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)

OMB No. 1545-0047

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

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

Inspection

A F	or the	e 2018	calendar year, or tax year beginning	07/01, 2018	, and ending			06	5/30, 20	19	
_			C Name of organization				Employer ider	ntifica	ation numb	er	
В	Check if ap	pplicable:	BRANDEIS UNIVERSITY				04-2103	355	2		
	Addre		Doing business as								
	7	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nur	nber			
	Initial	l return	PO BOX 9110				(781) 73	5 – 2	2000		
		return/	City or town, state or province, country, a	and ZIP or foreign postal code	•						
	termir Amen	nded	WALTHAM, MA 02454-9110)		G	Gross receipts	\$	701,	968,	188.
		cation	F Name and address of principal officer:	RONALD LIEBOWITZ		F	H(a) Is this a grou		rn for	Yes	X No
	pendi	ing	PO BOX 9110, WALTHAM,	MA 02454-9110			subordinates? I(b) Are all subordi		ncluded?	Yes	── No
$\overline{}$	Tax-ex	empt sta) ◀ (insert no.) 4947(a)(1)	or 527		• •		list. (see instr		
			WWW.BRANDEIS.EDU) (insert no.) 4347 (a)(1)	01 327		l(c) Group exemp			,	
_				Association Other	I Vear of		n: 1947 M s			nicile:	MA
	art I		mmary	Association Other	L Teal Of	TOTTTALIO	II. 1017 W	otate	or legal dol	mone.	
			describe the organization's mission o	AN FD	IICATTONA	r. TNIQ	TTTTTTON	7\	COMMII	MTTV	
•	1		describe the organization's mission of SCHOLARS AND STUDENTS UN					, ^	COMMO	1/111	
nce			WLEDGE AND ITS TRANSMISS				KSUII OF				
rna	_										
Governance	2			iscontinued its operations or dispos				- 1			2.0
			er of voting members of the governing					3			36.
Activities &	4		er of independent voting members of t					4			33.
Ϋ́			number of individuals employed in cale					5			202.
Ė	6	Total ı	number of volunteers (estimate if necess	sary)				6			932.
⋖			unrelated business revenue from Part V	. , , ,				7a	1,:	312,8	
	b	Net ur	related business taxable income from	Form 990-T, line 38				7b			0.
							Prior Year			ent Ye	
ø	8	Contri	butions and grants (Part VIII, line 1h) .				5,233,43	_		754,	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			36	9,697,93	1.	381,	922,	956.
ě	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)		1	7,841,59	9.		340,	
Œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			3,554,98	2.	5,	037,	702.
	12	Total i	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) .		43	6,327,95	1.	499,	055,	605.
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)		10	3,882,06	4.	110,	182,	327.
	14		its paid to or for members (Part IX, colu					0.			0.
Ø	15		es, other compensation, employee bene			19	3,377,64	8.	198,	398,	355.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.			0.
ç	b	Total f	fundraising expenses (Part IX, column (I	D), line 25) 11,580,949							
ш	17		expenses (Part IX, column (A), lines 11			15	1,979,88	0.	155,	042,	254.
			expenses. Add lines 13-17 (must equal			44	9,239,59	2.	463,	622,	936.
			ue less expenses. Subtract line 18 from				2,911,64	_		432,	
or			The rest expenses of Cabinat in the restrict				ng of Current Y	\rightarrow		of Year	
ets	20	Total :	assets (Part X, line 16)				0,178,40	_			
Net Assets or Fund Balances	21		iabilities (Part X, line 26)				6,389,73	\rightarrow	375,		
und/	22		ssets or fund balances. Subtract line 21				3,788,67				
	rt II		gnature Block	nom ine 20			27.0070.	J • -		100,	
			of perjury, I declare that I have examined this	is return including accompanying sched	ules and statem	nents and	to the hest of	my k	knowledge	and hel	iof it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	s any kno	wledge.	111y 1	Kilowicago	and bei	101, 11 13
Sig	ın		Signature of officer				Date				
He		'	ŭ	GEO C		Б	Date				
			SAMUEL SOLOMON	CFO &	TREASURE	K					
			Type or print name and title	Brangraria aignatura	Doto			1 -	DTINI		
Paid	d		Type preparer's name	Preparer's signature	Date	0000	Check	"	PTIN		1
	parer	SHY	JOSEPH	-110	7/10/:		self-employe		P0108		L
	Only		name ►KPMG LLP			F	Firm's EIN ▶1				
			address ▶60 SOUTH STREET B			F	Phone no. 6	17-	-988-10	000	
			iscuss this return with the preparer	•) <u>.</u>						No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.					Form	990	(2018)

BRANDEIS UNIVERSITY 04-2103552 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: 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? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program X No If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 320,804,550. including grants of \$ 105,815,510.) (Revenue \$ ATTACHMENT) (Expenses \$ 4b (Code: 48,498,142. including grants of \$ 4,366,817.) (Revenue \$ 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 \$ 38,509,366. including grants of \$) (Revenue \$ 43,370,952.) 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 \$ 407,812,058. **4e** Total program service expenses ▶

4e Total program service expenses ► 407,812,05

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	le the experiention described in section FOA/s\/O\ == 40.47/s\/A\ /sthere there is not set. (see define 20.15 ") (Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		X	
2	complete Schedule A	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 21
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8	X	
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	37	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	37
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	4.45	v	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		21
		16	X	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	21	
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
}	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- '		
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	21	
,		19		Х
١	If "Yes," complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 21
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Х	
24-	employees? If "Yes," complete Schedule J	23	Λ	
24 a	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</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ŭ	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		v	
	Schedule L, Part IV.	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		Х
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29	21	
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
-	complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
Dowl	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 69	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ü	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 5,202			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х
	sponsoring organization have excess business holdings at any time during the year?	8		21
	Sponsoring organizations maintaining donor advised funds.	9a		Х
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 36			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	ed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to ele				37
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				v
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		0-	Х	
a	The governing body?		8a 8b	X	-
b	Each committee with authority to act on behalf of the governing body?		90	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		_)	
			0000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of s				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before file	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			37	
а	The organization's CEO, Executive Director, or top management official		15a	X	-
b	Other officers or key employees of the organization		15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	_	16a		Х
L	with a taxable entity during the year?		100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ AZ, CA, FL, MD, MA, N	J,NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	oly.	,		` '
	X Own website X Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	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 becamuel solomon, cfo and treas 415 south street waltham, MA 02454 781-736-2000	ooks and record	s 🕨		

Form **990** (2018)

JSA

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

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)	box, office or direct	unles	Pos neck s pe	rson	e than cor/trust Highest compensated employee	an tee)	(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
		stee	rustee		Ф	pensated				Organizations
(1)MEYER KOPLOW	2.00									
TRUSTEE - CHAIR	0.	Х		Х				0.	0.	0
(2)LISA R. KRANC	2.00									
TRUSTEE - VICE CHAIR	0.	Х		Х				0.	0.	0
(3)BARBARA A. MANDEL	2.00									
TRUSTEE - VICE CHAIR	0.	Х		Х				0.	0.	0
(4)CYNTHIA SHAPIRA	2.00									
TRUSTEE - VICE CHAIR	0.	Х		Х				0.	0.	0
(5)CURTIS H. TEARTE	2.00									
TRUSTEE - SECRETARY	0.	Х		Х				0.	0.	0
(6)ALLEN B. ALTER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(7)LESLIE M. ARONZON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)JAYNE G. BEKER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)CYNTHIA L. BERENSON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10)BONNIE A. BERGER	1.00									
TRUSTEE	0.	Х						0.	0.	0
(11)FRANCES R. BERMANZOHN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)DEBORAH BIAL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)STEVEN M. BUNSON	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)JONATHAN G. DAVIS	1.00									
TRUSTEE	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MADALYN E. FRIEDBERG	1.00									
TRUSTEE	0.	Х						0.	0.	0.
16) DANIEL J. JICK	1.00									
TRUSTEE	0.	Х						0.	0.	0.
17) RONALD L. KAISERMAN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
18) ELLEN LASHER KAPLAN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
19) STEPHEN B. KAY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
20) JOSHUA M. KRAFT	1.00									
TRUSTEE	0.	Х						0.	0.	0.
21) JOYCE GAIL KRASNOW	1.00									
TRUSTEE	0.	Х						0.	0.	0.
22) GEORGE D. KRUPP	1.00									
TRUSTEE	0.	Х						0.	0.	0.
23) MARTIN R. KUPFERBERG TRUSTEE	1.00	Х						0.	0.	0.
24) GEORG B. MUZICANT TRUSTEE	1.00	X						0.	0.	0.
25) LOUIS PERLMUTTER	1.00	- 1						0.	0.	0.
TRUSTEE	0.	Х						0.	0.	0.
1b Sub-total							•	0.	0.	0.
c Total from continuation sheets to Part VII, S				• •	• •		•	7,522,808.	0.	955,998.
d Total (add lines 1b and 1c)	-						•	7,522,808.	0.	955,998.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual.	sum of repeater than	ortab \$15	le c	om 00?	per	satior "Yes	n aı	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 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 2		

