

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2014

**Open to Public Inspection**

**A** For the **2014** calendar year, or tax year beginning **07/01, 2014**, and ending **06/30, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BRANDEIS UNIVERSITY</b>			<b>D</b> Employer identification number <b>04-2103552</b>		
	Doing Business As			<b>E</b> Telephone number <b>(781) 736-2000</b>		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 9110</b>					
	City or town, state or province, country, and ZIP or foreign postal code <b>WALTHAM, MA 02454-9110</b>			<b>G</b> Gross receipts \$ <b>795,831,322.</b>		
<b>F</b> Name and address of principal officer: <b>LISA LYNCH, INTERIM PRESIDENT 415 SOUTH STREET WALTHAM, MA 02454</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
<b>I</b> 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			<b>J</b> Website: ▶ <b>WWW.BRANDEIS.EDU</b>			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1947</b>			<b>M</b> State of legal domicile: <b>MA</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>AN EDUCATIONAL INSTITUTION, A COMMUNITY OF SCHOLARS AND STUDENTS UNITED BY THEIR COMMITMENT TO THE PURSUIT OF KNOWLEDGE AND ITS TRANSMISSION FROM GENERATION TO GENERATION.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>40.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>38.</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>5,405.</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3,172.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>2,919,150.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>2,193,878.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	41,087,158.	48,364,246.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	331,935,378.	351,722,591.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,635,455.	105,879,386.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,944,268.	2,961,603.
		445,602,259.	508,927,826.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	91,655,188.	100,170,651.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	183,592,883.	183,341,387.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>10,816,119.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	140,926,954.	145,310,701.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	416,175,025.	428,822,739.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	29,427,234.	80,105,087.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,364,970,073.	1,416,589,601.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	348,472,681.	339,354,284.
	1,016,497,392.	1,077,235,317.	

## 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.

<b>Sign Here</b>	Signature of officer	Date
	<b>MARIANNE CWALINA</b> Type or print name and title	<b>SVP &amp; TREASURER</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ROBERT J BUTLER JR.</b>				<b>P00037953</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>			
Firm's address ▶ <b>75 STATE STREET BOSTON, MA 02109</b>		Phone no. <b>617-723-7900</b>			

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** (2014)

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:

AS A RESEARCH UNIVERSITY, BRANDEIS UNIVERSITY IS DEDICATED TO THE ADVANCEMENT OF THE HUMANITIES, ARTS AND SOCIAL, NATURAL AND PHYSICAL SCIENCES. AS A LIBERAL ARTS COLLEGE, BRANDEIS AFFIRMS THE IMPORTANCE OF A BROAD AND CRITICAL EDUCATION IN ENRICHING THE LIVES OF STUDENTS.

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

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

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

4a (Code: ) (Expenses \$ 287,236,527. including grants of \$ 96,420,210. ) (Revenue \$ 251,831,224. )

INSTRUCTIONAL AND ACADEMIC SUPPORT: BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,500, INCLUDING UNDERGRADUATE AND GRADUATE STUDENTS. WE HAVE A GRADUATE SCHOOL OF ARTS AND SCIENCES AND TWO PROFESSIONAL SCHOOLS, THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT AND THE INTERNATIONAL BUSINESS SCHOOL. THE RABB SCHOOL OF CONTINUING STUDIES OFFERS GRADUATE PROFESSIONAL PROGRAMS FOR PART-TIME STUDENTS. MANY ACADEMIC PROGRAMS ARE ENRICHED BY MYRIAD INTERACTIONS WITH THE NUMEROUS OTHER LEADING UNIVERSITIES IN THE AREA. WE WORK TO CONNECT THEORY AND PRACTICE THROUGH FIELD WORK AND EXPERIENTIAL LEARNING.

4b (Code: ) (Expenses \$ 54,757,970. including grants of \$ 3,750,441. ) (Revenue \$ 63,783,775. )

SPONSORED PROGRAMS INCLUDE VARIOUS RESEARCH AND INSTRUCTIONAL PROGRAMS FUNDED BY EXTERNAL PARTIES, INCLUDING THE FEDERAL GOVERNMENT, FOREIGN AND STATE GOVERNMENTS AND PRIVATE FOUNDATIONS AND CORPORATIONS. BRANDEIS RESEARCH IS AT THE HEART OF MANY SOCIETAL, ARTISTIC, INTELLECTUAL AND SCIENTIFIC ADVANCES. RESEARCH AT BRANDEIS IS INTERDISCIPLINARY, BOLD AND COLLABORATIVE. IT'S AN APPROACH THAT ENABLES THE FACULTY TO LEVERAGE THE RELATIVELY SMALL SIZE OF THE UNIVERSITY TO ACHIEVE AN IMPACT WELL BEYOND THE SUM OF ITS PARTS. BRANDEIS IS WHOLLY COMMITTED TO THE PROPOSITION THAT BASIC RESEARCH IS THE ENGINE OF INNOVATION IN HUMAN HEALTH AND WELL-BEING.

4c (Code: ) (Expenses \$ 35,440,565. including grants of \$ 0. ) (Revenue \$ 36,234,852. )

AUXILIARY ENTERPRISES: BRANDEIS UNIVERSITY SERVES THE NEEDS AND INTERESTS OF STUDENTS AND HAS BROAD RESPONSIBILITY FOR THE SERVICES AND ACTIVITIES THAT ENHANCE THE QUALITY OF STUDENT LIFE OUTSIDE THE CLASSROOM. THESE SERVICES AND ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO COMMUNITY LIVING, DINING SERVICES, HEALTH CENTER, PSYCHOLOGICAL COUNSELING CENTER, AND INTERFAITH CHAPLAINCY.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 377,435,062.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 (38), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, FL, MD, MA, NJ, NY
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:

MARIANNE CWALINA, SVP & TREAS 415 SOUTH STREET WALTHAM, MA 02454

781-736-2000

**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) PERRY TRAUQUINA TRUSTEE - CHAIR	2.00 0	X		X				0	0	0
(2) JONATHAN G. DAVIS TRUSTEE - VICE CHAIR	2.00 0	X		X				0	0	0
(3) STEPHEN B. KAY TRUSTEE - VICE CHAIR	2.00 0	X		X				0	0	0
(4) STEPHEN R. REINER TRUSTEE - SECRETARY	2.00 0	X		X				0	0	0
(5) JAMES F. HUMPHREYS TRUSTEE - TREASURER	2.00 0	X		X				0	0	0
(6) HENRY ABOODI TRUSTEE	1.00 0	X						0	0	0
(7) ALLEN B. ALTER TRUSTEE	1.00 0	X						0	0	0
(8) LESLIE M. ARONZON TRUSTEE	1.00 0	X						0	0	0
(9) STEVEN M. BUNSON TRUSTEE	1.00 0	X						0	0	0
(10) DANIEL J. ELKAIM TRUSTEE	1.00 0	X						0	0	0
(11) JEFFREY S. FLIER, M.D. TRUSTEE	1.00 0	X						0	0	0
(12) MICHAEL G. FRIEZE TRUSTEE	1.00 0	X						0	0	0
(13) LEONARD C. GOODMAN TRUSTEE	1.00 0	X						0	0	0
(14) PAUL S. GROGAN TRUSTEE	1.00 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) MARTIN J. GROSS ----- TRUSTEE	1.00 0	X					0	0	0	
16) RONALD L. KAISERMAN ----- TRUSTEE	1.00 0	X					0	0	0	
17) LAWRENCE S. KANAREK ----- TRUSTEE	1.00 0	X					0	0	0	
18) ELLEN LASHER KAPLAN ----- TRUSTEE	1.00 0	X					0	0	0	
19) DOLORES KOHL ----- TRUSTEE	1.00 0	X					0	0	0	
20) MEYER KOPLOW ----- TRUSTEE	1.00 0	X					0	0	0	
21) MICHAEL A. KOSS ----- TRUSTEE	1.00 0	X					0	0	0	
22) LISA R. KRANC ----- TRUSTEE	1.00 0	X					0	0	0	
23) JOYCE G. KRASNOW ----- TRUSTEE	1.00 0	X					0	0	0	
24) GEORGE D. KRUPP ----- TRUSTEE	1.00 0	X					0	0	0	
25) MARTIN R. KUPFERBERG ----- TRUSTEE	1.00 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							11,085,189.	0	854,062.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							11,085,189.	0	854,062.	

