNIVERSITY USE OF THE PREMISES, FOR PRESIDENT BROWN (\$235,447) AND PROVOST MORRISON (\$138,753).

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.

(2) FIRST-CLASS TRAVEL: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, ALL EMPLOYEES ARE REIMBURSED FOR ECONOMY AIRFARE. EXCEPTIONS FOR TRAVEL INVOLVING AN EXTENDED PERIOD OF TIME ARE PERMITTED IN ACCORDANCE WITH THE TERMS OF THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR FIRST-CLASS TRAVEL. TRAVEL FOR BUSINESS PURPOSES, INCLUDING FIRST-CLASS TRAVEL, IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO TRAVELED FIRST-CLASS DURING CALENDAR YEAR 2016.

(3) TRAVEL FOR COMPANIONS: IN ACCORDANCE WITH THE UNIVERSITY'S TRAVEL AND BUSINESS EXPENSE GUIDELINES, BOSTON UNIVERSITY ALLOWS COMPANION TRAVEL FOR BONA FIDE BUSINESS PURPOSES. ALL SUCH CASES REQUIRE THE PRIOR WRITTEN APPROVAL OF AN AUTHORIZED SENIOR EXECUTIVE. THE PRESIDENT'S EMPLOYMENT AGREEMENT ALLOWS FOR SPOUSAL TRAVEL. COMPANION TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT IS THE ONLY INDIVIDUAL REPORTED ON FORM 990, PART VII WHO UTILIZED COMPANION TRAVEL DURING CALENDAR YEAR 2016.

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.

(4) TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: FROM TIME TO TIME, BOSTON UNIVERSITY MAY PROVIDE CERTAIN PAYMENTS THAT HAVE BEEN GROSSED-UP FOR TAX PURPOSES. ALL SUCH CASES INVOLVING THE UNIVERSITY'S SENIOR EXECUTIVES REQUIRE THE APPROVAL OF THE BOARD OF TRUSTEES. FOR CALENDAR YEAR 2016, NO INDIVIDUAL REPORTED ON FORM 990, PART VII RECEIVED THIS BENEFIT.

SCHEDULE J, PART I, LINE 4B

(1) UNDER A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, ON AUGUST 1, 2016, PRESIDENT BROWN RECEIVED AN AMOUNT EQUAL TO 30% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. THIS AMOUNT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. UPON VESTING, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$288,063 WAS DISTRIBUTED TO PRESIDENT BROWN IN CALENDAR YEAR 2016 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION. THE PORTION OF THE AMOUNT DISTRIBUTED WHICH WAS PREVIOUSLY REPORTED AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON SCHEDULE J, PART II, COLUMN C OF PRIOR FORMS 990 IS \$113,125. THIS AMOUNT IS THEREFORE REPORTED ON THIS YEAR'S SCHEDULE J, PART II, COLUMN F.

Part III Supplemental Information

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

UNDER THE SAME SUPPLEMENTAL RETIREMENT PLAN, ON AUGUST 1, 2017, PRESIDENT BROWN WAS TO BECOME ENTITLED TO RECEIVE AN AMOUNT EQUAL TO 30% OF HIS BASE SALARY FOR THE PRECEDING 12-MONTH PERIOD. PRESIDENT BROWN'S RIGHT TO SUCH PAYMENT WAS SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS AS WELL AS A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, SUPPLEMENTAL RETIREMENT PLAN COMPENSATION OF \$130,313 WAS ACCRUED FOR PRESIDENT BROWN IN CALENDAR YEAR 2016 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION.

(2) UNDER A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, ON JUNE 30, 2017, PROVOST MORRISON WAS TO RECEIVE A CREDIT OF \$100,000 THAT ACCRUED DURING THE PRECEDING 12-MONTH PERIOD. SUBJECT TO THE PERFORMANCE OF FUTURE SERVICES AND OTHER CONDITIONS, PROVOST MORRISON'S RIGHTS IN THE PLAN WILL BECOME VESTED ON JULY 1, 2020, AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL THAT DATE. ACCORDINGLY, DEFERRED COMPENSATION OF \$50,000 WAS ACCRUED FOR PROVOST MORRISON IN CALENDAR YEAR 2016 AND IS REPORTED ON SCHEDULE J, COLUMN C AS RETIREMENT AND OTHER DEFERRED

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.