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 ► 182

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(A)	(B)			(((D)	ed Employees (c		(F)	
Name and title	Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than of is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	ar com	stimated nount of other opensation	of ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		an	anizatio d relate anizatio	d
6) GREGORY A. PETSKO TRUSTEE	1.00	Х						0.	0.			(
7) BRUCE G. POLLACK TRUSTEE	1.00	Х						0.	0.			(
8) STEPHEN R. REINER TRUSTEE	1.00	Х						0.	0.			(
9) ADAM RIFKIN TRUSTEE	1.00	Х						0.	0.			(
0) CAROL R. SAIVETZ TRUSTEE	1.00	Х						0.	0.			
l) BARBARA Z. SANDER TRUSTEE	1.00	Х						0.	0.			
2) MINDY L. SCHNEIDER TRUSTEE	1.00	Х						0.	0.			
B) BRAM SHAPIRO TRUSTEE	1.00	Х						0.	0.			
4) MALCOM L. SHERMAN TRUSTEE	1.00	X						0.	0.			
5) MARK A. SURCHIN TRUSTEE	1.00	X						0.	0.			
6) PERRY TRANQUINA TRUSTEE	1.00	X						0.	0.			
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	Section A					e) who	> re					_
reportable compensation from the organization		385									Yes	N
B Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										3	Х	
For any individual listed on line 1a, is the organization and related organizations guindividual	sum of repreater than	ortab \$15	ole c 50,0	om 00?	per <i>If</i>	sation	n ar	nd other compens	sation from the le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		

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

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	(F) stimated nount of other pensation om the anization d related anization	f on n d
37) BARTON J. WINOKUR	1.00											
TRUSTEE	0.	Х						0.	0.			0.
38) LAN XUE	1.00											
TRUSTEE	0.	Х						0.	0.			0.
39) RONALD LIEBOWITZ	60.00											
PRESIDENT	0.	Х		Х				882,968.	0.	1	.07,0	168.
40) ORLA O'BRIEN	50.00											
ASSISTANT SECRETARY	0.			Х				118,527.	0.		17,4	04.
41) LISA LYNCH	50.00											
PROVOST	0.			Х				481,566.	0.		85,7	⁷ 53.
42) STEWART URETSKY	50.00											
EVP FINANCE AND ADMINISTRATION	0.			Х				521,884.	0.		26,6	550.
43) SAMUEL SOLOMON	50.00											
CFO AND TREASURER	0.			Х				299,028.	0.		55,5	555.
44) NICHOLAS WARREN	50.00											
CHIEF INVESTMENT OFFICER	0.				X			774,442.	0.		62,9	17.
45) STEVEN LOCKE	50.00											
SVP, GENERAL COUNSEL	0.				Х			230,101.	0.		90,4	17.
46) JAMES GRAY	50.00											
VP FOR OPERATIONS	0.				Х			280,668.	0.		30,8	346.
47) JAMES LA CRETA	50.00											
CHIEF INFORMATION OFFICER	0.				X			262,900.	0.		47,2	202.
Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bove	e) who	re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3	Х	110
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?) If	"Yes,	," (complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Ye</i>										5		X

Section B. Independent Contractors

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

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, Tru		y Em	plo			and F	ligl	_		ontinu	
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss per	more rson	e is or/tru Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ar com fi org an	stimated mount of other npensation rom the ganization d related anizations
48) ROBIN NELSON-BAILEY	50.00										
VP HUMAN RESOURCES UNTIL 9/18	0.				X			188,281.	0.		15,02
49) IRA JACKSON EVP COMMUNICATIONS UNTIL 1/19	50.00				Х			420,106.	0.		55,10
50) ZAMIRA KORFF SVP, INSTITUTIONAL ADVANCEMENT	50.00				Х			468,265.	0.		39,86
51) EDWARD HACKETT VP FOR RESEARCH	50.00				Х			228,979.	0.		21,96
52) DEBORAH SHUFRIN DIRECTOR OF INVESTMENTS	50.00	-				Х		396,689.	0.		28,05
53) GINA TURRIGIANO FACULTY	50.00	-				Х		340,604.	0.		75,29
54) KATHRYN APPLEBY FACULTY	50.00	-				Х		336,491.	0.		52,24
55) JON CHILINGERIAN FACULTY	50.00	-				Х		295,533.	0.		52,90
56) STUART ALTMAN FACULTY	50.00					Х		302,349.	0.		31,72
57) MARIANNE CWALINA FORMER SVP FINANCE/TREASURER	0.						Х	142,303.	0.		11,87
58) ANDREW FLAGEL FMR SVP, STUDENT & ENROLLMENT	0.						Х	295,472.	0.		25,05
1b Sub-total c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization	ection A		liste		 		> re				
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes N
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	sum of repeater than	ortab \$15	le c	omı 00?	pen <i>If</i>	satior <i>"Ye</i> s	n ar	nd other compens complete Schedu	sation from the left of the le	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	ron	any	uni	related organization	on or individual	5	2

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 ▶

Form 990 (2018)									·-·				Page 8
Part VII Section A. Officers, Directors, Tr		y En	nplo			and H	ligl		ed Emplo	yees (co			
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from d	Est am	(F) timated ount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization I related nization	t
59) NANCY WINSHIP	0.												
FMR SVP INST ADVANCEMENT	0.	-					X	255,652.		0.		23,0	80.
		-											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A			· ·	· ·		> >						
2 Total number of individuals (including but not reportable compensation from the organization)		hose 385		d al	bove	e) who	re	ceived more than	\$100,000	of 			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of repeater than	oortab	ole o	om 00?	pen	sation "Yes,	ar	nd other compens	sation from	the	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	from	n any	uni				5		X
Complete this table for your five highest compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation	
							-						

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 ►

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Part VIII Statement of Revenue

		Check if Schedule O co	nitaliis a respor	ise of flote to any				<u> ∟ _ </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
uts∣.	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	469,458.				
٩	С	Fundraising events	1c	274,693.				
<u>i</u>	d	Related organizations	1d					
Sin	е	Government grants (contribu	ıtions) 1e					
ĕ	f	All other contributions, gifts,	grants,					
₹		and similar amounts not included	d above . 1f	41,010,705.				
and B	g	Noncash contributions included in		4,200,139.				
	h	Total. Add lines 1a-1f	<u> </u>		41,754,856.			
3				Business Code	274 422 222	074 400 000		
2	2a	TUITION & FEES		611710	274,420,900.	274,420,900.		
5	b	SPONSORED PROGRAMS		611710	54,292,946.	54,292,946.	101 204	121 00/
5	C	AUXILIARY SERVICES BRANDEIS NATIONAL COMMITT	ים ים י	721000 611710	1,466,474.	43,137,778. 1,466,474.	101,284.	131,89
2	d	FOSTER BIO LAB		611710	122,641.	1,400,474.	122,641.	
	e			011/10	8,249,043.	8,246,043.	3,000.	
2	ī g	All other program service rev Total. Add lines 2a-2f			381,922,956.	0,210,0131	3,000.	
	_ 3	Investment income (inc			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•	and other similar amounts).	•		8,869,170.		-550,457.	9,419,62
4	4	Income from investment of		. Г	0.			
	5	Royalties	•		3,021,369.			3,021,36
			(i) Real	(ii) Personal				
	6a	Gross rents	1,628,423.					
	b	Less: rental expenses						
	С	Rental income or (loss)	1,628,423.					
	d	Net rental income or (loss) .		▶	1,628,423.		894,136.	734,28
:	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	264,036,437.					
	b	Less: cost or other basis						
		and sales expenses	202,545,563.	19,953.				
	С	Gain or (loss)	61,490,874.	-19,953.				
	d	Net gain or (loss)			61,470,921.		742,211.	60,728,71
ן ק	8a	Gross income from fundra	-					
ַ בֿ		events (not including \$						
2		of contributions reported on		347,067.				
		See Part IV, line 18		245.065				
7		Less: direct expenses Net income or (loss) from fu			0.			
Ι,		Gross income from gaming	_					
'	Ja	See Part IV, line 19		0.				
	b	Less: direct expenses						
		Net income or (loss) from g			0.			
10	0a	Gross sales of inventor	-					
		returns and allowances		0.				
	b Less: cost of goods sold		b	0.				
		Net income or (loss) from sa			0.			
		Miscellaneous Revenu	e	Business Code				
11	1 a	MISCELLANEOUS INCOME		611710	387,910.	387,910.		
	b							
	С	-						
	d	All other revenue						
		Total. Add lines 11a-11d -			387,910.			

BRANDEIS UNIVERSITY

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,									
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,366,818.	4,366,818.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	103,743,665.	103,743,665.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	2,071,844.	2,071,844.							
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	6,039,101.	828,028.	4,456,702.	754,371.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	2,349,874.	1,859,410.	450,490.	39,974.					
7	Other salaries and wages	154,203,855.	136,450,259.	12,387,231.	5,366,365.					
	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	10,040,609.	8,929,644.	756,879.	354,086.					
9	Other employee benefits	14,519,994.	12,593,817.	1,394,888.	531,289.					
10	Payroll taxes	11,244,922.	9,799,084.	1,033,531.	412,307.					
11	Fees for services (non-employees):									
а	Management	0.								
	Legal	2,353,106.	773,441.	1,579,665.						
c	Accounting	385,400.		385,400.						
	Lobbying	5,939.	5,939.							
	Professional fundraising services. See Part IV, line 17.	0.								
f	Investment management fees	3,434,696.		3,434,696.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	5,683,604.	2,749,188.	2,332,175.	602,241.					
12	Advertising and promotion	1,252,724.	1,094,269.	143,755.	14,700.					
13		11,838,910.	9,095,697.	2,177,079.	566,134.					
14	Information technology	6,475,365.	4,413,539.	1,997,606.	64,220.					
15		0.								
16	Occupancy	20,177,429.	18,286,063.	1,645,463.	245,903.					
17	Travel	6,441,459.	5,920,786.	335,049.	185,624.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	2,211,656.	2,121,287.	32,925.	57,444.					
20	Interest	9,865,103.	8,941,476.	782,282.	141,345.					
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	25,796,955.	24,297,496.	1,117,112.	382,347.					
23	Insurance	1,444,246.	10,029.	1,434,194.	23.					
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.)									
а	DINING SERVICES	20,482,445.	18,624,509.	1,768,998.	88,938.					
-	STIPENDS AND FELLOWSHIPS	11,266,479.	11,259,479.	7,000.						
c	STUDY ABROAD PAYMENTS	4,658,981.	4,658,981.							
d	LIBRARY	3,990,938.	3,989,172.	1,766.						
е	All other expenses	17,276,819.	10,928,138.	4,575,043.	1,773,638.					
25	Total functional expenses. Add lines 1 through 24e	463,622,936.	407,812,058.	44,229,929.	11,580,949.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
		0.								

