

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>BRANDEIS UNIVERSITY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 9110</b> City or town, state or province, country, and ZIP or foreign postal code <b>WALTHAM, MA 02454-9110</b>	<b>D</b> Employer identification number <b>04-2103552</b>
	<b>F</b> Name and address of principal officer: <b>RONALD LIEBOWITZ</b> <b>PO BOX 9110, WALTHAM, MA 02454-9110</b>	<b>E</b> Telephone number <b>(781) 736-2000</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	<b>J</b> Website: ▶ <b>WWW.BRANDEIS.EDU</b>	<b>G</b> Gross receipts \$ <b>738,233,115.</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: <b>1947</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>M</b> State of legal domicile: <b>MA</b>		

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3 45</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4 42</b>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5 5147</b>
	6 Total number of volunteers (estimate if necessary) .....	<b>6 1532</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a 11,053,362.</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b 6,848,341.</b>
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	<b>27,153,598. 61,842,603.</b>
	9 Program service revenue (Part VIII, line 2g) .....	<b>362,102,384. 409,533,327.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>5,401,330. 2,679,148.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>4,945,166. 5,475,323.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>399,602,478. 479,530,401.</b>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
14 Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0. 0.</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		<b>208,377,383. 230,290,737.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0. 0.</b>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>14,748,845.</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		<b>138,437,438. 154,433,151.</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		<b>459,328,785. 508,115,419.</b>
19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>-59,726,307. -28,585,018.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	<b>1811655582. 1727722407.</b>
	21 Total liabilities (Part X, line 26) .....	<b>364,299,098. 354,884,854.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>1447356484. 1372837553.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>SAMUEL SOLOMON, CFO AND TREASURER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARY C. MENIN</b>	Preparer's signature <i>Gary C. Menin</i>
	Firm's name ▶ <b>KPMG LLP</b>	Date <b>5/11/2023</b>
	Firm's address ▶ <b>60 SOUTH STREET BOSTON, MA 02111</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01638794</b>
		Firm's EIN ▶ <b>13-5565207</b>
		Phone no. <b>617-988-1000</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A RESEARCH UNIVERSITY, BRANDEIS UNIVERSITY IS DEDICATED TO THE ADVANCEMENT OF THE HUMANITIES, ARTS AND SOCIAL, NATURAL AND PHYSICAL SCIENCES. AS A LIBERAL ARTS COLLEGE, BRANDEIS AFFIRMS THE IMPORTANCE OF A BROAD AND CRITICAL EDUCATION IN ENRICHING THE LIVES OF STUDENTS.

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

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

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

4a (Code: ) (Expenses \$ 329,829,364. including grants of \$ 115,028,147. ) (Revenue \$ 294,743,081. ) INSTRUCTIONAL AND ACADEMIC SUPPORT: BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,300, INCLUDING UNDERGRADUATES AND GRADUATE STUDENTS. WE HAVE A GRADUATE SCHOOL OF ARTS AND SCIENCES AND TWO PROFESSIONAL SCHOOLS, THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT AND THE INTERNATIONAL BUSINESS SCHOOL. THE RABB SCHOOL OF CONTINUING STUDIES OFFERS GRADUATE PROFESSIONAL PROGRAMS FOR PART-TIME STUDENTS. MANY ACADEMIC PROGRAMS ARE ENRICHED BY MYRIAD INTERACTIONS WITH THE NUMEROUS OTHER LEADING UNIVERSITIES IN THE AREA. WE WORK TO CONNECT THEORY AND PRACTICE THROUGH FIELD WORK AND EXPERIENTIAL LEARNING.