**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 **▶** 329

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

**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 **▶** 161



**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) BARBARA A. MANDEL TRUSTEE	1.00 0	X					0	0	0	
( 27) OLAFUR J. OLAFSSON TRUSTEE	1.00 0	X					0	0	0	
( 28) LOUIS PERLMUTTER TRUSTEE	1.00 0	X					0	0	0	
( 29) BRUCE G. POLLACK TRUSTEE	1.00 0	X					0	0	0	
( 30) LEONARD A. POTTER TRUSTEE	1.00 0	X					0	0	0	
( 31) ADAM RIFKIN TRUSTEE	1.00 0	X					0	0	0	
( 32) CAROL R. SAIVETZ TRUSTEE	1.00 0	X					0	0	0	
( 33) MICHAEL J. SANDEL TRUSTEE	1.00 0	X					0	0	0	
( 34) BARBARA Z. SANDER TRUSTEE	1.00 0	X					0	0	0	
( 35) CYNTHIA SHAPIRA TRUSTEE	1.00 0	X					0	0	0	
( 36) MALCOLM L. SHERMAN TRUSTEE	1.00 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 329

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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) CURTIS H. TEARTE ----- TRUSTEE	1.00 0	X					0	0	0	
( 38) BARTON J. WINOKUR ----- TRUSTEE	1.00 0	X					0	0	0	
( 39) PAUL M. ZLOTOFF ----- TRUSTEE	1.00 0	X					0	0	0	
( 40) FREDERICK LAWRENCE ----- PRESIDENT	60.00 0	X		X			851,343.	0	160,222.	
( 41) STEVEN GOLDSTEIN ----- PROVOST, CAO THRU 10/28/2014	50.00 0			X			665,489.	0	62,970.	
( 42) LISA LYNCH ----- PROVOST, CAO AS OF 10/29/2014	50.00 0			X			313,076.	0	91,041.	
( 43) DAVID BUNIS ----- CHIEF OF STAFF & LEGAL OFFICER	50.00 0			X			505,996.	0	63,874.	
( 44) STEVEN MANOS ----- SVP, CHIEF OPERATING OFFICER	50.00 0			X			440,575.	0	0	
( 45) MARIANNE CWALINA ----- SVP FOR FINANCE AND TREASURER	50.00 0			X			273,870.	0	49,581.	
( 46) ANDREW FLAGEL ----- SVP, STUDENTS & ENROLLMENT	50.00 0				X		229,586.	0	44,384.	
( 47) NANCY WINSHIP ----- SVP, INSTITUTIONAL ADVANCEMENT	50.00 0				X		419,248.	0	27,502.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 329

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

**Section B. Independent Contractors**

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

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

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) NICHOLAS WARREN CHIEF INVESTMENT OFFICER	50.00 0				X		558,240.	0	25,800.	
( 49) JOHN UNSWORTH VICE PROVOST, CHIEF INFO OFF'R	50.00 0				X		281,692.	0	48,926.	
( 50) STEVEN LOCKE SVP, GENERAL COUNSEL	50.00 0				X		206,643.	0	40,677.	
( 51) JEHUDA REINHARZ FACULTY/FORMER PRESIDENT	25.00 0					X	4,350,384.	0	34,855.	
( 52) BRUCE MAGID DEAN, INT'L BUSINESS SCHOOL	50.00 0					X	379,127.	0	86,437.	
( 53) IRVING EPSTEIN FACULTY	50.00 0					X	316,742.	0	30,002.	
( 54) EVE MARDER FACULTY	50.00 0					X	278,680.	0	36,685.	
( 55) JON CHILINGERIAN FACULTY	50.00 0					X	265,187.	0	37,326.	
( 56) FRANCES DROLETTE FORMER SVP, CFO	0 0						X	105,300.	0	2,670.
( 57) JOHN HOSE FORMER ASST. SEC. OF THE CORP	0 0						X	125,010.	0	0
( 58) CHRISTOPHER O'BRIEN FORMER VP AND TREASURER	0 0						X	264,044.	0	9,608.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 329

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

**Section B. Independent Contractors**

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

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

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			
( 59 ) MARK COLLINS FORMER SVP, ADMINISTRATION	0 0						X	254,957.	0	1,502.
<b>1b Sub-total</b> .....							▶			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							▶			
<b>d Total (add lines 1b and 1c)</b> .....							▶			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 329