COMPENSATION.

(3) AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION ALSO INCLUDE CONTRIBUTIONS MADE BY THE UNIVERSITY IN CALENDAR YEAR 2016 TO AN IRC SECTION 457(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO PROVIDE FUTURE RETIREMENT BENEFITS TO PRESIDENT BROWN AND TODD KLIPP.

SCHEDULE J, PART I, LINE 6A

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

SCHEDULE J, PART I, LINE 7

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

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.

SUCH POSITIONS.

SCHEDULE J, PART II

THIS SCHEDULE INCLUDES EACH OF THE UNIVERSITY'S CURRENT AND FORMER OFFICERS, TRUSTEES, KEY EMPLOYEES, AND FIVE MOST HIGHLY COMPENSATED EMPLOYEES FOR WHOM THE SUM OF CALENDAR YEAR 2016 REPORTABLE COMPENSATION AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ENTITIES WAS GREATER THAN \$150,000.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MASS DEV FIN AGENCY - SERIES AA-1 AND AA-2	04-3431814	NONE	09/30/2015	162,740,000.	REFUNDING 2005 BOND ISSUE		X		X		X
B MASS DEV FIN AGENCY -SERIES U1, U2, U3, U4, U5, U6	04-3431814	57583RWD3	05/15/2008	536,365,000.	PARTIAL REF/CAP PROJ/PROP ACQ	X			X		X
C MASS DEV FIN AGENCY-SER. BB-1, BB-2,AND BB-3(2016)	04-3431814	57584XWV9	11/08/2016	231,838,996.	CAP PROJ/ADV REF 2008 & 2009 BONDS		X		X		X
D MASS DEV FIN AGENCY - SERIES X (2013)	04-3431814	57583UVL9	04/30/2013	120,736,790.	CAPITAL PROJECTS		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			89,375,000.					
2 Amount of bonds legally defeased			50,000,000.					
3 Total proceeds of issue	162,740,000.		539,836,174.		232,127,032.		120,780,965.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows							734,856.	
7 Issuance costs from proceeds			863,269.		1,035,243.			
8 Credit enhancement from proceeds			727,358.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			202,745,547.		51,199,096.		120,046,109.	
11 Other spent proceeds	162,740,000.		335,500,000.		105,744,237.			
12 Other unspent proceeds					74,148,456.			
13 Year of substantial completion			2012				2015	
	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	

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	

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

Schedule K (Form 990) 2016

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A (2) MASS DEV FIN AGENCY-SER. Y, Z-1, AND Z-2(2014)	04-3431814	57583UL89	09/30/2014	108,370,000.	REFUNDING 2004 & 2009 BOND ISSUES		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	108,370,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	108,370,000.							
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

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

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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.7900 %		.0848 %					
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 57900 %		.0848 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	MERRILL LYNCH							
c Term of hedge	25.000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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

SCHEDULE K, PART I, LINE A

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

SCHEDULE K, PART I, LINE B

MDFA SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS IN THE AMOUNT OF \$536,365,000 WERE ISSUED TO CURRENTLY REFUND MDFA SERIES R AND MASSACHUSETTS HEFA SERIES Q BONDS, ISSUED IN 2002 AND 2001, RESPECTIVELY, IN THE AMOUNT OF \$336,365,000. THE BALANCE OF SERIES U PROCEEDS IN THE AMOUNT OF \$200,000,000 WERE NEW MONEY BONDS.

SCHEDULE K, PART I, LINE C

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

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

COLUMN B: TOTAL PROCEEDS OF \$539,836,174 IS COMPRISED OF THE ISSUE PRICE

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

IN THE AMOUNT OF \$536,365,000 AND INVESTMENT EARNINGS TOTALING
\$3,471,174.

COLUMN C: TOTAL PROCEEDS OF \$232,127,032 IS COMPRISED OF THE ISSUE PRICE
IN THE AMOUNT OF \$231,838,996 AND INVESTMENT EARNINGS TOTALING \$288,036.