BRANDEIS UNIVERSITY

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Part X Balance Sheet

1 6	וונא	Dalance Officet					
		Check if Schedule O contains a response o	r note	e to any line in this P	Part X	<u></u> .	<u> </u>
		·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,817,201.	1	714,031.
	2	Savings and temporary cash investments			25,171,960.	2	28,509,249.
	3	Pledges and grants receivable, net			10,350,109.	3	8,211,594.
	4	Accounts receivable, net			13,993,774.	4	10,244,924.
	5	Loans and other receivables from current and f	orme	r officers, directors,			
		trustees, key employees, and highest co	mper	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the cont			0.	5	0.
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B),					
			oring organizations of section 501(c)(9) voluntary employees' beneficiary				
S		organizations (see instructions). Complete Part II of Sche	dule L		0.		0.
Assets	7	Notes and loans receivable, net			10,460,623.	7	9,133,241.
As	8	Inventories for sale or use			322,732.	8	341,185.
	9	Prepaid expenses and deferred charges	:		9,890,379.	9	14,498,344.
	10 a	Land, buildings, and equipment: cost or					
			10a	818,680,167.			252 -5- 122
		Less: accumulated depreciation	10b	455,114,747.	363,366,482.		
	11				1,069,923,562.	11	1,096,897,557.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets			0. 22,881,584.	17	0. 56,045,276.
	15	Other assets. See Part IV, line 11			1,530,178,406.	15	1,588,160,821.
_	16	Total assets. Add lines 1 through 15 (must equal			30,529,638.	16 17	27,867,743.
	17	Accounts payable and accrued expenses			0.		0.
	18	Grants payable				19	21,623,475.
	19 20	Deferred revenue			242,095,675.	20	275,541,970.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	rt IV c	of Schedule D	0.	21	0.
G	22	Loans and other payables to current and for				21	0.
Liabilities		trustees, key employees, highest compens					
ij		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë:	23	Secured mortgages and notes payable to unrelate			29,450,000.	23	28,875,000.
	24	Unsecured notes and loans payable to unrelated t			0.	_	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		· ·	22,155,386.	25	21,769,458.
	26	Total liabilities. Add lines 17 through 25			346,389,733.	26	375,677,646.
		Organizations that follow SFAS 117 (ASC 958),					
Fund Balances		complete lines 27 through 29, and lines 33 and	34.				
auc	27	Unrestricted net assets			184,614,530.	27	182,856,727.
Bal	28	Temporarily restricted net assets			322,407,829.	28	334,446,925.
p	29	Permanently restricted net assets		<u></u>	676,766,314.	29	695,179,523.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, checl	k here and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmen	t fund		31	
Ä	32	Retained earnings, endowment, accumulated inco				32	
Net	33				1,183,788,673.	33	1,212,483,175.
_	34	Total liabilities and net assets/fund balances			1,530,178,406.	34	1,588,160,821.
		• • • •					Form 990 (2018)

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Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		99,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2			,622,936.		
3	Revenue less expenses. Subtract line 2 from line 1	3		35,4			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			88,673.		
5	Net unrealized gains (losses) on investments	5		-6,270,905.			
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4	67,2	262.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	aht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in				
	the Single Audit Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х		

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

BRANDEIS UNIVERSITY 04-2103552 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018

Total

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,364,246.	36,329,038.	79,939,479.	45,233,439.	41,754,856.	251,621,058.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	48,364,246.	36,329,038.	79,939,479.	45,233,439.	41,754,856.	251,621,058.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						40,147,396.
6	Public support. Subtract line 5 from line 4						211,473,662.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	48,364,246.	36,329,038.	79,939,479.	45,233,439.	41,754,856.	251,621,058.
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,970,543.	8,162,116.	12,648,338.	15,456,642.	13,175,283.	60,412,922.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	99,743.	88,305.	130,592.	109,740.	131,890.	560,270.
11	Total support. Add lines 7 through 10						312,594,250.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,819,884,750.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li		•		ſ	14	67.65 %
15	Public support percentage from 2017					15	69.54 %
16a	331/3% support test - 2018. If the org	_					
	box and stop here. The organization q			-			
b	331/3% support test - 2017. If the org						
4	this box and stop here. The organization			-			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			_			upported
L	organization						and line
D	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization in Part VI how the organization						•
	Explain in Part VI how the organization				_		
18	supported organization						
10	•						
	instructions						<u> r </u>

8E1220 1.000 7673LT 1592 V 18-8.2F 2150887 PAGE 19 Schedule A (Form 990 or 990-EZ) 2018 Page 3

Part III

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

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and stop here .	Ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

Yes No

Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

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

Section A. Al	l Supporting	Organizations
---------------	--------------	----------------------

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

- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Jenead	ne A (1 01111 330 01 330 EZ) 2010			age e
Part	Supporting Organizations (continued)		\ \ \	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		
Jecki	on B. Type roupporting organizations		Yes	No
			163	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
2004	•	1		
secti	on D. All Type III Supporting Organizations		Vaa	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page **8**

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

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	₹				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
OTHER INCOME	99,743.	88,305.	130,592.	109,740.	131,890.	560,270.
TOTALS	99,743.	88,305.	130,592.	109,740.	131,890.	560,270.

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V 18-8.2F

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	ion under section 501(h))): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (see separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org				
Nam	e of organization			Employer ide	ntification number
BRA	ANDEIS UNIVERSITY			04-210	3552
Pai	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign ac	ctivities in Part IV. (see ir	structions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	expenditures (see instructions)		 	
3	Volunteer hours for political	campaign activities (see instructio	ns)		
Par	t I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organization	n under section 495	5▶\$	
2		cise tax incurred by organization m			
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.				
Par	rt I-C Complete if the	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	<u>). </u>
1		expended by the filing organizatio			
2		ng organization's funds contributedies			
3	·	enditures. Add lines 1 and 2. Er		•	
4 5	Did the filing organization fil Enter the names, addresses organization made paymen the amount of political con	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promoted or a political action committee (per (EIN) of all section of the amount pain optly and directly de	on 527 political organized from the filing organized livered to a separate po	Yes No ations to which the filing ation's funds. Also enter olitical organization, such
	(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) 2018

P		lete if the org	janizati	on is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
A					affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ ☐ if t	he filing organiz	zation ch	ecked box /	A and "limited contro	ol" provisions app	ly.	
	(The			ying Expeneration	ditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
(b Total lobbying ec Total lobbying ed Other exempt pe Total exempt pu	xpenditures to i xpenditures (ad urpose expendit urpose expendit	nfluence d lines 1 tures ures (add	a legislative a and 1b) d lines 1c ar	ion (grass roots lobly body (direct lobby) and 1d)	ng)		
		line 1e, column (a) or (b) is:	The lobbyir	ng nontaxable amount	is:		
	Not over \$500,00		, , ,		amount on line 1e.			
	Over \$500,000 bu	ut not over \$1,000	0,000	\$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000	but not over \$1,5	00,000	\$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000	but not over \$17,	000,000	\$225,000 p	lus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000)		\$1,000,000				
	g Grassroots non	taxable amount	(enter 25	5% of line 1f)			
ı	h Subtract line 1g	from line 1a. If	zero or le	ess, enter -0		[
i	i Subtract line 1f	from line 1c. If a	zero or le	ss, enter -0-				
j	j If there is an a	mount other th	an zero	on either l	ine 1h or line 1i, o	did the organiza	tion file Form 4720	
	reporting section	n 4911 tax for t	his year?					Yes No
			•	4-Year Aver	aging Period Unde	r Section 501(h)		
	(Some or	ganizations tha			01(h) election do no te instructions for l		ete all of the five colun 2f.)	nns below.
			Lobb	ying Expe	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (o beginning		(a)	2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobbying nontaxa	ble amount						
	b Lobbying ceiling a (150% of line 2a, c							
_ (c Total lobbying exp	enditures						
_ (d Grassroots nontax	kable amount						
_	e Grassroots ceiling (150% of line 2d,							
1	f Grassroots lobbyi	ng expenditures						

Schedule C (Form 990 or 990-EZ) 2018

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Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 5768	3		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?	1	X				
f	Grants to other organizations for lobbying purposes?	1	X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1	X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X					,939
i :	Other activities?						,939
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
za 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?						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 50		, or s	ection			
	501(c)(6).	`	•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 50						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	OR (b) Pa	rt III-A,	line	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies.		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	n of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	obbyir	ng				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	od aro	ın liet). Part I	l_Λ lir		and
	be instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u gioi	ap iisi), rait i	1-7, III	163 1	anu
_ (01	o mondono/, and r arr ii 5, iii o 1.7 1100, complete the part of any additional information.						
SEI	PAGE 4						
						-	

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 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 \$5,939.