4b (Code: ) (Expenses \$ 62,693,695. including grants of \$ 8,383,234. ) (Revenue \$ 69,076,125. ) 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 \$ 43,626,584. including grants of \$ ) (Revenue \$ 46,341,199. ) 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 436,149,643.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 6982	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	<b>1a</b> 45		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 42		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ, CA, FL, MD, MA, NJ, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SAMUEL SOLOMON, CFO AND TREASURER - 781-736-2000**  
**415 SOUTH STREET, WALTHAM, MA 02454**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICHOLAS WARREN CHIEF INVESTMENT OFFICER (THRU 3/22)	50.00				X			821,455.	0.	63,508.
(2) RONALD LIEBOWITZ PRESIDENT	60.00	X		X				803,640.	0.	71,943.
(3) CAROL FIERKE PROVOST, EVP ACADEMIC AFFAIRS	50.00			X				617,467.	0.	55,384.
(4) ZAMIRA KORFF SVP ADVANCEMENT (THRU 10/21)	50.00				X			508,872.	0.	56,972.
(5) JON CHILINGERIAN FACULTY	50.00					X		478,276.	0.	50,129.
(6) STEWART URETSKY EVP FINANCE AND ADMINISTRATION	50.00			X				495,701.	0.	26,285.
(7) KATHRYN APPLEBY DEAN	50.00					X		434,060.	0.	50,465.
(8) IRVING EPSTEIN INTERIM VICE PROVOST FOR RESEARCH	50.00					X		401,249.	0.	19,390.
(9) LISA LYNCH FACULTY	50.00					X		351,802.	0.	49,887.
(10) TAREK SAGHIR INTERIM CHIEF INVEST OFF (AS OF 2/22)	50.00				X			365,773.	0.	34,645.
(11) GINA TURRIGIANO FACULTY	50.00					X		327,016.	0.	45,645.
(12) SAMUEL SOLOMON CFO, TREASURER	50.00			X				311,231.	0.	49,355.
(13) JAMES LA CRETA CHIEF INFORMATION OFFICER	50.00				X			315,691.	0.	34,351.
(14) DANIAL KIM SVP COMMUNICATIONS	50.00				X			267,401.	0.	44,805.
(15) LOIS STANLEY VP CAMPUS OPERATIONS	50.00				X			270,261.	0.	41,436.
(16) HANNAH PETERS INTERIM SVP ADVANCEMENT (AS OF 10/21)	50.00				X			284,443.	0.	15,344.
(17) STEVEN LOCKE SVP, GENERAL COUNSEL	50.00				X			229,894.	0.	43,292.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBIN SWITZER VP HR	50.00				X			256,588.	0.	12,844.
(19) WILLIAM O'REILLY CHIEF OF STAFF	50.00				X			231,668.	0.	11,848.
(20) ORLA O'BRIEN ASSISTANT SECRETARY	50.00			X				124,592.	0.	12,309.
(21) LISA R. KRANC TRUSTEE - CHAIR	2.00	X		X				0.	0.	0.
(22) DANIEL J. JICK TRUSTEE - VICE CHAIR	2.00	X		X				0.	0.	0.
(23) CYNTHIA D. SHAPIRA TRUSTEE - VICE CHAIR	2.00	X		X				0.	0.	0.
(24) CURTIS H. TEARTE TRUSTEE - VICE CHAIR	2.00	X		X				0.	0.	0.
(25) ELLEN L. KAPLAN TRUSTEE - SECRETARY	2.00	X		X				0.	0.	0.
(26) LESLIE M. ARONZON TRUSTEE - SECRETARY	2.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								7,897,080.	0.	789,837.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								7,897,080.	0.	789,837.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **462**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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
SODEXO, INC., 9801 WASHINGTONIAN BOULEVARD, GAITHERSBURG, MD 20878	FOOD SERVICE	19,720,482.
THE BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE, MA 02142-1401	COVID-19 TESTING	6,043,975.
HURON CONSULTING GROUP LLC 550 W. VAN BUREN STREET, CHICAGO, IL 60607	IT CONSULTING	2,666,714.
BIGELOW & FLEMING, LLC 14 NORFOLK AVENUE, SOUTH EASTON, MA 02375	CONSTRUCTION	2,158,719.
SIGNATURE COMMERCIAL SOLUTIONS, 200 W. CYPRESS CREEK RD, FORT LAUDERDALE, FL	TEMP STAFFING	2,009,550.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **157**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAYNE G. BEKER TRUSTEE	1.00	X						0.	0.	0.
(28) CYNTHIA L. BERENSON TRUSTEE	1.00	X						0.	0.	0.
(29) BONNIE A. BERGER TRUSTEE	1.00	X						0.	0.	0.
(30) STEPHEN L. BERGER TRUSTEE	1.00	X						0.	0.	0.
(31) DEBORAH BIAL TRUSTEE	1.00	X						0.	0.	0.
(32) DANIEL H. BLUMENTHAL TRUSTEE	1.00	X						0.	0.	0.
(33) LEWIS H. BROOKS TRUSTEE	1.00	X						0.	0.	0.
(34) STEVEN M. BUNSON TRUSTEE	1.00	X						0.	0.	0.
(35) MERLE R. CARRUS TRUSTEE	1.00	X						0.	0.	0.
(36) JONATHAN G. DAVIS TRUSTEE	1.00	X						0.	0.	0.
(37) BARBARA A. DORTCH-OKARA TRUSTEE	1.00	X						0.	0.	0.
(38) NANCY A. DREYER TRUSTEE	1.00	X						0.	0.	0.
(39) SUSAN K. FEIGENBAUM TRUSTEE	1.00	X						0.	0.	0.
(40) MADALYN E. FRIEDBERG TRUSTEE	1.00	X						0.	0.	0.