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>	315,201.					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	208,278.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	47,840,767.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		5,057,576.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			48,364,246.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> TUITION & FEES		611710	242,045,628.	242,045,628.			
	<b>b</b> AUXILIARY SERVICES		721000	36,234,852.	35,910,914.	224,195.	99,743.	
	<b>c</b> SPONSORED PROGRAMS		611710	63,783,775.	63,783,775.			
	<b>d</b> BRANDEIS NATIONAL COMMITTEE		611710	1,604,857.	1,604,857.			
	<b>e</b> FOSTER BIO LAB		611710	88,678.		88,678.		
	<b>f</b> All other program service revenue . . . . .			7,964,801.	7,960,701.	4,100.		
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			351,722,591.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			7,593,995.		-1,212,197.	8,806,188.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0				
	<b>5</b> Royalties . . . . . ▶			1,419,178.			1,419,178.	
	<b>6a</b> Gross rents . . . . .	(i) Real	1,415,166.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		1,415,166.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			1,415,166.		669,989.	745,177.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	353,603,722.	31,240,592.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		286,245,556.	313,367.			
		<b>c</b> Gain or (loss) . . . . .		67,358,166.	30,927,225.			
	<b>d</b> Net gain or (loss) . . . . . ▶			98,285,391.		3,144,385.	95,141,006.	
	<b>8a</b> Gross income from fundraising events (not including \$ 208,278. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		344,573.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	344,573.				
		<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS INCOME		611710	127,259.	127,259.				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			127,259.					
<b>12 Total revenue.</b> See instructions . . . . . ▶			508,927,826.	351,433,134.	2,919,150.	106,211,292.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	3,750,441.	3,750,441.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	94,684,161.	94,684,161.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,736,049.	1,736,049.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,666,016.	1,497,111.	3,326,862.	842,043.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	302,994.	65,346.	237,648.	
7 Other salaries and wages . . . . .	140,822,232.	123,694,689.	12,613,322.	4,514,221.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,227,826.	8,150,835.	797,811.	279,180.
9 Other employee benefits . . . . .	17,351,643.	14,918,881.	1,813,581.	619,181.
10 Payroll taxes . . . . .	9,970,676.	8,638,122.	990,127.	342,427.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	1,506,173.	855,969.	650,204.	
c Accounting . . . . .	392,972.		392,972.	
d Lobbying . . . . .	6,006.	6,006.		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	4,766,510.		4,766,510.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	5,301,221.	3,679,461.	1,382,251.	239,509.
12 Advertising and promotion . . . . .	969,231.	747,587.	204,835.	16,809.
13 Office expenses . . . . .	12,417,745.	9,138,874.	2,733,745.	545,126.
14 Information technology . . . . .	4,195,486.	3,063,883.	1,011,295.	120,308.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	21,620,067.	18,814,058.	2,056,038.	749,971.
17 Travel . . . . .	6,744,041.	6,258,431.	342,389.	143,221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	1,163,861.	1,071,446.	56,897.	35,518.
20 Interest . . . . .	9,733,347.	9,347,176.	246,440.	139,731.
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	24,201,988.	23,245,570.	610,351.	346,067.
23 Insurance . . . . .	1,167,354.	2,089.	1,165,265.	
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 <u>DINING SERVICES</u> . . . . .	14,648,156.	13,700,403.	840,476.	107,277.
b <u>STIPENDS AND FELLOWSHIPS</u> . . . . .	9,452,891.	9,452,891.		
c <u>STUDY ABROAD PAYMENTS</u> . . . . .	4,694,480.	4,694,480.		
d <u>LIBRARY</u> . . . . .	3,788,134.	3,764,267.	19,956.	3,911.
e All other expenses . . . . .	18,541,038.	12,456,836.	4,312,583.	1,771,619.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	428,822,739.	377,435,062.	40,571,558.	10,816,119.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,252,931.	<b>1</b>	10,208,455.
	<b>2</b> Savings and temporary cash investments	43,251,950.	<b>2</b>	46,158,511.
	<b>3</b> Pledges and grants receivable, net	32,484,460.	<b>3</b>	31,401,397.
	<b>4</b> Accounts receivable, net	14,843,852.	<b>4</b>	13,052,075.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	14,761,021.	<b>7</b>	14,571,246.
	<b>8</b> Inventories for sale or use	582,442.	<b>8</b>	463,126.
	<b>9</b> Prepaid expenses and deferred charges	6,325,158.	<b>9</b>	5,851,341.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 693,311,028.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 348,953,877.	341,788,873.	<b>10c</b> 344,357,151.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 2</b>	887,722,070.	<b>11</b> 940,138,529.
	<b>12</b> Investments - other securities. See Part IV, line 11		0	<b>12</b> 0
	<b>13</b> Investments - program-related. See Part IV, line 11		0	<b>13</b> 0
	<b>14</b> Intangible assets		0	<b>14</b> 0
	<b>15</b> Other assets. See Part IV, line 11		21,957,316.	<b>15</b> 10,387,770.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,364,970,073.	<b>16</b> 1,416,589,601.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	30,920,358.	<b>17</b>	31,562,295.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	25,453,538.	<b>19</b>	25,872,051.
	<b>20</b> Tax-exempt bond liabilities	257,856,262.	<b>20</b>	250,314,279.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	5,820,401.	<b>23</b>	2,431,514.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		28,422,122.	<b>25</b> 29,174,145.	
<b>26 Total liabilities.</b> Add lines 17 through 25		348,472,681.	<b>26</b> 339,354,284.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		159,609,631.	<b>27</b> 195,491,916.
	<b>28</b> Temporarily restricted net assets		296,808,794.	<b>28</b> 298,586,853.
	<b>29</b> Permanently restricted net assets		560,078,967.	<b>29</b> 583,156,548.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>
<b>33</b> Total net assets or fund balances		1,016,497,392.	<b>33</b> 1,077,235,317.	
<b>34</b> Total liabilities and net assets/fund balances		1,364,970,073.	<b>34</b> 1,416,589,601.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	508,927,826.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	428,822,739.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	80,105,087.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,016,497,392.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,686,187.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-680,975.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,077,235,317.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	28,970,389.	38,465,958.	33,638,176.	41,087,158.	48,364,246.	190,525,927.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	28,970,389.	38,465,958.	33,638,176.	41,087,158.	48,364,246.	190,525,927.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						14,761,025.
<b>6 Public support.</b> Subtract line 5 from line 4.						175,764,902.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	28,970,389.	38,465,958.	33,638,176.	41,087,158.	48,364,246.	190,525,927.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	9,870,581.	8,573,599.	6,898,746.	7,912,198.	10,970,545.	44,225,669.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	339,940.	0	476,237.	2,088,719.	2,194,878.	5,099,774.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH 1</b> . . . . .	300,091.	348,678.	299,112.	298,730.	344,573.	1,591,184.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						241,442,554.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,600,538,899.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	72.80%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	65.47%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

**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 <b>Total annual distributions.</b> 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
GROSS INCOME FROM						
FUNDRAISING EVENTS	300,091.	348,678.	299,112.	298,730.	344,573.	1,591,184.
TOTALS	<u>300,091.</u>	<u>348,678.</u>	<u>299,112.</u>	<u>298,730.</u>	<u>344,573.</u>	<u>1,591,184.</u>



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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 BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  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) 2014

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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. Add lines 1c through 1i; 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 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 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

PART II-B, LINE 1I

THE UNIVERSITY IS A MEMBER OF VARIOUS NATIONAL AND STATE ORGANIZATIONS, SUCH AS ASSOCIATION OF AMERICAN UNIVERSITIES, ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES IN MASSACHUSETTS, NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS, NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND SOCIETY FOR HUMAN RESOURCE MANAGEMENT. MEMBERSHIP FEES TO THESE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES AMOUNTED TO \$6,006.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

BRANDEIS UNIVERSITY

04-2103552

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2014

JSA 4E1268 1.000

**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 \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	861,152,435.	766,204,932.	674,521,865.	703,665,944.	619,897,000.
<b>b</b> Contributions	50,320,741.	9,847,167.	19,595,377.	18,097,358.	16,645,427.
<b>c</b> Net investment earnings, gains, and losses	46,096,107.	125,121,860.	110,316,495.	-11,665,134.	98,208,640.
<b>d</b> Grants or scholarships	15,474,765.	13,199,317.	12,604,466.	11,594,796.	9,358,751.
<b>e</b> Other expenditures for facilities and programs	27,007,439.	26,822,207.	25,624,339.	23,981,507.	21,726,372.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	915,087,079.	861,152,435.	766,204,932.	674,521,865.	703,665,944.

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

- a** Board designated or quasi-endowment  14.2000 %
  - b** Permanent endowment  60.1000 %
  - c** Temporarily restricted endowment  25.7000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		44,098,707.		44,098,707.
<b>b</b> Buildings		314,347,581.	135,814,119.	178,533,462.
<b>c</b> Leasehold improvements		188,708,584.	134,866,623.	53,841,961.
<b>d</b> Equipment		137,443,280.	78,273,135.	59,170,145.
<b>e</b> Other		8,712,876.		8,712,876.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				344,357,151.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) ESTIMATED LIABILITY TO ANNUITANTS	13,321,661.
(3) DEFERRED COMPENSATION AND SEVERANCE	3,671,371.
(4) ENVIRONMENTAL LIABILITY	6,134,329.
(5) REFUNDABLE STUDENT LOAN ADVANCES	6,046,784.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,174,145.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	388,373,944.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> -18,686,187.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> -97,101,185.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-115,787,372.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	504,161,316.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 4,766,510.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,766,510.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	508,927,826.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	327,636,019.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	327,636,019.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 4,766,510.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 96,420,210.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	101,186,720.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	428,822,739.

**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



**Part XIII** Supplemental Information (continued)

## COLLECTIONS OF ART

PART III, LINE 1: SFAS116, AUDITED FINANCIAL STATEMENT FOOTNOTE 1(L)

COLLECTIONS AT BRANDEIS UNIVERSITY ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH AND THE FURTHERANCE OF PUBLIC SERVICE. COLLECTIONS ARE NOT CAPITALIZED; SALES AND PURCHASES OF COLLECTION ITEMS ARE RECORDED AS NONOPERATING REVENUE AND EXPENSES IN THE UNIVERSITY'S FINANCIAL STATEMENTS IN THE PERIOD IN WHICH THE ITEMS ARE SOLD OR ACQUIRED, RESPECTIVELY.

PART III, LINE 4

FOUNDED IN 1961, THE ROSE ART MUSEUM (THE ROSE) IS AN INTEGRAL PART OF BRANDEIS UNIVERSITY. THE ROSE IS AN EDUCATIONAL AND CULTURAL MUSEUM DEDICATED TO COLLECTING, PRESERVING AND EXHIBITING THE FINEST OF MODERN AND CONTEMPORARY ART. THE PROGRAMS OF THE ROSE ADHERE TO THE OVERALL MISSION OF THE UNIVERSITY, EMBRACING ITS VALUES OF ACADEMIC EXCELLENCE, SOCIAL JUSTICE, AND FREEDOM OF EXPRESSION. THE ROSE IS ACTIVE IN THE ACADEMIC, CULTURAL, AND SOCIAL LIFE OF BRANDEIS. THE ROSE SEEKS TO STIMULATE PUBLIC AWARENESS AND DISSEMINATE KNOWLEDGE OF MODERN AND CONTEMPORARY ART TO ENRICH EDUCATIONAL, CULTURAL, AND ARTISTIC COMMUNITIES REGIONALLY, NATIONALLY, AND INTERNATIONALLY. IT PROMOTES LEARNING AND UNDERSTANDING OF THE EVOLVING MEANINGS, IDEAS, AND FORMS OF VISUAL ART RELEVANT TO CONTEMPORARY SOCIETY.