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BRA	NDEIS UNIVERSITY		04-2103552
Pa	rt I Organizations Maintaining Donor Advi	ised Funds or Other Similar Funds o	
	Complete if the organization answered		
	1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	11.	
2	Aggregate value of contributions to (during year)	420,614.	
3	Aggregate value of grants from (during year)	438,312.	
4	Aggregate value at end of year.	1,008,128.	
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	5 5	
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Pa	rt Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., reci	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c		
	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, tran	isferred, released, extinguished, or termi	nated by the organization during the
	tax year Number of states where preparty subject to see a	mustion accompant is located •	
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		-
6	Staff and volunteer hours devoted to monitoring, inspec		
U	b	ting, nariding of violations, and emorcing col	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations and enforcing o	conservation easements during the year
-	▶\$		verses values easemente a armig the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	potnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ucation, or research in furtherance of
	public service, provide the following amounts relati	•	> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of all following amounts required to be reported under S		<u> </u>
	following amounts required to be reported under S Revenue included on Form 990, Part VIII, line 1		
a b	Assets included in Form 990, Part X		

	rt Organizations Maintaini	na Collections of	Art. Historical Tre	easures, or	Other Similar A	Assets (continued)
3	Using the organization's acquisition					
	collection items (check all that app			, , ,	3 · · · ·	3
а	X Public exhibition	.,,-	d X Loan	or exchange	programs	
b	X Scholarly research		e Other			
С	X Preservation for future generation	rations				
4	Provide a description of the organ		and explain how	thev further	the organization's	s exempt purpose in Part
	XIII.					
5	During the year, did the organization	n solicit or receive o	donations of art. his	orical treasur	es, or other simila	ar
	assets to be sold to raise funds rath					
Pa	rt IV Escrow and Custodial A		•			
	Complete if the organiza	tion answered "Ye	es" on Form 990, I	Part IV, line	9, or reported a	n amount on Form
	990, Part X, line 21.					
1 a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	contributions of	or other assets no	t
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the following ta	ble:		
						Amount
С	Beginning balance			1c		
	Additions during the year					
е	Distributions during the year			1e		
f	Ending balance			1f		
	Did the organization include an am					
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been pro	ovided on Part XIII	
Pa	rt V Endowment Funds.					
	Complete if the organiza					
		(a) Current year	(b) Prior year	(c) Two years	. , ,	
1 a	Beginning of year balance	1046386224.	976,887,018.		766. 915,087	
b	Contributions	19,978,652.	23,964,663.	62,895,	086. 27,549	9,415. 50,320,741.
С	Net investment earnings, gains,					
	and losses	58,779,655.	95,171,930.		78929,715	
d	Grants or scholarships	21,139,541.	18,988,748.	16,645,	319. 14,288	3,816. 15,474,765.
е	Other expenditures for facilities					
	and programs	30,479,126.	30,648,639.	32,009,	304. 31,854	4,694. 27,007,439.
f	Administrative expenses					
g	End of year balance	1073525864.	1046386224.	976,887,	018. 866,777	7,766. 915,087,079.
2	Provide the estimated percentage		end balance (line 1g	, column (a)) ł	neld as:	
а	Board designated or quasi-endowm		_%			
b	Permanent endowment ▶ 62.9					
С	Temporarily restricted endowment	•				
	The percentages on lines 2a, 2b, a	•				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and	l administered for	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X 3a(ii) X
	(ii) related organizations					***(**)
	If "Yes" on line 3a(ii), are the related	•	•			3b
4	Describe in Part XIII the intended ut		tion's endowment fu	nds.		
Pa	Land, Buildings, and Equal Complete if the organization	ation answered "Y	es" on Form 990,	Part IV, line	11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated	(d) Book value
1 2	Land	,		other) 333,152.	depreciation	45,833,152.
ı a h	Buildings		·		67,115,207.	193,483,485.
D	Leasehold improvements				73,757,660.	46,652,946.
4	Equipment.				14,241,880.	58,570,554.
u				025,283.		19,025,283.
	Other				2)	363.565.420.

Schedule D (Form 990) 2018

Page 3 Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Complete if the organization answered "Y	es" on Form 990, Pa	art 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related. Complete if the organization answered "Y	es" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets.		
Complete if the organization answered "Y	es" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	ption	(b) Book value
_ (1)		
(2)		
_(3)		
(4)		
_(5)		
(6)		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X Other Liabilities.		
Complete if the organization answered "Y line 25.	es" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ESTIMATED LIABILITY TO ANNUITANTS	10,068,691	
(3) DEFERRED COMPENSATION AND SEVERANCE	510,120	
(4) ENVIRONMENTAL LIABILITY	5,551,758	
(5) REFUNDABLE STUDENT LOAN ADVANCES	5,102,306	
(6) CAPITAL LEASE LIABILITY	536,583	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,769,458	

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 JSA 8E1270 1.000 7673LT 1592

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Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	383,067,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d -106, 282,771.		
	Add lines 2a through 2d	2e	-112,553,676.
3	Subtract line 2e from line 1	3	495,620,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,434,696.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	3,434,696.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	499,055,605.
Part :		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı	
1	Total expenses and losses per audited financial statements	1	354,372,731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		105 015 500
е	Add lines 2a through 2d	2e	-105,815,509.
3	Subtract line 2e from line 1	3	460,188,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 3,434,696.		
	investment expenses not included on Form 930, Fart VIII, line Fb. 1.1.1.1.1.		
	Other (Describe in Part XIII.)	4.	3,434,696.
С 5	Add lines 4a and 4b	4c 5	463,622,936.
	Supplemental Information.	<u> </u>	103/022/330.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART

PART III, LINE 1:

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 NON-OPERATING 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.

PART V, LINE 2

BRANDEIS UNIVERSITY HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET

Schedule D (Form 990) 2018

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Part XIII Supplemental Information (continued)

ASSETS WITHOUT DONOR RESTRICTIONS OR NET ASSETS WITH DONOR RESTRICTIONS.

FOR PURPOSES OF PART V, LINE 2, BRANDEIS UNIVERSITY HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT.

ENDOWMENT FUNDS

PART V, LINE 4

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

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

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.

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN

PART XI, LINE 2D

UNIVERSITY FUNDED FINANCIAL AID (105,815,509)

CHANGE IN VALUE OF SPLIT INTEREST (467, 262)

TOTAL (106, 282, 771)

OTHER EXPENSES INCLUDED ON RETURN BUT NOT FINANCIAL STATEMENTS

PART XII, LINE 4B

UNIVERSITY FUNDED FINANCIAL AID 105,815,509

TOTAL 105,815,509

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SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	_	v	
2	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	_		
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Part II	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	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:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
		_		37
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
u	Octional Ships of Other Inhaholal assistance:	Ju		
е	Educational policies?	5e		Х
	·			
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
	Other sudur survival and a settinities 2	.		Х
h	Other extracurricular activities?	5h		Λ
	if you answered Tes to any of the above, please explain. If you fleed more space, use Fait ii.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	_	v	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1

Schedule E (Form 990 or 990-EZ) (2018)
Page 2

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 ON THE BRANDEIS WEBSITE. THE POLICY APPLIES TO ALL

BRANDEIS STUDENTS, FACULTY AND STAFF. NOTICE OF NONDISCRIMINATION POLICY

IS ALSO AVAILABLE ON BRANDEIS UNIVERSITY'S HOMEPAGE.

BRANDEIS UNIVERSITY IS COMMITTED TO PROVIDING ITS STUDENTS, FACULTY AND STAFF WITH AN ENVIRONMENT CONDUCIVE TO LEARNING AND WORKING AND 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, CASTE, SEX, SEXUAL ORIENTATION, PREGNANCY, AGE, GENETIC INFORMATION, DISABILITY, MILITARY OR VETERAN STATUS OR ANY OTHER CATEGORY PROTECTED BY LAW (ALSO KNOWN AS MEMBERSHIP IN A "PROTECTED CLASS"). VIOLATIONS OF THIS POLICY WILL NOT BE TOLERATED AND MAY RESULT IN CORRECTIVE ACTIONS UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT.

THE UNIVERSITY HAS THE RESPONSIBILITY TO HELP PREVENT HARASSMENT AND DISCRIMINATION FROM OCCURRING, TO PURSUE CONCERNS OF WHICH IT IS AWARE, TO INVESTIGATE CONCERNS THOROUGHLY AND IN AN IMPARTIAL FASHION, AND TO TAKE IMMEDIATE AND APPROPRIATE ACTION TO REMEDY INSTANCES OF HARASSMENT AND DISCRIMINATION. BRANDEIS TAKES THIS RESPONSIBILITY SERIOUSLY.

THEREFORE, VIOLATIONS OF THIS POLICY WILL NOT BE TOLERATED AND MAY RESULT IN CORRECTIVE ACTION UP TO AND INCLUDING RELEASE FROM EMPLOYMENT.

Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990-EZ) (2018)

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).

THE UNIVERITY MAKES ITS POLICY AVAILABLE YEAR-ROUND ON ITS WEBSITE:

WWW.BRANDEIS.EDU/HUMANRESOURCES/POLICIES/NON-DISCRIMINATION-HARASSMENT.HTM

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 E (Form 990 or 990-EZ) (2018)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	of the organization					Employer identifica	ation number
BRA	NDEIS UNIVERSITY					04-21035	52
Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the	organization a	nswered "Yes" or
1 2	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance? For grantmakers. Describe in	ty for the gran	ts or assistance	e, and the selection criteri	a used to	award the	X Yes No
-	outside the United States.	rait v the org	anization o pre	occurred for monitoring	ine use (no granto and	a other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a prodescrib	tivity listed in (d) is ogram service, oe specific type of e(s) in the region	(f) Total expenditures for and investments in the region
_(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	21,992.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	750,131.
(3)	EUROPE	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	2,780,060.
(4)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	91,434.
(5)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	11,965.
(6)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	278,986.
_(7)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	71,098.
(8)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY A	BROAD	112,449.
(9)	EUROPE	0.	0.	PROGRAM SERVICES	CERN		1,089,004.
<u>(10)</u>	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	31,558.
<u>(11)</u>	EUROPE	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	21,696.
<u>(12)</u>	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	69,205.
<u>(13)</u>	NORTH AMERICA	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	22,999.
<u>(14)</u>	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	1,000.
<u>(15)</u>	SOUTH ASIA	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	2,300.
<u>(16)</u>	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FOREIGN	RESEARCH	25,974.
(17)	CENTEDAL AMEDICA (CARTERDAN	0	0	TNIVECOMENIC			200 176 107
(17) 3a	Subtotal	0.	0.	INVESTMENTS			288,176,197. 293,558,048.
							4