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

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

COLUMN B: COST OF ISSUANCE IN THE AMOUNT OF \$863,269 IS COMPRISED OF
ISSUANCE COSTS TOTALING \$364,667 AND UNDERWRITERS DISCOUNT IN THE AMOUNT
OF \$498,602.

COLUMN C: COST OF ISSUANCE IN THE AMOUNT OF \$1,035,243 IS COMPRISED OF
ISSUANCE COSTS TOTALING \$607,924 AND UNDERWRITERS DISCOUNT IN THE AMOUNT
OF \$427,319.

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

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

OF \$300,327.

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

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

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATION FOR MDFA SERIES T1 BOND, WHICH WAS REFUNDED BY MDFA SERIES AA-1 AND AA-2 BONDS, WAS PERFORMED IN JUNE 2010. THE REBATE COMPUTATION FOR THE SERIES U-1, U-2, U-3, U-4, U-5, AND U-6 BONDS WAS PERFORMED IN MAY 2013.

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

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

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

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

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

SCHEDULE K, PART I, LINE A(2)

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

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

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FELD ENTERTAINMENT, INC.	SEE PART V	664,742.	SEE PART V	X	
(2) J. LAWFORD ANDERSON	SEE PART V	163,596.	EMPLOYMENT COMPENSATION		X
(3) KEITH A. BROWN	SEE PART V	140,931.	EMPLOYMENT COMPENSATION		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 1

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

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

SCHEDULE L, PART IV, LINE 2

(B) FAMILY MEMBER OF UNIVERSITY PROVOST JEAN MORRISON.

SCHEDULE L, PART IV, LINE 3

(B) FAMILY MEMBER OF PRESIDENT ROBERT BROWN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
TRUSTEES OF BOSTON UNIVERSITY

Employer identification number
04-2103547

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1 .	2,000 .	INDEP. APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		480 .	INDEP. APPRAISAL
5 Clothing and household goods	X		700 .	INDEP. APPRAISAL
6 Cars and other vehicles	X	1,253 .	714,847 .	NET PROCEEDS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	257 .	5,963,415 .	MEAN PRICE ON DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7 .	425,818 .	INDEP. APPRAISAL
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		15 .	767,269 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, PART I

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

SCHEDULE M, PART I, LINE 32B

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

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
EVENT SUPPORT	X	7.	20,470.	EVENT SUPPORT COST
EQUIP - MED, RESEARCH, EDU	X	1.	3,575.	INDEP. APPRAISAL
DONATED AUCTION ITEMS	X	7.	743,224.	INDEP. APPRAISAL
TOTALS		<u>15.</u>	<u>767,269.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

04-2103547

ORGANIZATION'S MISSION

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

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

FORM 990, PART III, LINE 4A

INSTRUCTION -

BOSTON UNIVERSITY TODAY IS ONE OF THE MOST DYNAMIC, FORWARD-LOOKING PRIVATE RESEARCH UNIVERSITIES IN THE WORLD, WITH STUDENTS AND FACULTY WHO ARE IMMersed IN INNOVATIVE EDUCATIONAL PROGRAMS AT THE FRONTIERS OF SCHOLARSHIP AND RESEARCH AND IN PUBLIC SERVICE, ALL IN A 21ST-CENTURY ATMOSPHERE OF URBAN AND GLOBAL ENGAGEMENT. WITH 17 SCHOOLS AND COLLEGES ON ITS TWO CAMPUSES, BOSTON UNIVERSITY OFFERS ITS STUDENTS MORE THAN 250 PROGRAMS OF STUDY IN THE LIBERAL ARTS, SCIENCE AND ENGINEERING, HEALTH SCIENCE, THE ARTS, AND OTHER PROFESSIONAL DISCIPLINES. STUDENTS COME FROM ALL OVER THE GLOBE AND STUDY AROUND THE WORLD THROUGH 90+ STUDY-ABROAD PROGRAMS OFFERING OPPORTUNITIES IN 35 CITIES ON 6 CONTINENTS. BOSTON UNIVERSITY FACULTY ARE COMMITTED TO EXCELLENCE IN TEACHING AND IN PATH-BREAKING RESEARCH AND SCHOLARSHIP. THROUGH THEIR RESEARCH, SCHOLARSHIP, AND CREATIVE ENDEAVORS, THEY ARE EXPANDING THE BOUNDARIES OF KNOWLEDGE ACROSS DISCIPLINES, FROM MOLECULAR MEDICINE, BIOLOGICAL