## ENDOWMENT FUNDS

PART V, LINE 4

BRANDEIS UNIVERSITY'S ENDOWMENT AND QUASI-ENDOWMENT CONSISTS OF APPROXIMATELY 1,900 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A

**Part XIII** Supplemental Information (continued)

VARIETY OF PURPOSES IN ACCORDANCE WITH THE APPLICABLE LAW AND DONOR INTENT AND FUNDS DESIGNATED BY THE UNIVERSITY'S BOARD TO OPERATE AS ENDOWMENT (QUASI-ENDOWMENT). A MAJORITY OF THE FUNDS PROVIDE SCHOLARSHIPS AND FINANCIAL AID ASSISTANCE TO UNDERGRADUATE AND GRADUATE STUDENTS. OTHER USES OF THE FUNDS INCLUDE, BUT ARE NOT LIMITED TO, SUPPORT FOR FELLOWSHIPS, THE CREATION AND FUNDING OF ENDOWED CHAIRS AND PROFESSORSHIPS, AND SUPPORT FOR THE UNIVERSITY'S TEACHING AND RESEARCH ACTIVITIES. THE UNIVERSITY'S ENDOWMENT INVESTMENT OBJECTIVES ARE TO MAXIMIZE RISK-ADJUSTED RETURNS FOR A LONG-TERM HORIZON. THE ENDOWMENT INTENDS TO ACHIEVE ITS OBJECTIVES BY INVESTING IN MULTIPLE ASSET CLASSES. IN ORDER TO MEET THE PRIMARY INVESTMENT GOALS FOR ENDOWMENT FUNDS, THE AVERAGE ANNUAL NET TOTAL RETURN OVER AN EXTENDED PERIOD, AFTER ADJUSTING FOR INFLATION, IS DEEMED SUFFICIENT TO SUPPORT THE SPENDING RATE AS DETERMINED BY THE UNIVERSITY'S BOARD OF TRUSTEES. TO HAVE A REASONABLE PROBABILITY OF ACHIEVING THE ENDOWMENT'S PRIMARY INVESTMENT GOAL AT AN ACCEPTABLE RISK LEVEL, THE INVESTMENT COMMITTEE HAS ADOPTED A LONG-TERM ASSET ALLOCATION POLICY.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED (THE CODE), AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE UNIVERSITY IS REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT THERE WERE NO SUCH POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN

PART XI, LINE 2D

UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT	(96,420,210)
NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(680,975)
	-----
TOTAL	(97,101,185)

OTHER EXPENSES INCLUDED ON RETURN BUT NOT IN FINANCIAL STATEMENTS

PART XII, LINE 4B

UNIVERSITY FUNDED FINANCIAL AID - TUITION DISCOUNT	96,420,210
	-----
TOTAL	96,420,210

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

**Schools**

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRANDEIS UNIVERSITY

Employer identification number  
04-2103552

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

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

Schedule E (Form 990 or 990-EZ) (2014)

**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).

## NONDISCRIMINATION POLICY

PART I, LINE 3

THE UNIVERSITY'S NON-DISCRIMINATION AND HARASSMENT POLICY IS PUBLICIZED IN THE STUDENT HANDBOOK AND HUMAN RESOURCE AND EMPLOYEE RELATIONS POLICY AND PROCEDURES MANUAL. THE POLICY APPLIES TO ALL BRANDEIS STUDENTS, FACULTY AND STAFF.

BRANDEIS UNIVERSITY IS COMMITTED TO PROVIDING ITS STUDENTS, FACULTY AND STAFF WITH AN ENVIRONMENT CONDUCIVE TO LEARNING AND WORKING WHERE ALL PEOPLE ARE TREATED WITH RESPECT AND DIGNITY. TOWARD THAT END, IT IS ESSENTIAL THAT BRANDEIS BE FREE FROM DISCRIMINATION AND HARASSMENT ON THE BASIS OF RACE, COLOR, ANCESTRY, RELIGIOUS CREED, GENDER IDENTITY AND EXPRESSION, NATIONAL OR ETHNIC ORIGIN, SEX, SEXUAL ORIENTATION, AGE, GENETIC INFORMATION, DISABILITY, VIETNAM ERA VETERAN, QUALIFIED SPECIAL, DISABLED VETERAN OR OTHER ELIGIBLE VETERAN STATUS OR ANY OTHER CATEGORY PROTECTED BY LAW.

IT IS THE UNIVERSITY'S RESPONSIBILITY TO HELP PREVENT HARASSMENT AND DISCRIMINATION FROM OCCURRING, TO PURSUE CONCERNS OF WHICH IT IS AWARE, TO OBJECTIVELY INVESTIGATE CONCERNS, AND TO TAKE IMMEDIATE AND APPROPRIATE ACTION TO REMEDY ISSUES OF HARASSMENT AND DISCRIMINATION. BRANDEIS TAKES THIS RESPONSIBILITY SERIOUSLY. THEREFORE, VIOLATIONS OF THIS POLICY WILL NOT BE TOLERATED AND MAY RESULT IN CORRECTIVE ACTIONS UP TO AND INCLUDING DISMISSAL FROM SCHOOL OR RELEASE FROM EMPLOYMENT.

**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).

---

FUNDS FROM GOVERNMENT AGENCIES

PART I, LINE 6A THE UNIVERSITY RECEIVED FUNDS FROM VARIOUS GOVERNMENTAL AGENCIES FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE TO QUALIFIED RECIPIENTS, TO SUPPORT SPONSORED RESEARCH AND THE CONSTRUCTION OF EDUCATIONAL FACILITIES.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**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](http://www.irs.gov/form990).

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	63,142.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	635,641.
(3) EUROPE			PROGRAM SERVICES	STUDY ABROAD	2,905,553.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	135,616.
(5) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	STUDY ABROAD	16,700.
(6) SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	205,555.
(7) SOUTH ASIA			PROGRAM SERVICES	STUDY ABROAD	88,757.
(8) SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY ABROAD	176,050.
(9) EUROPE			PROGRAM SERVICES	CERN	341,881.
(10) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		237,095,033.
(11) EUROPE			INVESTMENTS		35,250,684.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					276,914,612.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					276,914,612.

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

Schedule F (Form 990) 2014

JSA  
4E1274 1.000

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP AND FINANCIAL AID	CENT. AMERICA/CARIBBEAN	3.	17,771.	SEE PART V			
(2) SCHOLARSHIP AND FINANCIAL AID	EAST ASIA/PACIFIC	18.	217,081.	SEE PART V			
(3) SCHOLARSHIP AND FINANCIAL AID	EUROPE/ICELAND/GREENLAND	88.	1,227,805.	SEE PART V			
(4) SCHOLARSHIP AND FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	4.	40,080.	SEE PART V			
(5) SCHOLARSHIP AND FINANCIAL AID	RUSSIA/NEWLY IND. STATES	1.	6,290.	SEE PART V			
(6) SCHOLARSHIP AND FINANCIAL AID	SOUTH AMERICA	10.	111,355.	SEE PART V			
(7) SCHOLARSHIP AND FINANCIAL AID	SOUTH ASIA	1.	3,529.	SEE PART V			
(8) SCHOLARSHIP AND FINANCIAL AID	SUB-SAHARAN AFRICA	9.	112,138.	SEE PART V			
(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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V** Supplemental Information

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS TO INDIVIDUALS

PART I, LINE 2

BRANDEIS UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS THAT ARE STUDYING ABROAD. THE UNIVERSITY ENSURES THAT SUCH GRANTS AND OTHER ASSISTANCE ARE USED FOR STUDY ABROAD PURPOSES OR ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE BY DIRECTLY APPLYING THE GRANTS AND ASSISTANCE TO THE STUDY ABROAD INSTITUTIONS.