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

Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

298,410,443. Schedule F (Form 990) 2018

4,852,395.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 2018 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BRANDEIS UNIVERSITY				04-21035	52
General Information o Form 990, Part IV, line 141		Outside the	United States. Comple	ete if the organization a	inswered "Yes" or
1 For grantmakers. Does the orga	nization mainta	ain records to s	substantiate the amount of	its grants and other	
assistance, the grantees' eligibili					
grants or assistance?	-		,		X Yes No
grame or assistance.					
2 For grantmakers. Describe in I	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
outside the United States.					
3 Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
	of offices in	employees,	region (by type) (such as, fundraising, program services,	a program service,	expenditures for
	the region	agents, and independent	investments, grants to recipients	describe specific type of service(s) in the region	and investments in the region
		contractors	located in the region)	, ,	
		in the region			
(4)					4 050 005
(1) EUROPE	0.	0.	INVESTMENTS		4,852,395.
(0)					
(2)					
45)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation					
sheets to Part I					
c Totals (add lines 3a and 3b)					
(~~~ 11100 04 4114 00)	1	i .			II.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient he IRS, or for which the gra er total number of other org	ntee or counsel has provide	d a section 501(c)(3)	equivalency lette	r		▶		

Schedule F (Form 990) 2018

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP AND FINANCIAL AID	CENT. AMERICA/CARIBBEAN	2.	21,992.	SEE PART V			
(2) SCHOLARSHIP AND FINANCIAL AID	EAST ASIA/PACIFIC	54.	434,674.	SEE PART V			
(3) SCHOLARSHIP AND FINANCIAL AID	EUROPE/ICELAND/GREENLAND	164.	1,280,561.	SEE PART V			
(4) SCHOLARSHIP AND FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	8.	54,328.	SEE PART V			
(5) SCHOLARSHIP AND FINANCIAL AID	SOUTH AMERICA	18.	161,289.	SEE PART V			
(6) SCHOLARSHIP AND FINANCIAL AID	SOUTH ASIA	4.	44,660.	SEE PART V			
(7) SCHOLARSHIP AND FINANCIAL AID	SUB-SAHARAN AFRICA	7.	74,340.	SEE PART V			
_(8)							
_(9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(</u> 18)							

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

ган	1 oreign to this			
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)	X	Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X 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)	X	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)	X	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)	X	Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No

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Part V **Supplemental Information**

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

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

MANNER OF CASH DISBURSEMENT

ASSISTANCE TO THE STUDY ABROAD INSTITUTIONS.

PART III, COLUMN (E)

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

Schedule F (Form 990) 2018 JSA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number
BRANDEIS UNIVERSITY					04-2103552	
Fundraising Activities. Corporate Form 990-EZ filers are no				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization ra	aised funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	itation of i	non-government g	rants	
b Internet and email solicitations	f			government grants	3	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the 	0, Part VII) or entity dividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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		001. (1)	
1		100	110			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total 3 List all states in which the organiz registration or licensing.	cation is registered	or licensed	▶ I to solicit	contributions or	has been notified	it is exempt from
	<u> </u>			·		

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (F	Form 990 or 990-EZ) 2018	Page 2
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or	reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and	d 6b. List
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 LUNCHEON	(b) Event #2 LUNCHEON	(c) Other events 21.	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	182,809.	54,091.	384,860.	621,760
Ř	2	Less: Contributions Gross income (line 1 minus	70,269.	26,551.	177,873.	274,693
	3	line 2)	112,540.	27,540.	206,987.	347,067
	4	Cash prizes			0.	
	5	Noncash prizes			0.	
enses	6	Rent/facility costs		1,500.	52,354.	53,854
Direct Expenses	7	Food and beverages	92,992.	22,339.	127,079.	242,410
Direc	8	Entertainment			0.	
	9	Other direct expenses	19,548.	3,701.	27,554.	50,803
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)		347,067 reported more than
- nue		\$ 10,000 cm cm ccc 22, m	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k	1	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			. Yes No

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
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:		
а	The organization's facility		%
b	An outside facility		%
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 ▶ \$		
С	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		
u	retain the state gaming license?	Yes	No
b			
~	or spent in the organization's own exempt activities during the tax year > \$		
Par			

Schedule G (Form 990 or 990-EZ) 2018

JSA 8E1503 1.000

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization						Employer identification	on number
BRANDEIS UNIVERSITY						04-210355	52
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to Describe in Part IV, line 21, for any recipient to the selection of the selection	ts or assistand dures for moi Domestic Or	ce? nitoring the use ganizations a r	of grant funds in the	e United States.	nplete if the organiza	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BROWN UNIVERSITY							
P.O. BOX 1839 PROVIDENCE, RI 02912-1839	05-0258809	501(C)(3)	111,167.				RESEARCH
(2) COMMONWEALTH OF MASSACHUSETTS							
1 ASHBURTON PLACE BOSTON, MA 02108	04-6002284	GOV'T	6,888.				RESEARCH
(3) IJIS INSTITUTE							
44983 KNOLL SQUARE ASHBURN, VA 20147	31-1783179	501(C)(3)	813,134.				RESEARCH
(4) MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	17,573.				RESEARCH
(5) NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	143,314.				RESEARCH
(6) PALO ALTO INSTITUTE FOR RESEARCH							
3801 MIRANDA AVE PALO ALTO, CA 94304-0038	77-0207331	501(C)(3)	41,149.				RESEARCH
(7) PRESIDENT AND FELLOWS OF HARVARD COLLEGE							
P.O. BOX 415649 BOSTON, MA 02241-5649	04-2103580	501(C)(3)	565,689.				RESEARCH
(8) REGENTS OF THE UNIVERSITY OF MICHIGAN							
500 S. STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	194,257.				RESEARCH
(9) REGENTS OF THE UNIVERSITY OF MINNESOTA							
3 MORRILL HALL, 100 CHURCH ST. S.E.	41-6007513	GOV'T	94,499.				RESEARCH
(10) THE SCRIPPS RESEARCH INSTITUTE							
10550 N. TORREY PINES RD LA JOLLA, CA 92037	99-0435954	501(C)(3)	21,502.				RESEARCH
(11) TRUSTEES OF BOSTON COLLEGE							
140 COMMONWEALTH AVE	04-2103545	501(C)(3)	34,319.				RESEARCH
(12) TRUSTEES OF DARTMOUTH COLLEGE							
DARTMOUTH COLLEGE HANOVER, NH 03755	02-0222111	501(C)(3)	5,718.				RESEARCH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 ta	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

JSA 8E1288 1 000

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

BRANDEIS UNIVERSITY						04-210355	52
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		•					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF TUFTS COLLEGE							
419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	845,408.				RESEARCH
(2) UNIVERSITY OF MASSACHUSETTS - AMHERST							
CONTROLLER'S OFFICE AMHERST, MA 01003-9272	04-3167352	GOV'T	251,229.				RESEARCH
(3) UNIVERSITY OF MASSACHUSETTS - WORCESTER							
55 N. LAKE AVE WORCESTER, MA 01655	04-3167352	GOV'T	83,156.				RESEARCH
(4) UNIVERSITY OF MISSOURI - COLUMBIA AR							
P.O. BOX 807012 KANSAS CITY, MO 64180-7012	43-6003859	GOV'T	240,898.				RESEARCH
(5) UNIVERSITY OF SOUTH CAROLINA							
1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	GOV'T	15,418.				RESEARCH
(6) AUTISTIC SELF ADVOCACY NETWORK							
PO BOX 66122 WASHINGTON, DC 20035	26-1270198	501(C)(3)	27,500.				RESEARCH
(7) BOSTON UNIVERSITY							
881 COMMONWEATLH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	12,056.				RESEARCH
(8) HEBREW SENIOR LIFE							
1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298	501(C)(3)	82,982.				RESEARCH
(9) WALKING CINEMA							
339 LIBERTY STREET SAN FRANCISCO, CA 94114	47-2408672	501(C)(3)	22,563.				RESEARCH
(10) VASSAR COLLEGE							
124 RAYMOND AVE, BOX 12	14-1338587	501(C)(3)	134,733.				RESEARCH
(11) UNIVERSITY OF TEXAS							
301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	GOV'T	13,580.				RESEARCH
(12) UNIVERSITY OF NEW HAMPSHIRE							
9 EDGEWOOD RD DURHAM, NH 03824	02-0437506	GOV'T	103,673.				RESEARCH
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

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

Schedule I (Form 990) (2018)

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Schedule I (Form 990) (2018)

Employer identification number Name of the organization BRANDEIS UNIVERSITY 04-2103552 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1063 31-6025986 GOV'T 36,667. RESEARCH (2) THE BRIGHAM AND WOMEN'S HOSPITAL INC 118,570. 75 FRANCIS STREET BOSTON, MA 02115 04-2312909 501(C)(3) RESEARCH (3) SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211-1462 14-1338498 501(C)(3) 15,000. RESEARCH (4) ROCHESTER INSTITUTE OF TECHNOLOGY 16-0743140 23,062. 46 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 501(C)(3) RESEARCH (5) RIGHT QUESTION INSTITUTE 2464 MASSACHUSETTS AVE STE 314 04-3099027 501(C)(3) 81,994. RESEARCH (6) REGENTS OF UNIVERSITY OF CALIFORNIA 220 MONTGOMERY ST SAN FRANCISCO, CA 91404 94-6036493 501(C)(3) 5,629 RESEARCH (7) NEW YORK UNIVERSITY 13-5562308 501(C)(3) 105 E. 17TH ST, 2ND FL 132,152 RESEARCH (8) IMAJ ASSOCIATES INC 11 WILLIAM REYNOLDS FARM ROAD 46-0541081 25,000. RESEARCH (9) HUMAN SERVICES RESEARCH INSTITUTE 2336 MASSACHUSETTS AVENUE 52-1039368 501(C)(3) 10,469 RESEARCH (10) DISABILITY RIGHTS EDUC & DEFENSE FUND 3075 ADELINE STREET, SUITE 210 94-2620758 501(C)(3) 21,081 RESEARCH (11) DISABILITY POLICY CONSORTIUM 11 DARTMOUTH STREET, SUITE #301 04-3570281 501(C)(3) 14,789. RESEARCH (12)34. 1.