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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EVOLUTION, AND HIGH-ENERGY PHYSICS TO MANAGEMENT, POETRY, AND THE PERFORMING ARTS. THE UNIVERSITY PLACES A STRONG EMPHASIS ON THE INTERDISCIPLINARY AND COLLABORATIVE EFFORTS OF BOTH FACULTY AND STUDENTS, WITH MAJOR INITIATIVES IN EMERGING AREAS SUCH AS NEUROSCIENCE, SYSTEMS BIOLOGY, PHOTONICS, ENGINEERING BIOLOGY, DATA SCIENCE, URBAN HEALTH, AND GLOBAL HEALTH AND DEVELOPMENT, AS WELL AS RESEARCH AND TREATMENTS FOR EMERGING INFECTIOUS DISEASES.

FORM 990, PART III, LINE 4D

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

FOREIGN ACCOUNTS

FORM 990, PART V, LINE 4B

BOSTON UNIVERSITY HAS BANK ACCOUNTS IN FOREIGN COUNTRIES. THESE ACCOUNTS FUND THE OPERATIONS OF THE UNIVERSITY'S UNDERGRADUATE AND GRADUATE OVERSEAS PROGRAMS.

FOREIGN COUNTRIES INCLUDE (ATTACHMENT 1 CONTINUED):

ZAMBIA

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

WITH CERTAIN EXCEPTIONS SPECIFIED IN THE UNIVERSITY'S BY-LAWS OR OTHERWISE REQUIRED BY LAW, THE EXECUTIVE COMMITTEE EXERCISES THE POWERS OF THE BOARD OF TRUSTEES BETWEEN FULL BOARD MEETINGS. THE COMMITTEE HOLDS

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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MEETINGS DURING MOST MONTHS WHEN THE FULL BOARD DOES NOT MEET AND OTHERWISE AS NECESSARY. THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD, THE CHAIRS OF THE OTHER STANDING COMMITTEES OF THE BOARD, THE PRESIDENT, AND UP TO THREE AT-LARGE MEMBERS ELECTED ANNUALLY BY THE BOARD. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 5

IN FEBRUARY OF 2017, MANAGEMENT OF BOSTON UNIVERSITY'S GOLDMAN SCHOOL OF DENTAL MEDICINE (GSDM) DETERMINED THAT A GSDM EMPLOYEE IN THE BILLING DEPARTMENT HAD FRAUDULENTLY TRANSFERRED AMOUNTS TOTALING GREATER THAN \$250,000 INTO THE EMPLOYEE'S PERSONAL ACCOUNT OVER A THREE-YEAR PERIOD. AFTER AN INTERNAL INVESTIGATION, THE MATTER WAS REFERRED TO THE LOCAL DISTRICT ATTORNEY AND EFFORTS AT RESTITUTION WERE BEGUN. TO DATE, NEARLY 90% OF THE LOSS HAS BEEN RECOVERED UNDER UNIVERSITY INSURANCE POLICIES. UPON DISCOVERY OF THE INCIDENT, THE UNIVERSITY'S CONTROL ENVIRONMENT FOR BILLING FUNCTIONS IN ALL AREAS WAS CAREFULLY REVIEWED, AND NEW PROCESSES AND PROCEDURES WERE IMMEDIATELY PUT IN PLACE TO PREVENT SUCH LOSSES IN THE FUTURE.

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

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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REVIEW OF THE RETURN. THE FORM IS THEN SENT TO THE UNIVERSITY'S AUDIT COMMITTEE TO BE REVIEWED DURING ITS ANNUAL SPRING MEETING. AFTER AUDIT COMMITTEE REVIEW, THE FINAL RETURN IS PROVIDED TO THE BOARD OF TRUSTEES VIA A SECURE INTRANET SITE BEFORE IT IS FILED WITH THE IRS.