MANNER OF CASH DISBURSEMENT

PART III, COLUMN (E)

STUDENT SCHOLARSHIPS AND FINANCIAL AID ARE CREDITED TO EACH STUDENT'S ACCOUNT AND PAID DIRECTLY TO THE INSTITUTIONS AT WHICH THE STUDENT IS STUDYING ABROAD.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LUNCHEON	LUNCHEON	25	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	152,487.	41,264.	359,100.	552,851.
	<b>2</b> Less: Contributions . . . . .	58,487.	20,656.	129,135.	208,278.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	94,000.	20,608.	229,965.	344,573.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		570.		570.
	<b>6</b> Rent/facility costs . . . . .	5,000.	4,500.	65,627.	75,127.
	<b>7</b> Food and beverages . . . . .	61,481.	13,052.	112,676.	187,209.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	27,519.	2,486.	51,662.	81,667.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				344,573.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					
<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BEFORD VA RESEARCH CORPORATION INC 200 SPRINGS ROAD MS151 BEDFORD, MA 01730	04-3512440	501(C)(3)	23,437.				RESEARCH
<b>(2)</b> BOSTON COLLEGE 140 COMM. AVE., CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	27,861.				RESEARCH
<b>(3)</b> BOSTON UNIVERSITY 72 TYNG ROAD TYNGSBORO, MA 01879	04-2103547	501(C)(3)	99,553.				RESEARCH
<b>(4)</b> BROWN UNIVERSITY PO BOX 1839 PROVIDENCE, RI 02912-1839	05-0258809	501(C)(3)	22,548.				RESEARCH
<b>(5)</b> CARNEGIE MELLON UNIVERSITY 500 FORBES AVENUE PITTSBURGH, PA 15213-3890	25-0969449	501(C)(3)	153,457.				RESEARCH
<b>(6)</b> COLD SPRING HARBOR 1 BUNGTOWN RD. COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	153,861.				RESEARCH
<b>(7)</b> COMMONWEALTH OF MASSACHUSETTS 1 ASHBURTON PLACE BOSTON, MA 02108	04-6002284	GOV'T	40,552.				RESEARCH
<b>(8)</b> EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	319,918.				RESEARCH
<b>(9)</b> FRANKLIN W OLIN COLLEGE OF ENGINEERING SPONSORED PROGRAMS, NEEDHAM, MA 02492	06-1519057	501(C)(3)	5,910.				RESEARCH
<b>(10)</b> FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-1961248	GOV'T	88,810.				RESEARCH
<b>(11)</b> HAMPTON UNIVERSITY 100 E QUEEN ST HAMPTON, AL 236686	54-0505990	501(C)(3)	15,822.				RESEARCH
<b>(12)</b> HARVARD UNIVERSITY HARVARD UNIVERSITY CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	779,764.				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) (2014)

JSA

4E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HEBREW REHABILITATION CENTER 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298	501(C)(3)	27,626.				RESEARCH
<b>(2)</b> IJIS INSTITUTE 44983 KNOLL SQUARE ASHBURN, VA 20147	31-1783179	501(C)(3)	188,062.				RESEARCH
<b>(3)</b> KENNEL AND ASSOCIATES, INC. 3130 FAIRVIEW PARK DR, FALLS CHURCH, VA 22042	54-1771141		7,567.				RESEARCH
<b>(4)</b> MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	223,997.				RESEARCH
<b>(5)</b> NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	39,698.				RESEARCH
<b>(6)</b> RESEARCH FOUNDATION OF CUNY 230 W 41ST ST #7 NEW YORK, NY 10036	13-1988190	501(C)(3)	18,559.				RESEARCH
<b>(7)</b> STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	176,299.				RESEARCH
<b>(8)</b> THE CURATORS OF THE UNIVERSITY OF MISSOURI 325 JESSE HALL COLUMBIA, MO 65211	43-6003859	501(C)(3)	60,000.				RESEARCH
<b>(9)</b> TRUSTEES OF THE UNIV OF PENNSYLVANIA 801 SPRUCE ST PHILADELPHIA, PA 19107	23-1352685	501(C)(3)	11,673.				RESEARCH
<b>(10)</b> TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD, MA	04-2103634	501(C)(3)	569,643.				RESEARCH
<b>(11)</b> UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	GOV'T	138,938.				RESEARCH
<b>(12)</b> UNIVERSITY OF FLORIDA 123 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	GOV'T	93,370.				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) (2014)

JSA

4E1288 1.000



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to 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](http://www.irs.gov/form990).

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77004	74-6001399	GOV'T	93,927.				RESEARCH
(2) UNIVERSITY OF ILLINOIS 506 S WRIGHT STREET URBANA, IL 61801	37-6000511	GOV'T	25,778.				RESEARCH
(3) UNIVERSITY OF MASSACHUSETTS - WORCESTER 55 N LAKE AVE WORCESTER, MA 01655	04-3167352	GOV'T	139,619.				RESEARCH
(4) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104-6205	23-1352682	GOV'T	8,580.				RESEARCH
(5) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001153	GOV'T	95,192.				RESEARCH
(6) UNIVERSITY OF TEXAS 10100 BURNET ROAD AUSTIN, TX 78758	00-8618634	GOV'T	99,283.				RESEARCH
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29.

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

**Part III Grants and Other Assistance to Individuals in the United States.** 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 UNDERGRADUATE FINANCIAL AID	2,121.	63,332,700.			
2 MASTERS PROGRAM FINANCIAL AID	898.	16,131,338.			
3 DOCTORAL PROGRAM FINANCIAL AID	541.	12,203,301.			
4 OTHER FINANCIAL AID	115.	1,742,065.			
5 TRAINEE TUITION AND FEES	195.	1,093,314.			
6 TUITION DISCOUNT	45.	181,443.			
7					

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

PROCEDURE OF MONITORING USE OF GRANTS TO GOVERNMENTAL AGENCIES & GOVERNMENTS

PART I, LINE 2

THE UNIVERSITY MAINTAINS ITS GRANT FUNDS IN INDIVIDUAL GRANT ACCOUNTS AND IS REQUIRED TO BE AUDITED ANNUALLY (A-133). IN ADDITION, THE UNIVERSITY HAS ESTABLISHED RESEARCH POLICIES AND PROCEDURES AS GUIDELINES TO PRINCIPAL INVESTIGATORS IN MANAGING THEIR GRANT AT BRANDEIS UNIVERSITY.

**Part III Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS

PART I, LINE 2

THE UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS AND APPLIES

THE FINANCIAL AID DIRECTLY CREDITING EACH STUDENT'S ACCOUNT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BRANDEIS 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number