JSA 8E1288 1 000

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

Schedule I (Form 990) (2018) Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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	2,237.	70,149,440.			
2 masters program financial aid	1,055.	18,818,915.			
3 DOCTORAL PROGRAM FINANCIAL AID	490.	12,933,943.			
-					
4 CONTINUING PROGRAM FINANCIAL AID	22.	374,341.			
5 OTHER FINANCIAL AID	43.	452,946.			
6 TRAINEE TUITION AND FEES	208.	781,720.			
7 TUITION DISCOUNT	163.	232,360.			

Part IV Supplemental Information. 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 GOVERMENTAL AGENCIES & GOVERMENTS

PART I, LINE 2

THE UNIVERSITY MAINTAINS ITS GRANT FUNDS IN INDIVIDUAL GRANT ACCOUNTS AND

IS REQUIRED TO BE AUDITED ANNUALLY. IN ADDITION, THE UNIVERSITY HAS

ESTABLISHED RESEARCH POLICIES AND PROCEDURES AS GUIDELINES TO PRINCIPAL

INVESTIGATORS IN MANAGING THEIR GRANT AT BRANDEIS UNIVERSITY.

Schedule I (Form 990) (2018) Page 2

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

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

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

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS

PART III

THE UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS AND APPLIES

THE FINANCIAL AID DIRECTLY CREDITING EACH STUDENT'S ACCOUNT.

7673LT 1592 V 18-8.2F 2150887

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RONALD LIEBOWITZ	(i)	697,519.	0.	185,449.	71,000.	39,902.	993,870.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA LYNCH	(i)	454,946.	0.	26,620.	27,500.	60,273.	569,339.	0.
2PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
STEWART URETSKY	(i)	469,400.	35,000.	17,484.	26,650.	2,020.	550,554.	0.
3EVP FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
SAMUEL SOLOMON	(i)	291,750.	0.	7,278.	27,500.	30,291.	356,819.	0.
4 ^{CFO} AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
NICHOLAS WARREN	(i)	734,927.	0.	39,515.	22,000.	42,937.	839,379.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN LOCKE	(i)	228,279.	0.	1,822.	24,646.	67,523.	322,270.	0.
6 ^{SVP} , GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES GRAY	(i)	276,706.	0.	3,962.	22,000.	10,794.	313,462.	0.
7 ^{VP} FOR OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES LA CRETA	(i)	261,307.	0.	1,593.	21,797.	27,606.	312,303.	0.
8CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBIN NELSON-BAILEY	(i)	187,667.	0.	614.	15,023.	267.	203,571.	0.
9 P HUMAN RESOURCES UNTIL 9/18	(ii)	0.	0.	0.	0.	0.	0.	0.
IRA JACKSON	(i)	393,328.	0.	26,778.	27,500.	28,803.	476,409.	0.
10 EVP COMMUNICATIONS UNTIL 1/19	(ii)	0.	0.	0.	0.	0.	0.	0.
ZAMIRA KORFF	(i)	415,971.	50,000.	2,294.	7,243.	34,639.	510,147.	0.
11 SVP, INSTITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD HACKETT	(i)	219,690.	0.	9,289.	21,969.	1,627.	252,575.	0.
12 ^{VP FOR RESEARCH}	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH SHUFRIN 13 DIRECTOR OF INVESTMENTS	(i)	386,972.	0.	9,717.	22,000.	7,065.	425,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GINA TURRIGIANO	(i)	309,613.	0.	30,991.	27,500.	48,841.	416,945.	0.
14 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHRYN APPLEBY	(i)	302,605.	0.	33,886.	27,500.	25,953.	389,944.	0.
15 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.
JON CHILINGERIAN	(i)	288,716.	0.	6,817.	27,500.	26,654.	349,687.	0.
16 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STUART ALTMAN	(i)	296,536.	0.	5,813.	27,500.	5,147.	334,996.	0.
1 FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIANNE CWALINA	(i)	0.	0.	142,303.	0.	11,875.	154,178.	0.
2FORMER SVP FINANCE/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW FLAGEL	(i)	223,821.	0.	71,651.	11,028.	15,102.	321,602.	0.
3FMR SVP, STUDENT & ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY WINSHIP	(i)	212,993.	0.	42,659.	22,329.	1,418.	279,399.	0.
4 ^{FMR} SVP INST ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

Part | Supplemental Information

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

PART I, QUESTION 1

TRAVEL FOR COMPANIONS

DURING CALENDAR YEAR 2018, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ 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.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

THE UNIVERSITY PROVIDED PRESIDENT LIEBOWITZ WITH A HOUSING ALLOWANCE AS A CONDITION OF HIS EMPLOYMENT. THE VALUE OF SUCH HOUSING IS INCLUDABLE AS TAXABLE INCOME UNDER IRS CODE SECTION 119(D).

PERSONAL SERVICES

DURING CALENDAR YEAR 2018, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ

FOR PERSONAL LEGAL, TRAVEL, AND FINANCIAL SERVICE EXPENSES. THE AMOUNT

PAID BY THE UNIVERSITY WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AND

REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

Schedule J (Form 990) 2018

Part | Supplemental Information

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

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.

PART I QUESTION 4A

SEVERANCE OR CHANGE OF CONTROL PAYMENT

THE UNIVERSITY HAS AN EMPLOYMENT AND SEPARATION POLICY THAT COVERS

MEMBERS OF THE SENIOR MANAGEMENT GROUP, WHICH PROVIDES SEVERANCE

PROVISION FROM 4 WEEKS TO 20 WEEKS. SOME SENIOR MANAGEMENT MAY HAVE

ADDITIONAL SEVERANCE PROVISION AS PART OF THEIR EMPLOYMENT ARRANGEMENT.

MARIANNE CWALINA, SVP OF FINANCE AND TREASURER, LEFT HER POSITION AT THE END OF FISCAL YEAR 2017. AS PART OF HER SEPARATION AGREEMENT, MS. CWALINA RECEIVED SEVERANCE OF \$142,303, WHICH WAS INCLUDED IN HER W-2 AND REPORTED ON SCHEDULE J PART II COLUMN B(III).

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

Part | Supplemental Information

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

PART I QUESTION 4B

DEFERRED COMPENSATION ARRANGEMENT

PRESIDENT LIEBOWITZ PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER IRS CODE SECTION 457(F). IN ACCORDANCE WITH HIS EMPLOYMENT AGREEMENT, THE UNIVERSITY WILL CREDIT A DEFERRED COMPENSATION ACCOUNT ON JUNE 30TH OF EVERY YEAR BEGINNING ON JUNE 30, 2017. THE DEFERRED COMPENSATION ACCOUNT WILL VEST EVERY THREE YEARS CONTINGENT UPON CONTINUOUS EMPLOYMENT. THE DEFERRED COMPENSATION ACCOUNT WAS CREDITED WITH \$43,500 ON JUNE 30, 2018. THE AMOUNT IS NOT VESTED OR TAXABLE AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN C AS DEFERRED COMPENSATION.