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

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

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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OR RELATIONSHIP REQUIRES A VOTE, THE INTERESTED PARTY SHOULD NOT BE PRESENT AT THE TIME OF THE VOTE.

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

FORM 990, PART VI, SECTION B, LINES 15A & 15B

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

Name of the organization TRUSTEES OF BOSTON UNIVERSITY	Employer identification number 04-2103547
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FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE COMMITTEE REVIEWS THIS DATA AND THE PERFORMANCE OF THE INDIVIDUALS HOLDING THE POSITIONS IN QUESTION, AND IT DEVELOPS A RECOMMENDATION REGARDING THE PRESIDENT'S COMPENSATION AND CONSIDERS THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR EACH OF THE OTHER COVERED PERSONS. THE EXECUTIVE COMPENSATION COMMITTEE THEN PRESENTS THE DATA AND ITS COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE DELIBERATIONS AND ACTIONS OF BOTH THE EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES ARE DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART VII, SECTION A

ROBERT A. BROWN, THE PRESIDENT OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO THE MASSACHUSETTS GREEN HIGH PERFORMANCE COMPUTING CENTER, A RELATED ORGANIZATION. MARTIN J. HOWARD, AN OFFICER OF BOSTON UNIVERSITY, DEVOTES ONE HOUR OR LESS PER WEEK TO EACH OF 660 CORPORATION, AKEAH INC., AND BOSTON UNIVERSITY FOUNDATION - INDIA, ALL RELATED ORGANIZATIONS. GARY W. NICKSA, A KEY EMPLOYEE OF BOSTON UNIVERSITY, DEVOTES TWO HOURS OR LESS PER WEEK TO EACH OF PLEASANT VENTURES REALTY TRUST AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. KAREN H. ANTMAN, MD, A KEY EMPLOYEE OF BOSTON UNIVERSITY,

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

DEVOTES FIVE HOURS OR LESS PER WEEK TO EACH OF FACULTY PRACTICE FOUNDATION, INC. AND EAST CONCORD MEDICAL FOUNDATION, INC., BOTH RELATED ORGANIZATIONS. WILLIAM CREEVY, MD, ONE OF THE FIVE HIGHEST COMPENSATED EMPLOYEES OF BOSTON UNIVERSITY, DEVOTES 54 HOURS OR LESS PER WEEK TO FACULTY PRACTICE FOUNDATION, INC. J. ROBB DIXON WAS COMPENSATED AS A FACULTY MEMBER, NOT AS A TRUSTEE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