04-2103552

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> Personal services (e.g., 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 in 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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 in 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 in 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" to line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	FREDERICK LAWRENCE PRESIDENT	(i)	723,440.	0	127,903.	76,000.	86,409.	1,013,752.	0
		(ii)	0	0	0	0	0	0	0
2	STEVEN GOLDSTEIN PROVOST, CAO THRU 10/28/2014	(i)	550,282.	70,000.	45,207.	26,000.	39,158.	730,647.	0
		(ii)	0	0	0	0	0	0	0
3	LISA LYNCH PROVOST, CAO AS OF 10/29/2014	(i)	301,439.	0	11,637.	26,000.	66,734.	405,810.	0
		(ii)	0	0	0	0	0	0	0
4	DAVID BUNIS CHIEF OF STAFF & LEGAL OFFICER	(i)	465,951.	0	40,045.	26,000.	39,702.	571,698.	0
		(ii)	0	0	0	0	0	0	0
5	STEVEN MANOS SVP, CHIEF OPERATING OFFICER	(i)	440,575.	0	0	0	0	440,575.	0
		(ii)	0	0	0	0	0	0	0
6	MARIANNE CWALINA SVP FOR FINANCE AND TREASURER	(i)	266,758.	0	7,112.	26,000.	25,223.	325,093.	0
		(ii)	0	0	0	0	0	0	0
7	ANDREW FLAGEL SVP, STUDENTS & ENROLLMENT	(i)	227,251.	0	2,335.	19,035.	26,855.	275,476.	0
		(ii)	0	0	0	0	0	0	0
8	NANCY WINSHIP SVP, INSTITUTIONAL ADVANCEMENT	(i)	394,535.	0	24,713.	26,000.	3,606.	448,854.	0
		(ii)	0	0	0	0	0	0	0
9	NICHOLAS WARREN CHIEF INVESTMENT OFFICER	(i)	410,000.	135,000.	13,240.	20,800.	6,779.	585,819.	0
		(ii)	0	0	0	0	0	0	0
10	JOHN UNSWORTH VICE PROVOST, CHIEF INFO OFF'R	(i)	275,450.	0	6,242.	26,000.	24,587.	332,279.	0
		(ii)	0	0	0	0	0	0	0
11	STEVEN LOCKE SVP, GENERAL COUNSEL	(i)	205,028.	0	1,615.	19,096.	22,921.	248,660.	0
		(ii)	0	0	0	0	0	0	0
12	JEHUDA REINHARZ FACULTY/FORMER PRESIDENT	(i)	228,513.	0	4,121,871.	23,375.	11,558.	4,385,317.	4,088,614.
		(ii)	0	0	0	0	0	0	0
13	BRUCE MAGID DEAN, INT'L BUSINESS SCHOOL	(i)	359,298.	0	19,829.	26,000.	62,522.	467,649.	0
		(ii)	0	0	0	0	0	0	0
14	IRVING EPSTEIN FACULTY	(i)	309,213.	0	7,529.	26,000.	4,848.	347,590.	0
		(ii)	0	0	0	0	0	0	0
15	EVE MARDER FACULTY	(i)	273,807.	0	4,873.	26,000.	11,511.	316,191.	0
		(ii)	0	0	0	0	0	0	0
16	JON CHILINGERIAN FACULTY	(i)	138,568.	125,035.	1,584.	14,658.	23,342.	303,187.	0
		(ii)	0	0	0	0	0	0	0

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FRANCES DROLETTE FORMER SVP, CFO	(i)	0	0	105,300.	0	2,670.	107,970.	0
	(ii)	0	0	0	0	0	0	0
2 JOHN HOSE FORMER ASST. SEC. OF THE CORP	(i)	0	0	125,010.	0	0	125,010.	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER O'BRIEN FORMER VP AND TREASURER	(i)	83,147.	0	180,897.	8,419.	1,782.	274,245.	0
	(ii)	0	0	0	0	0	0	0
4 MARK COLLINS FORMER SVP, ADMINISTRATION	(i)	0	0	254,957.	0	1,502.	256,459.	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A AND LINE 2

TRAVEL FOR COMPANIONS:

ACCORDING TO THE UNIVERSITY POLICY, TRAVEL FOR THE SPOUSE OF THE UNIVERSITY'S PRESIDENT SHALL ONLY BE REIMBURSED IF INCURRED WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENT REQUIRES SUBSTANTIATION AS WELL AS REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES PRIOR TO THE REIMBURSEMENT.

DURING CALENDAR YEAR 2014, THE UNIVERSITY REIMBURSED PRESIDENT LAWRENCE FOR TRAVEL EXPENSES INCURRED BY HIS SPOUSE WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENTS WERE MADE IN ACCORDANCE WITH UNIVERSITY POLICY. NONE OF THE REIMBURSEMENTS WERE TREATED AS TAXABLE COMPENSATION.

TAX INDEMNIFICATION:

PRESIDENT LAWRENCE'S 2014 WAGES WERE INCREASED TO COVER THE TAXES FOR HOUSEKEEPING SERVICES, PERSONAL USE OF AUTOMOBILE, AND MOVING EXPENSES.

**Part III Supplemental Information**

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

## HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

THE UNIVERSITY PROVIDED PRESIDENT LAWRENCE AND PROVOST GOLDSTEIN WITH HOUSING AS CONDITIONS OF THEIR EMPLOYMENT. THE RESIDENCES ARE BOTH ON CAMPUS OR WITHIN CLOSE PROXIMITY TO THE UNIVERSITY CAMPUS AND FURNISHED FOR THE BENEFIT AND CONVENIENCE OF THE UNIVERSITY TO CONDUCT UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT FUNCTIONS. THE VALUE OF SUCH HOUSING IS EXCLUDABLE FROM THEIR TAXABLE INCOME UNDER IRS CODE SECTION 119 (D) AND WAS INCLUDED IN THEIR NON TAXABLE BENEFITS AMOUNT REPORTED ON SCHEDULE J, PART II, COLUMN D.

## PERSONAL SERVICES:

ACCORDING TO THE UNIVERSITY POLICY, THE UNIVERSITY IS RESPONSIBLE FOR MAINTAINING THE PRESIDENT'S RESIDENCE. THE VALUE OF THE HOUSEKEEPING SERVICES PROVIDED TO THE RESIDENCE THAT WERE PERSONAL IN NATURE WAS INCLUDED IN HIS FORM W-2 AND REPORTED ON SCHEDULE J.

DURING CALENDAR YEAR 2014, THE UNIVERSITY PROVIDED LEGAL SERVICES TO FOUR MEMBERS OF SENIOR MANAGEMENT. THE AMOUNT PAID BY THE UNIVERSITY WAS



**Part III Supplemental Information**

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

INCLUDED IN THE INDIVIDUALS' FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

## OTHER BUSINESS EXPENSES:

THE UNIVERSITY REIMBURSES ITS OFFICERS AND KEY EMPLOYEES FOR ORDINARY AND NECESSARY BUSINESS EXPENSES INCURRED WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENT IS MADE UNDER AN ACCOUNTABLE PLAN AND REQUIRES SUBSTANTIATION USING THE ORIGINAL EXPENSE DOCUMENTATIONS AND APPROVAL BY APPROPRIATE PARTIES AS AUTHORIZED UNDER UNIVERSITY POLICY.

## SEVERANCE OR CHANGE OF CONTROL PAYMENT

PART I, LINE 4A

THE UNIVERSITY HAS AN EMPLOYMENT AND SEPARATION POLICY THAT COVERS MEMBERS OF THE SENIOR MANAGEMENT GROUP, INCLUDING SOME OF THE LISTED INDIVIDUALS. THE SEVERANCE PROVISION RANGES FROM 4 WEEKS TO 16 WEEKS, DEPENDING ON THE TERM OF EMPLOYMENT. IN ADDITION, SOME OF THE LISTED INDIVIDUALS HAVE A SEVERANCE PROVISION AS PART OF THEIR EMPLOYMENT ARRANGEMENT. THE SEVERANCE PROVISION RANGES FROM 12 MONTHS TO 24 MONTHS.

OTHER THAN THE PAYMENTS DESCRIBED BELOW, NO AMOUNTS WERE PAID TO THE

**Part III Supplemental Information**

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

LISTED INDIVIDUALS DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2014.

FRANCES A. DROLETTE, SENIOR VICE PRESIDENT FOR FINANCE AND CHIEF FINANCIAL OFFICER, LEFT HER POSITION AT THE END OF CALENDAR YEAR 2012. AS PART OF HER SEPARATION AGREEMENT, MS. DROLETTE RECEIVED SEVERANCE OF \$105,300, WHICH WAS INCLUDED IN HER W-2 AND REPORTED ON SCHEDULE J PART II COLUMN B(III).

JOHN HOSE, ASSISTANT SECRETARY OF THE CORPORATION, LEFT HIS POSTION IN JUNE 2013. AS PART OF HIS SEPARATION AGREEMENT, MR. HOSE RECEIVED SEVERANCE OF \$125,010, WHICH WAS INCLUDED IN HIS W-2 AND REPORTED ON SCHEDULE J PART II COLUMN B(III).