(f) Description of purpose

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

(d) Date issued

(e) Issue price

(b) Issuer EIN

(c) CUSIP #

OMB No. 1545-0047

2018

Open to Public Inspection

behalf of financing

(i) Pooled

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

BRANDEIS UNIVERSITY

Bond Issues

(a) Issuer name

Employer identification number 04-2103552

(g) Defeased

										issu	Jer	mian	,g
								Yes	No	Yes	No	Yes	No
0 04-3431814	57583RW92	03/09/2010	188,	794,806.	REFUND '98 8	k '08 BONDS			Х	\sqcup	Х		Х
P 04-3431814		07/18/2013	36	500,000.	CONSTRUCTION	N, REFUND 'C	4 BOND		х		Х		Х
Q 04-3431814		06/15/2017	20	000,000.	CONSTRUCTION	1			Х		Х		х
R 04-3431814	57584YLJ6	08/21/2018	41	421,007.	REFUND '08 BONDS				х		Х		х
				A		В	C	;			D		
			40,3	30,000	. 3,7	30,447.	6	25,00	0.00				
			188,7	94,806	. 36,5	00,000.	20,0	00,00	0.	41	,42	1,00	7.
			1,5	01,706	. 4	03,050.					35	8,93	34.
			6,5	00,000									
			18,0	00,000	. 14,5	91,609.	20,0	00,00	0.				
			162,7	93,100	. 21,5	05,341.				41	,06	2,07	3.
			201)	201	4	201	9					
			Yes	No	Yes	No	Yes	No		Yes		No	
refunding issue of tax	k-exempt bo	onds (or,											
issue)?	<u></u>	<u> </u>	X		X			Х		X			
	P 04-3431814 Q 04-3431814 R 04-3431814 ds	P 04-3431814 Q 04-3431814 57584YLJ6	P 04-3431814 07/18/2013 Q 04-3431814 06/15/2017	P 04-3431814 07/18/2013 36, Q 04-3431814 57584YLJ6 08/21/2018 41, 40,33 188,79 1,59 182,79 182,79 183,09 162,79 refunding issue of tax-exempt bonds (or, issue)? X	P 04-3431814 07/18/2013 36,500,000. Q 04-3431814 57584YLJ6 08/21/2018 41,421,007. A 40,330,000	P 04-3431814 07/18/2013 36,500,000. CONSTRUCTION Q 04-3431814 57584YLJ6 08/21/2018 41,421,007. REFUND '08 I A 40,330,000. 3,7	P 04-3431814 07/18/2013 36,500,000. CONSTRUCTION, REFUND 'O Q 04-3431814 57584YLJ6 08/21/2018 41,421,007. REFUND '08 BONDS A B 40,330,000. 3,730,447.	P 04-3431814 07/18/2013 36,500,000. CONSTRUCTION, REFUND '04 BOND Q 04-3431814 06/15/2017 20,000,000. CONSTRUCTION R 04-3431814 57584YLJ6 08/21/2018 41,421,007. REFUND '08 BONDS A B 40,330,000. 3,730,447. 66	O 04-3431814 57583RW92 03/09/2010 188,794,806. REFUND '98 & '08 BONDS P 04-3431814 07/18/2013 36,500,000. CONSTRUCTION, REFUND '04 BOND Q 04-3431814 57584YLJ6 08/21/2018 41,421,007. REFUND '08 BONDS A B C 40,330,000. 3,730,447. 625,000. 188,794,806. 36,500,000. 20,000,000. 188,794,806. 36,500,000. 20,000,000. 188,794,806. 36,500,000. 20,000,000. 188,794,806. 36,500,000. 20,000,000. 188,000,000. 144,591,609. 20,000,000. 162,793,100. 21,505,341. 2019 Yes No Yes No Yes No Yes No Yes No Refunding issue of tax-exempt bonds (or, issue)? X X X X X X	O 04-3431814 57583RW92 03/09/2010 188,794,806. REFUND '98 & '08 BONDS X P 04-3431814 07/18/2013 36,500,000. CONSTRUCTION, REFUND '04 BOND X Q 04-3431814 57584YLJ6 08/21/2018 41,421,007, REFUND '08 BONDS X A B C 40,330,000. 3,730,447. 625,000. 188,794,806. 36,500,000. 20,000,000. 188,794,806. 36,500,000. 20,000,000. 1,501,706. 403,050. 1,501,706. 403,050. 18,000,000. 14,591,609. 20,000,000. 162,793,100. 21,505,341. 2010 2014 2019 Yes No Yes No Yes No Yes No Yes No refunding issue of tax-exempt bonds (or, issue)? X	O	O 04-3431814 57583RW92 03/09/2010 188,794,806, REFUND '98 & '08 BONDS	Yes No Yes Yes No Yes Yes No Yes Yes

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

issued prior to 2018, an advance refunding issue)?...........

17 Does the organization maintain adequate books and records to support the

JSA

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Schedule K (Form 990) 2018

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SCHEDULE K (Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

04-2103552

Name of the organization BRANDEIS UNIVERSITY

Internal Revenue Service

BRANDEIS UNIVERSIII										04-2	Z1035	752		
Part I Bond Issues			ı			1					T (1)			_
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ed (e) Is	ssue price	(f) Description of p		urpose	(g) De	efeased	(h) (beha issu	alf of	(i) Po finan	
									Yes	No	Yes	No	Yes	No
A MA DEVELOPMENT FINANCE AGENCY 2019 - SERIES S-2	04-3431814		03/05/20	19 4	4,292,634.	CONSTRUCTION	N OF BUILDI	NGS		х		х		Х
<u>B</u>														_
С														
	+													
D														
Part II Proceeds		'		'					_					
					Α		В	С				D		
1 Amount of bonds retired														
2 Amount of bonds legally defeased														
3 Total proceeds of issue				44,	292,634									
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds	<u></u>													
6 Proceeds in refunding escrows	<u></u>													
7 Issuance costs from proceeds					233,842									
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds				1,	642,748									
11 Other spent proceeds														
12 Other unspent proceeds				42,	416,044									
13 Year of substantial completion														
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refundi	ng issue of tax	c-exempt be	onds (or,											
if issued prior to 2018, a current refunding issue)?					X									
15 Were the bonds issued as part of a refund	ing issue of ta	xable bond	ds (or, if											
issued prior to 2018, an advance refunding issue)?					X									
16 Has the final allocation of proceeds been made?					X									
17 Does the organization maintain adequate bo														
final allocation of proceeds?				X										

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

JSA

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7673LT 1592 PAGE 65 V 18-8.2F 2150887

Schedule K (Form 990) 2018

Pa	rt III Private Business Use SE	RIES O,	P,Q & R						
			Α	ı	3	(С	I)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		X		X		Х
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X	Х			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?					X			
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X			X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?		Х						X
4	Enter the percentage of financed property used in a private business use by entities			_		_		_	
	other than a section 501(c)(3) organization or a state or local government		.7900 %	1	.1100 %	1	.3200 %	1	.0600 %
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,		4000				0.77.00		5.400 a.
	another section 501(c)(3) organization, or a state or local government		.4900 %		%		.0700 %		.5400 %
_6	Total of lines 4 and 5		1.2800 %	1	.1100 %	1	.3900 %	1	.6000 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	
Pa	rt IV Arbitrage								
			A		3		С	-	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
	If "No" to line 1, did the following apply?								
	Rebate not due yet?		X		X		X		X
	Exception to rebate?	37	X	37	X	37	Х	37	X
	No rebate due?	Х		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

Sche	dule K (Form 990) 2018								Page 2
Pa	rt III Private Business Use SEI	RIES S-	-2						
			Α		В	(С	ľ	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities		55.00						
	other than a section 501(c)(3) organization or a state or local government ▶		.6100 %		%		%		<u>%</u>
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		.6100 %		%		%		<u>%</u>
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the	37							
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Pa	rt IV Arbitrage				D.		^		
	Her the issues filed Form 2000 T. Arbitronic Dahote Vield Dadication and	V	A No.		B N-		C		
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?								
	If "No" to line 1, did the following apply?	X							
	Rebate not due yet?	Λ							
	Exception to rebate?								
<u>C</u>	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		X						
	IS THE THURS IN SIDE A VALIABLE TALE ISSUE?	1	1 22 1		1				1

Part IV A	rbitrage (Continued)								
			A	I	3		3	С)
4a Has the	e organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge w	ith respect to the bond issue?		X		X		X		X
b Name of	provider								
c Term of	hedge								
d Was the	hedge superintegrated?								
e Was the	hedge terminated?								
5a Were gro	oss proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of	provider								
	GIC								
d Was the	regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were an	y gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has th	ne organization established written procedures to monitor the								
requirem	nents of section 148?	X		X		X		X	
Part V P	rocedures To Undertake Corrective Action								
			A	I	3	()
Has the	organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of fede	ral tax requirements are timely identified and corrected through the								
	closing agreement program if self-remediation isn't available under								
applicab	le regulations?	X		X		X		X	
Part VI S	supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. S	ee instruct	ions			

Par	t IV Arbitrage (Continued)								
			Α	ı	3		2	[)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		X						
b	Name of provider								
С	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	X							
Par	t V Procedures To Undertake Corrective Action								
			A	ı	3	(2)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	X							
Par	t VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. S	ee instruct	ions			

Schedule K (Form 990) 2018

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 III, LINE 3A

SERIES 2010, 2013, 2018, & 2019

ALL MANAGEMENT AND SERVICE CONTRACTS IN BOND-FINANCED SPACE QUALIFY UNDER

A PRIVATE BUSINESS USE SAFE HARBOR OR EXCEPTION OR ARE INCIDENTAL IN

NATURE. THEREFORE, NO CONTRACTS RESULT IN PRIVATE BUSINESS USE.

SERIES 2017

MANAGEMENT AND SERVICE CONTRACTS EXISTS IN BOND-FINANCED SPACE AND RESULT

IN PRIVATE BUSINESS USE. THE PERCENTAGE OF FINANCED PROPRERTY USED IN

PRIVATE BUSINESS RELATED TO THESE CONTRACTS IS INCLUDED ON PART III, LINE

4, COLUMN (C).

PART IV, LINE 2C

ARBITRAGE REBATE COMPUTATIONS: THE ARBITRAGE REBATE COMPUTATIONS FOR THE

2010, 2013, 2017 AND 2018 BONDS WERE PERFORMED ON OCTOBER 1, 2019, JUNE

JSA 8E1511 1.000

Page 4

Schedule K (Form 990) 2018

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

30, 2019, MAY 31, 2019, AND JULY 31, 2019, RESPECTIVELY.

JSA 8E1511 1.000 Schedule K (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Employer identification number Name of the organization BRANDEIS UNIVERSITY 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. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5) (6)(7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7)(8)

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

Schedule L (Form 990 or 990-EZ) 2018

(9) (10) Schedule L (Form 990 or 990-EZ) 2018 Page 2

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 ATTACHMENT 1	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1)					
_(2)					
_(3)					
_(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV

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

JESSICA LIEBOWITZ, SPOUSE OF UNIVERSITY PRESIDENT RONALD LIEBOWITZ, IS

EMPLOYED BY THE UNIVERSITY AS A VISITING SCHOLAR WHO STUDIES DOCTORAL

EDUCATION. MS. LIEBOWITZ RECEIVED EMPLOYEE COMPENSATION OF \$59,448.

PRESIDENT LIEBOWITZ DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION

OF MS. LIEBOWITZ.

LUCY GOODHART, DAUGHTER IN LAW OF TRUSTEE STEPHEN KAY, IS EMPLOYED BY THE UNIVERSITY AS A LECTURER IN INTERNATIONAL AND GLOBAL STUDIES AND POLITICS. MS. GOODHART RECEIVED EMPLOYEE COMPENSATION OF \$32,773. MR. KAY DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF MS. GOODHART.