EXTINGUISHMENT OF DEBT: -\$11,744,236

GAIN/LOSS NON INVESTMENT ASSETS: -\$1,545,634

NET ACTUARIAL GAINS & LOSSES: \$858,000

NON-OPERATING ADJUSTMENTS: -\$404,994

OTHER: \$253,566

TOTAL: -\$12,583,298

ATTACHMENT 1

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

AUSTRALIA

BELGIUM

IRELAND

FRANCE

GERMANY

ITALY

NEW ZEALAND

SPAIN

SWITZERLAND

UNITED KINGDOM

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

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

CA, CO,

HI, KS, KY, MD, MA, MI,

NH, NY, OH, OR,

SC,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE SUITE 200 BOSTON, MA 02210	CONSTRUCTION	58,294,683.
SHAWMUT WOODWORKING & SUPPLY, INC 560 HARRISON AVENUE BOSTON, MA 02118	CONSTRUCTION	29,172,138.
BOND BROS. INC. 145 SPRING STREET EVERETT, MA 02149	CONSTRUCTION	10,769,347.
NCS PEARSON 13036 COLLECTION CENTER DRIVE CHICAGO, IL 60693	EDUCATIONAL SERVICES	7,531,966.
CHAPMAN CONSTRUCTION/ DESIGN COMPANY 84 WINCHESTER STREET NEWTON, MA 02461	CONSTRUCTION	4,875,507.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BU FUNDING, LLC 108 BAY STATE ROAD BOSTON, MA 02215 87-0773653	LLC	MA	0.	42,685,000.	BU TRUSTEES
(2) PLEASANT VENTURES REALTY TRUST 125 BAY STATE ROAD BOSTON, MA 02215	REAL ESTATE	MA	6,525,694.	22,478,855.	BU TRUSTEES
(3) SCARLET CASTLE BRR-L LLC ONE SILBER WAY BOSTON, MA 02215 82-1985611	LLC	MA	0.	0.	BU TRUSTEES
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON EMERGENCY PHYSICIAN FOUNDATION 860 HARRISON AVENUE BOSTON, MA 02118 04-3286156	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(2) BOSTON REHABILITATION MED ASSOC, INC. 732 HARRISON AVENUE, SUITE 511 BOSTON, MA 02118 04-3286641	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(3) BU CARDIAC & THORACIC SURGICAL FDN, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 04-2966416	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(4) BOSTON UNIVERSITY DERMATOLOGY, INC. 609 ALBANY STREET BOSTON, MA 02118 04-3335166	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5) BU DERMATOLOGY SUPPORT SERVICES I, INC. 609 ALBANY STREET BOSTON, MA 02118 04-3452877	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(6) BU DERMATOLOGY SUPPORT SERVICES II, INC. 609 ALBANY STREET BOSTON, MA 02118 04-3452874	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(7) BOSTON UNIVERSITY EYE ASSOCIATES, INC. 2005 BAY STREET, SUITE 201 TAUNTON, MA 02780 04-3137333	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

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Inspection**

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▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOSTON UNIVERSITY FAMILY MEDICINE, INC. 04-3354353 1 BOSTON MEDICAL CTR DOWLING 5 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(2) BU GENERAL SURGICAL ASSOCIATES, INC. 04-3265008 88 EAST NEWTON STREET STE C500 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(3) BU MALLORY PATHOLOGY ASSOCIATES, INC. 04-2794543 670 ALBANY STREET, 3RD FLOOR BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(4) BU MEDICAL CENTER ANESTHESIOLOGISTS, INC 04-3276227 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5) BU MEDICAL CENTER UROLOGISTS, INC. 04-3286643 725 ALBANY STREET SHAPIRO 3B BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(6) BU NEUROLOGY ASSOCIATES, INC. 04-3428462 72 EAST CONCORD STREET C3 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(7) BU NEUROSURGICAL ASSOCIATES, INC. 04-3296068 72 EAST CONCORD STREET C3 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

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Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BU OBSTETRICS & GYNECOLOGY FDN, INC. 04-3067465 85 E. CONCORD 6TH FLOOR BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(2) BU ORTHOPAEDIC SURGICAL ASSOCIATES, INC. 04-3354360 720 HARRISON AVE., SUITE 808 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(3) BU PLASTIC SURGERY ASSOCIATES, INC. 04-3555478 720 HARRISON AVE., DOB 9TH FL BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(4) BU PSYCHIATRY ASSOCIATES, INC. 04-3355267 85 EAST NEWTON STREET, STE 802 BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5) BU MEDICAL CENTER RADIOLOGISTS, INC. 04-3283573 820 HARRISON AVE., FGH BLDG BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(6) BU SURGICAL ASSOCIATES, INC. 04-3291148 88 EAST NEWTON STREET BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(7) CHILD HEALTH FOUNDATION OF BOSTON, INC. 04-2472758 771 ALBANY ST, DOWLING 3 SOUTH BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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▶ **Attach to Form 990.**