MARK COLLINS, SENIOR VICE PRESIDENT FOR ADMINISTRATION, LEFT HIS POSITION AT THE END OF CALENDAR YEAR 2013. AS PART OF HIS SEPARATION AGREEMENT, MR. COLLINS RECEIVED SEVERANCE OF \$244,012, WHICH WAS INCLUDED IN HIS W-2 AND REPORTED ON SCHEDULE J PART II COLUMN B(III).

**Part III Supplemental Information**

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

CHRIS O'BRIEN, FORMER VICE PRESIDENT OF FINANCE AND TREASURER, RETIRED FROM HIS POSITION IN MAY 2014. AS PART OF HIS SEPARATION AGREEMENT, MR. O'BRIEN RECEIVED SEVERANCE OF \$140,309 AND A TRANSITIONAL ALLOWANCE OF \$15,000, WHICH WERE INCLUDED IN HIS W-2 AND REPORTED ON SCHEDULE J PART II COLUMN (B)(III).

## DEFERRED COMPENSATION ARRANGEMENT

PART I, LINE 4B

PRESIDENT LAWRENCE PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER INTERNAL REVENUE CODE SECTION 457(F). PROVIDED PRESIDENT LAWRENCE IS EMPLOYED BY THE UNIVERSITY, THE UNIVERSITY WILL CREDIT A DEFERRED COMPENSATION ACCOUNT EACH JANUARY 1. ON JANUARY 1, 2014, THE UNIVERSITY CREDITED \$50,000 TO PRESIDENT LAWRENCE'S DEFERRED COMPENSATION ACCOUNT. THE AMOUNT IS NOT VESTED OR TAXABLE AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN C AS DEFERRED COMPENSATION.

AFTER SERVICE AS PRESIDENT OF THE UNIVERSITY FOR OVER 16 YEARS, DR. JEHUDA REINHARZ RETIRED FROM THAT POSITION AT THE END OF 2010 AND CONTINUES TO FULFILL SPECIFIED DUTIES AS PRESIDENT EMERITUS AND A FACULTY

**Part III Supplemental Information**

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

MEMBER. DURING HIS TENURE, DR. REINHARZ PARTICIPATED IN A NONQUALIFIED DEFERRED COMPENSATION RETIREMENT ARRANGEMENT UNDER IRS CODE SECTION 457(F), INCLUDING A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), DESIGNED TO PROVIDE THE EQUIVALENT OF A PENSION BENEFIT UPON TERMINATION OF SERVICE AS PRESIDENT. DURING CALENDAR YEAR 2014, DR. REINHARZ RECEIVED A ONE-TIME PAYMENT OF \$4,088,614. THE ANNUAL ACCRUAL FOR THIS AMOUNT WAS REPORTED IN PRIOR YEARS AS DEFERRED COMPENSATION AND IS BEING REPORTED AGAIN ON HIS FORM W-2 AND SCHEDULE J, PART II, COLUMN (B)(III). THE TOTAL OF THE PRIOR YEAR ACCRUALS IS REPORTED ON SCHEDULE J, PART II, COLUMN (F) AND SHOULD BE SUBTRACTED FROM THE TOTAL COMPENSATION REPORTED IN SCHEDULE J, PART II, COLUMN (E) TO ARRIVE AT THE TRUE TOTAL COMPENSATION FOR SERVICES PROVIDED TO BRANDEIS FOR THE REPORTING YEAR.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2014**

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MA DEVELOPMENT FINANCE AGENCY - SERIES N	04-3431814	57589RZB8	08/06/2008	48,160,410.	CONSTRUCTION OF BUILDINGS		X		X		X
<b>B</b> MA DEVELOPMENT FINANCE AGENCY - SERIES O	04-3431814	57583RW92	03/09/2010	188,794,806.	CONSTRUCTION, REFUND '98 BOND		X		X		X
<b>C</b> MA DEVELOPMENT FINANCE AGENCY - SERIES P	04-3431814		07/18/2013	36,500,000.	CONSTRUCTION, REFUND '04 BOND		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	48,160,410.		188,794,806.		36,500,000.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	6,802,005.				177,915.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	559,405.		1,501,706.		403,800.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds			6,500,000.					
10 Capital expenditures from proceeds	40,000,000.		180,793,100.		14,858,872.			
11 Other spent proceeds	799,000.				21,059,413.			
12 Other unspent proceeds								
13 Year of substantial completion	2009		2010		2014			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	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		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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

Part III Private Business Use (Continued)

MA DEVELOPMENT FINANCE AGENCY

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and percentages of financed property used in private business use.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues.



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

PART I, COLUMN F

PROCEEDS FROM THE SERIES O BOND WERE USED FOR THE REFUND OF '98 BOND  
ISSUED ON 11/15/1998

PROCEEDS FROM THE SERIES P BOND WERE USED FOR THE REFUND OF '04 BOND  
ISSUED ON 01/08/2004.

PART IV, LINE 2C:

ARBITRAGE REBATE COMPUTATIONS: THE ARBITRAGE REBATE COMPUTATIONS FOR THE  
2008, 2010 AND 2013 BONDS WERE PERFORMED ON OCTOBER 18, 2013, AUGUST 8,  
2013 AND SEPTEMBER 30, 2014 RESPECTIVELY.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

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](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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.

1	(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)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

1	(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) 2014

**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) MARGOT T. DAVIS	SPOUSE OF TRUSTEE J DAVIS	65,346.	EMPLOYEE COMPENSATION		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

PART IV

THE UNIVERSITY ENGAGES FAMILY MEMBERS OF OFFICERS OR TRUSTEES OF THE UNIVERSITY, IN THE ORDINARY COURSE OF BUSINESS, AS FOLLOWS:

MARGOT T. DAVIS, SPOUSE OF UNIVERSITY TRUSTEE JONATHAN G. DAVIS, IS EMPLOYED BY THE UNIVERSITY AS A PART-TIME SENIOR RESEARCH ASSOCIATE. DR. DAVIS RECEIVED EMPLOYEE COMPENSATION OF \$65,346. TRUSTEE DAVIS DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF DR. DAVIS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**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](http://www.irs.gov/form990).

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

**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	9 .	242,002 .	APPRAISAL & GALLERY
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	131 .	4,801,574 .	AVERAGE OF HIGH LOW
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1 . . . . .)		2 .	14,000 .	
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** 5 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		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 non-standard 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 did not 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) (2014)

JSA

4E1298 1.000

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

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NUMBER OF CONTRIBUTIONS

LINE 1, COLUMN (B)

THE NUMBERS REPORTED IN THIS COLUMN INDICATE THE NUMBER OF CONTRIBUTIONS RECEIVED.

GIFT ACCEPTANCE POLICY

PART I, LINE 31

BRANDEIS UNIVERSITY'S GIFT ACCEPTANCE POLICY IS AVAILABLE ONLINE AT  
[WWW.BRANDEIS.EDU](http://WWW.BRANDEIS.EDU).

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

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>
MUSICAL INSTRUMENT	X	1.	12,500.	APPRAISAL
MASSAGE CHAIR	X	1.	1,500.	FAIR MARKET VALUE
TOTALS		<u>2.</u>	<u>14,000.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

BRANDEIS 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.**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

04-2103552

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

BRANDEIS UNIVERSITY IS A COMMUNITY OF SCHOLARS AND STUDENTS UNITED BY THEIR COMMITMENT TO THE PURSUIT OF KNOWLEDGE AND ITS TRANSMISSION FROM GENERATION TO GENERATION. AS A RESEARCH UNIVERSITY, BRANDEIS IS DEDICATED TO THE ADVANCEMENT OF THE HUMANITIES, ARTS AND SOCIAL, NATURAL AND PHYSICAL SCIENCES. AS A LIBERAL ARTS COLLEGE, BRANDEIS AFFIRMS THE IMPORTANCE OF A BROAD AND CRITICAL EDUCATION IN ENRICHING THE LIVES OF STUDENTS AND PREPARING THEM FOR FULL PARTICIPATION IN A CHANGING SOCIETY, CAPABLE OF PROMOTING THEIR OWN WELFARE, YET REMAINING DEEPLY CONCERNED ABOUT THE WELFARE OF OTHERS.