MARGOT DAVIS, SPOUSE OF UNIVERSITY TRUSTEE JONATHAN DAVIS, IS EMPLOYED BY
THE UNIVERSITY AS A STAFF MEMBER OF THE HELLER SCHOOL OF SOCIAL POLICY
AND MANAGEMENT. MS. DAVIS RECEIVED EMPLOYEE COMPENSATION OF \$19,066. MR.

Schedule L (Form 990 or 990-EZ) 2018 Page 2

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

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

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

Part V **Supplemental Information**

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

DAVIS DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF MS. DAVIS.

ELANAH URETSKY, SPOUSE OF EXECUTIVE VICE PRESIDENT OF ADMINISTRATION AND FINANCE STEWART URETSKY, IS EMPLOYED BY THE UNIVERSITY AS AN ASSOCIATE PROFESSOR IN THE INTERNATIONAL AND GLOBAL STUDIES PROGRAM. MS. URETSKY RECEIVED EMPLOYEE COMPENSATION OF \$86,785. MR. URETSKY DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF MS. URETSKY.

JSA 8E1507 1.000 7673LT 1592

Schedule L (Form 990 or 990-EZ) 2018

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	Description of transaction (e) Sharing organization revenues?	
				Yes	No
(1)					
_(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON JESSICA LIEBOWITZ

(B) RELATIONSHIP R. LIEBOWITZ - PRESIDENT

(C) AMOUNT 59,448.

(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION

(E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON LUCY GOODHART(B) RELATIONSHIP S. KAY - TRUSTEE(C) AMOUNT 32,773.

(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION

(E) SHARING ORGANIZATION REVENUE? YES ${\tt X}$ NO

(A) NAME OF INTERESTED PERSON MARGOT DAVIS

(B) RELATIONSHIP J. DAVIS - TRUSTEE

(C) AMOUNT 19,066.

(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION

(E) SHARING ORGANIZATION REVENUE? YES X NO

(A) NAME OF INTERESTED PERSON ELANAH URETSKY

(B) RELATIONSHIP S. URETSKY - EXECUTIVE VP OF ADMIN & FINANCE

(C) AMOUNT 86,785.

(D) DESCRIPTION OF TRANSACTION EMPLOYEE COMPENSATION

(E) SHARING ORGANIZATION REVENUE? YES $\mbox{\tt X}$ NO

7673LT 1592

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

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

Name of the organization
BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Par	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	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		125.	4,189,788.	AVERAGE (F H	IGH	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)		11.	10,351.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							2
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29		.,	2.
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-			-	00.		v
	to be used for exempt purposes for		olding period?			30a		X
	b If "Yes," describe the arrangement in Part II.							
31						31	Х	
	contributions?						Λ	
32a	_	-		· · · · · · · · · · · · · · · · · · ·		20-		Х
	contributions?				• • • • • • •	32a		_ ^
	If "Yes," describe in Part II.	amanatia :	aluman (a) far = time = =f ====	noute for which a street (-)	ا ا - مام ما			
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty 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) (2018) Page 2

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

NUMBER OF CONTRIBUTIONS

LINE 1, COLUMN (B)

THE UNIVERSITY IS REPORTING IN PART 1, COLUMN (B), THE NUMBER OF ITEMS

RECEIVED.

GIFT ACCEPTANCE POLICY

PART I, LINE 31

BRANDEIS UNIVERSITY'S GIFT ACCEPTANCE POLICY IS AVAILABLE ONLINE AT

WWW.BRANDEIS.EDU.

Schedule M (Form 990) (2018) JSA

8E1508 1.000 7673LT 1592 V 18-8.2F 2150887 PAGE 77 BRANDEIS UNIVERSITY 04-2103552

Schedule M (Form 990) (2018) Page **2**

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
PHONOGRAPH & BOOKSHELVI	ES X	7.	1.	NO APPRAISAL
SPECIAL COLLECTION	X	4.	10,350.	NO APPRAISAL
TOTALS	_ =	11.	10,351.	

JSA Schedule M (Form 990) (2018)

8E1508 1.000 7673LT 1592 V 18-8.2F 2150887 PAGE 78

SCHEDULE O (Form 990 or 990-EZ)

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BRANDEIS UNIVERSITY

Name of the organization

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

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 SCIENCES, 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.
IN THIS MANNER, BRANDEIS SEEKS TO ENSURE ITS STUDENTS ARE CAPABLE OF
PROMOTING THEIR OWN WELFARE WHILE 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.

REVIEW PROCESS

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

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

THE FINANCE OFFICE 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 THE FINANCE OFFICE AND INCORPORATED INTO THE RETURN, AS APPROPRIATE.

FOR FISCAL YEAR 2019, THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE RISK MANAGEMENT AND AUDIT COMMITTEE. THE RISK MANAGEMENT AND AUDIT COMMITTEE REVIEWED THE FORM 990 AND DISCUSSED ANY QUESTIONS WITH THE FINANCE OFFICE AND THE UNIVERSITY'S TAX ADVISORY FIRM.

AFTER THE RISK MANAGEMENT AND 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

ANNUAL DISCLOSURE FORM WITH ADDITIONAL QUESTIONS RELATED TO 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 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

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 BOARD OF TRUSTEES IS RESPONSIBLE FOR APPROVING THE

PRESIDENT'S COMPENSATION BASED UPON RECOMMENDATION FROM THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES. COMPENSATION PAID TO THE PRESIDENT'S

DIRECT REPORTS SHALL BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

OF TRUSTEES BASED UPON A RECOMMENDATION FROM THE PRESIDENT. COMPENSATION

PAID TO THE PRESIDENT'S DIRECT REPORTS SHALL BE REPORTED TO THE BOARD OF

TRUSTEES. 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.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 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.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST (467,262)

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

TOTAL (467,262)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INSTRUCTIONAL AND ACADEMIC SUPPORT: BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,400, INCLUDING UNDERGRADUATES AND GRADUATE STUDENTS. BRANDEIS HAS 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. BRANDEIS WORKS TO CONNECT THEORY AND PRACTICE THROUGH FIELD WORK AND EXPERIENTIAL LEARNING.

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BOND BROTHERS INC 145 SPRING STREET EVERETT, MA 02149	CONSTRUCTION	22,938,436.
SODEXO INC. PO BOX 360170 PITTSBURGH, PA 15251-6170	FOOD SERVICE	16,320,375.
CONSIGLI CONSTRUCTION CO., INC 72 SUMNER STREET MILFORD, MA 01757	CONSTRUCTION	3,744,957.

2150887

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Employer identification number Name of the organization BRANDEIS UNIVERSITY 04-2103552 ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION INTEGRATION PARTNERS CORP TELECOMMUNICATION 2,535,586. 12 HARTWELL AVENUE LEXINGTON, MA 02421 COLLABORATIVE SOLUTIONS LLC CONSULTING 2,346,109. 11190 SUNRISE VALLEY DRIVE, SUITE 110

JSA

RESTON, VA 20191

Schedule O (Form 990 or 990-EZ) 2018

BRANDEIS UNIVERSITY 04-2103552

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity		Р	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if th he tax year.	e org	anization answ	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activi	ty	(c) Legal domicile (state or foreign country	i i	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
<u>(1)</u>							Yes	No
(2)								
(3)								
(4)	-							
(5)								
(6)								
(7)								

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

JSA 8E1307 1.000

> 7673LT 1592 V 18-8.2F 2150887 PAGE 85

BRANDEIS UNIVERSITY 04-2103552

Schedule R (Form 990) 2018 Page 2

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) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	1 partner?		(k) Percentage ownership
		,		,			Yes	No		Yes	No	
(1) PARTNERSHIP 1												
	INVESTING		N/A		157,926.	36,225,234.	х		0.		Х	99.9438
(2) PARTNERSHIP 2												
	INVESTING		N/A		604,870.	13,928,408.	х		357,927.		Х	92.8189
(3) PARTNERSHIP 3												
	INVESTING		N/A		-24,600.	28,584,346.	х		0.		Х	98.3486
(4)												
(5)												
(6)	_											
(7)												
	1											

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	512(l	(i) ction (b)(13) trolled titty?
								Yes	
(1) CHARITABLE REMAINDER TRUSTS (22)	INVESTING		N/A	TRUST				х	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Scriedule K (Foliii 990) 2010

Par	Transactions with Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes I	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	X				
b	==, g,										
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
	Loans or loan guarantees to or for related organization(s)				1d		X				
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х				
m.	m Performance of services or membership or fundraising solicitations for related organization(s)										
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Χ				
	Sharing of paid employees with related organization(s)				10		Х				
_											
а	Reimbursement paid to related organization(s) for expenses				1р		Χ				
	Reimbursement paid by related organization(s) for expenses				1q		Х				
·											
r	Other transfer of cash or property to related organization(s)				1r		Χ				
S	Other transfer of cash or property from related organization(s).				1s	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cover	ered relationships and trans	action thre	sholds	s.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of dete unt invo		į				
(1)	PARTNERSHIP 1	В	30,000,000.	FMV							
(2)	PARTNERSHIP 2	В	492,207.	FMV							
(3)	PARTNERSHIP 3	В	30,000,000.	FMV							
(4)	PARTNERSHIP 2	S	2,111,229.	FMV							
(5)	NORMA W FINK REMAINDER UNITRUST	S	62,175.	FMV							

(6) JSA 8E1309 1.000

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BRANDEIS UNIVERSITY 04-2103552

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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) (c) Primary activity Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	(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	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
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(15)														
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Part VII Supplemental Information

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

PART IV, LINE 1

DOMICILE STATES:

MA - 21

FL - 1