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Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EVANS MEDICAL FOUNDATION, INC. 88 EAST NEWTON STREET BOSTON, MA 02118 51-0172171	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(2) FACULTY PRACTICE FOUNDATION, INC. 660 HARRISON AVENUE, 3RD FLOOR BOSTON, MA 02118 04-3289381	MEDICINE	MA	501(C)(3)	12B II	N/A		X
(3) MERCOND, INC. 881 COMMONWEALTH AVENUE BOSTON, MA 02215 04-3099628	HOLDING CO.	MA	501(C)(2)	N/A	BU TRUSTEES	X	
(4) BU MEDICAL CENTER OTOLARYNGOLOGIC FDN 820 HARRISON AVENUE BOSTON, MA 02118 04-3156471	HEALTHCARE	MA	501(C)(3)	12C III-FI	N/A		X
(5) THE MASS GREEN HIGH PERF COMPUTING CTR 77 MASS AVE. CAMBRIDGE, MA 02139 27-3014805	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
(6) MGHPC HOLYOKE INC. 77 MASS AVE. CAMBRIDGE, MA 02139 45-2257442	RESEARCH CTR	MA	501(C)(3)	12A-I	N/A		X
(7) BOSTON UNIVERSITY (USA) LONDON CHARITY 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU. SUPPORT	UK		N/A	BU TRUSTEES	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

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Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization

TRUSTEES OF BOSTON UNIVERSITY

Employer identification number

04-2103547

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) EAST CONCORD MEDICAL FOUNDATION, INC. 04-6048207 88 E. NEWTON STREET BOSTON, MA 02118	EDU. SUPPORT	MA	501(C)(3)	12C III-FI	N/A		X
(2) BOSTON UNIVERSITY FOUNDATION - INDIA S-505 LGF GREATER KAILASH-11 NEW DELHI, IN 110048	EDU. SUPPORT	IN		N/A	BU TRUSTEES	X	
(3) TRANSPORTATION SOL FOR COMMUTERS INC. 04-3144411 881 COMMONWEALTH AVENUE, 4TH F BOSTON, MA 02215	TRANS SVCS	MA	501(C)(3)	7	N/A		X
(4) BU RADIATION ONCOLOGY, INC. 81-0716773 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	MEDICINE	MA	501(C)(3)	12C III-FI	N/A		X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EUSA LLP 1A QUEENSBERRY PLACE LONDON,	EDUCATION	UK	BU EUR/EUSA UK		265,143.	410,126.		X			X	100.0000
(2) LVPU, L.P. 10000 MEMORIAL DRIVE, STE 550	INVESTMENTS	TX	BU		18,060,502.	39,123,607.		X			X	100.0000
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 520 COMMONWEALTH AVENUE REAL ESTATE CORP 04-2272027 881 COMMONWEALTH AVENUE BOSTON, MA 02215	REAL ESTATE	MA	BU TRUSTEES	CORP.	8,200,444.	9,435,520.	100.0000	X	
(2) CHARITABLE REMAINDER TRUSTS (14)	SUPPORT	MA	BU TRUSTEES	TRUST					
(3) BOSTON UNIVERSITY (USA) EUROPE LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU. SUPPORT	UK	BU(USA)LONDON	CORP.	0.	2,269,061.	100.0000	X	
(4) EUSA (UK) LIMITED 43 HARRINGTON GARDENS LONDON, UK SW7 4JU	EDU. SUPPORT	UK	BU(USA)EUROPE	CORP.	0.	1.	100.0000	X	
(5) 660 CORPORATION 04-2787737 881 COMMONWEALTH AVENUE BOSTON, MA 02215	CONVENIENCE ST	MA	520 CORP.	CORP.	7,744,382.	8,926,073.	100.0000	X	
(6) AKEAH INC. 04-3003380 881 COMMONWEALTH AVENUE BOSTON, MA 02215	LESSOR OF RE	MA	520 CORP.	CORP.	456,062.	465,241.	100.0000	X	
(7) COSIF CALLE VIRIATO, 73 BAJO DERECHA MADRID, SP 28010	EDU. SUPPORT	SP	BU(USA)EUROPE	CORP.	0.	406.	100.0000	X	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 660 CORPORATION	A	685,635.	ACTUAL PAYMENT
(2) 660 CORPORATION	L	100,000.	ACTUAL PAYMENT
(3) AKEAH INC.	P	393,486.	ACTUAL PAYMENT
(4) EUSA LLP	A	25,043.	ACTUAL PAYMENT
(5) EUSA LLP	D	2,262,869.	ACTUAL PAYMENT
(6) EUSA LLP	M	862,701.	ACTUAL PAYMENT

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

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

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

Part VII **Supplemental Information**

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