IN A WORLD OF CHALLENGING SOCIAL AND TECHNOLOGICAL TRANSFORMATION, BRANDEIS REMAINS A CENTER OF OPEN INQUIRY AND TEACHING, CHERISHING ITS INDEPENDENCE FROM ANY DOCTRINE OF GOVERNMENT. IT STRIVES TO REFLECT THE HETEROGENEITY OF THE UNITED STATES AND OF THE WORLD COMMUNITY WHOSE IDEAS AND CONCERNS IT SHARES. IN THE BELIEF THAT THE MOST IMPORTANT LEARNING DERIVES FROM THE PERSONAL ENCOUNTER AND JOINT WORK OF TEACHERS AND STUDENTS, BRANDEIS ENCOURAGES UNDERGRADUATES AND POSTGRADUATES TO PARTICIPATE WITH DISTINGUISHED FACULTY IN RESEARCH, SCHOLARSHIP AND ARTISTIC ACTIVITIES.

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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## REVIEW PROCESS

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

SENIOR MANAGEMENT IS RESPONSIBLE FOR DRAFTING FORM 990. THE COMPLETED DRAFT IS SUBMITTED FOR REVIEW BY THE UNIVERSITY'S TAX ADVISORY FIRM. RECOMMENDED CHANGES ARE DISCUSSED WITH SENIOR MANAGEMENT AND INCORPORATED INTO THE RETURN, AS APPROPRIATE.

FOR FISCAL YEAR 2015, THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED THE FORM 990 AND DISCUSSED ANY QUESTIONS WITH SENIOR MANAGEMENT AND THE UNIVERSITY'S TAX ADVISORY FIRM.

AFTER THE AUDIT COMMITTEE REVIEW, AND PRIOR TO FILING THE COMPLETED FORM 990, A COPY OF THE FORM 990 WAS SENT TO EACH MEMBER OF THE BOARD OF TRUSTEES.

## CONFLICT OF INTEREST POLICY

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

THE BRANDEIS UNIVERSITY CONFLICT OF INTEREST POLICY FOR TRUSTEES, OFFICERS AND COMMITTEE MEMBERS ESTABLISHES A PROCESS WHEREBY POTENTIAL, APPARENT AND ACTUAL CONFLICTS OF INTEREST OF TRUSTEES, OFFICERS AND NON-TRUSTEE COMMITTEE MEMBERS MAY PROPERLY BE AVOIDED OR MANAGED SO THAT THE BEST INTERESTS OF THE UNIVERSITY ARE PROTECTED. OFFICERS, TRUSTEES AND COMMITTEE MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM, WHICH IS CONSISTENT WITH THE POLICY AND THE APPLICABLE REGULATORY AND AUDITING REQUIREMENTS. THE INVESTMENT COMMITTEE MEMBERS COMPLETE AN

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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ANNUAL DISCLOSURE FORM WITH ADDITIONAL QUESTIONS RELATED TO THE UNIVERSITY'S INVESTMENTS. CERTAIN SENIOR OFFICERS AND FINANCIAL EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM WITH RESPECT TO THE UNIVERSITY'S INVESTMENTS.

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WITH THE ASSISTANCE OF THE SVP & GENERAL COUNSEL, OVERSEES THE COLLECTION AND REVIEW OF THE DISCLOSURE FORMS. IN THE CASE OF A POTENTIAL, APPARENT, OR ACTUAL RELATED PARTY TRANSACTION OR OTHER SITUATION PRESENTING A POSSIBLE CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CHAIR IS RESPONSIBLE FOR DECIDING WHETHER TO SUBMIT THE TRANSACTION OR SITUATION TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE BOARD FOR A DETERMINATION.

IN ADDITION, THE UNIVERSITY HAS ESTABLISHED A SEPARATE CONFLICT OF INTEREST POLICY FOR ITS EMPLOYEES. UNDER THIS POLICY, DISCLOSURE FORMS ARE COMPLETED ANNUALLY BY ALL SENIOR OFFICERS, THE PRESIDENT'S CABINET, DEPARTMENT CHAIRS, HEADS OF CENTERS AND INSTITUTES, PRINCIPAL INVESTIGATORS AND OTHER DESIGNATED SENIOR OFFICIALS AND FINANCIAL PERSONNEL. PERSONS WITH A CONFLICT ARE RECUSED FROM DISCUSSIONS AND DO NOT VOTE OF RESOLUTIONS THAT PERTAIN DIRECTLY TO THEIR CONFLICT.

#### COMPENSATION POLICY

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

THE UNIVERSITY IS COMMITTED TO ATTRACTING, RETAINING AND MOTIVATING QUALIFIED EMPLOYEES, RELATING COMPENSATION TO PERFORMANCE, PROMOTING AN



Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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EQUITABLE RELATIONSHIP BETWEEN COMPENSATION AND RESPONSIBILITY AND ENSURING COMPLIANCE WITH LAW AND REGULATION. THIS PROCESS IS THE FOUNDATION OF ALL HIRING, ANNUAL PERFORMANCE EVALUATIONS AND SALARY ADJUSTMENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS AUTHORIZED BY THE BOARD OF TRUSTEES AND DIRECTED TO PERFORM A DIRECT REVIEW AND APPROVAL AT REGULAR INTERVALS OF THE PERFORMANCE AND COMPENSATION OF THE OFFICERS, AND WHERE APPROPRIATE, OTHER SENIOR MANAGEMENT OF THE UNIVERSITY. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES INDEPENDENT EXTERNAL CONSULTANTS TO ASSIST WITH BOTH THE REVIEW OF COMPENSATION AGREEMENTS AND THE GATHERING OF COMPARABILITY DATA IN DETERMINING THE REASONABLENESS OF COMPENSATION AND COMPLIANCE WITH THE PROCEDURES DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6. 2014 COMPENSATION AS REPORTED ON FORM 990 PART VII AND SCHEDULE J PART II WAS SUBJECT TO THE DIRECT REVIEW AND APPROVAL OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

## PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT WWW.BRANDEIS.EDU/FINANCIALAFFAIRS. THE UNIVERSITY'S GOVERNING DOCUMENTS ARE AVAILABLE ONLINE AT WWW.BRANDEIS.EDU. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THE WEBSITE OF MASSACHUSETTS ATTORNEY GENERAL.

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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## OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

NET CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(680,975)
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TOTAL:	(680,975)

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO INC. & AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251-6170	FOOD SERV. & CONSTR.	21,123,370.
LEE KENNEDY CO INC. 122 QUINCY SHORE DR. QUINCY, MA 02171	CONSTRUCTION	3,862,637.
TISHMAN CORP OF MASSACHUSETTS 66 LONG WHARF BOSTON, MA 02110	CONSTRUCTION	3,504,553.
GREENERU ONE MOODY STREET WALTHAM, MA 02453	SUSTAINABILITY	2,424,245.
TIMBERLINE CONSTRUCTION CORP 300 PINE ST., CANTON, MA 02021	CONSTRUCTION	2,298,186.

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

ATTACHMENT 2FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH AND EQUIVALENTS	1,202,277.	21,254,089.	FMV
FIXED INCOME	97,747,916.	152,022,107.	FMV
EQUITIES	310,930,283.	325,870,895.	FMV
REAL ESTATE	106,218,539.	54,787,412.	FMV
ALTERNATIVE INVESTMENTS	371,623,055.	386,204,026.	FMV
TOTALS	<u>887,722,070.</u>	<u>940,138,529.</u>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 7 columns: (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). Rows 1-7 are empty.

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

Schedule R (Form 990) 2014

**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)												
(2)												
(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) CHARITABLE REMAINDER TRUSTS (16)			N/A						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

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**Part VII** **Supplemental Information**

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

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