(41) RONALD L. KAISERMAN TRUSTEE	1.00	X						0.	0.	0.
(42) LINDA HELLER KAMM TRUSTEE	1.00	X						0.	0.	0.
(43) STEPHEN B. KAY TRUSTEE	1.00	X						0.	0.	0.
(44) JOSHUA M. KRAFT TRUSTEE	1.00	X						0.	0.	0.
(45) MARTIN R. KUPFERBERG TRUSTEE	1.00	X						0.	0.	0.
(46) GEORG B. MUZICANT TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SYLVIA M. NEIL TRUSTEE	1.00	X						0.	0.	0.
(48) MONIQUE L. NELSON TRUSTEE	1.00	X						0.	0.	0.
(49) GREGORY A. PETSKO TRUSTEE	1.00	X						0.	0.	0.
(50) RONALD A. RATNER TRUSTEE	1.00	X						0.	0.	0.
(51) STEPHEN R. REINER TRUSTEE	1.00	X						0.	0.	0.
(52) ADAM RIFKIN TRUSTEE	1.00	X						0.	0.	0.
(53) DANIEL S. RUEVEN TRUSTEE	1.00	X						0.	0.	0.
(54) CAROL R. SAIVETZ TRUSTEE	1.00	X						0.	0.	0.
(55) BARBARA Z. SANDER TRUSTEE	1.00	X						0.	0.	0.
(56) MINDY L. SCHNEIDER TRUSTEE	1.00	X						0.	0.	0.
(57) BRAM SHAPIRO TRUSTEE	1.00	X						0.	0.	0.
(58) MALCOM L. SHERMAN TRUSTEE	1.00	X						0.	0.	0.
(59) TODD E. SOLOWAY TRUSTEE	1.00	X						0.	0.	0.
(60) MARK A. SURCHIN TRUSTEE	1.00	X						0.	0.	0.
(61) BARTON J. WINOKUR TRUSTEE	1.00	X						0.	0.	0.
(62) BING-LE WU TRUSTEE	1.00	X						0.	0.	0.
(63) LAN XUE TRUSTEE	1.00	X						0.	0.	0.
(64) XIRU ZHANG TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	315,310.					
	<b>c</b> Fundraising events	<b>1c</b>	94,494.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	61,432,799.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,058,313.					
	<b>h Total.</b> Add lines 1a-1f			61,842,603.				
Program Service Revenue	<b>2 a</b> TUITION & FEES	<b>Business Code</b>	611710	289719700.	289719700.			
	<b>b</b> SPONSORED PROGRAMS		611710	69,076,125.	69076125.			
	<b>c</b> AUXILIARY SERVICES		721000	46,341,198.	46252705.	88,493.		
	<b>d</b> BRANDEIS NATIONAL COMMITTEE		900099	406,649.	406,649.			
	<b>e</b> BRANDEIS OSHER LIFETIME LEARNING		611710	387,806.	387,806.			
	<b>f</b> All other program service revenue			3,601,849.	3,554,096.	47,753.		
	<b>g Total.</b> Add lines 2a-2f			409533327.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,630,950.		5883693.	-4252743.	
	<b>4</b> Income from investment of tax-exempt bond proceeds			6,120.			6,120.	
	<b>5</b> Royalties			3,141,522.			3141522.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	1,706,723.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		1,706,723.				
	<b>d</b> Net rental income or (loss)			1,706,723.		1147872.	558,851.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	259,667,651.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		258,624,069.	1,504.			
	<b>c</b> Gain or (loss)	<b>7c</b>		1,043,582.	-1,504.			
	<b>d</b> Net gain or (loss)			1,042,078.		3885551.	-2843473.	
<b>8 a</b> Gross income from fundraising events (not including \$ 94,494. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			77,141.				
		<b>b</b> Less: direct expenses	<b>8b</b>		77,141.			
		<b>c</b> Net income or (loss) from fundraising events			0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
		<b>b</b> Less: cost of goods sold	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	627,078.	627,078.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			627,078.				
<b>12 Total revenue.</b> See instructions			479530401.	410024159.	11053362.	-3389723.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,292,702.	4,292,702.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	117,466,187.	117,466,187.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,632,642.	1,632,642.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,374,673.	793,493.	4,534,729.	1,046,451.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	236,819.	236,819.		
7 Other salaries and wages	176,532,258.	151,880,820.	15,668,630.	8,982,808.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,636,291.	10,079,144.	961,083.	596,064.
9 Other employee benefits	23,621,465.	19,687,800.	2,637,802.	1,295,863.
10 Payroll taxes	11,889,231.	10,117,970.	1,146,502.	624,759.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,059,705.	594,289.	460,731.	4,685.
c Accounting	383,550.		383,550.	
d Lobbying	7,863.	7,863.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,905,027.		2,905,027.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,621,596.	4,768,895.	1,551,021.	301,680.
12 Advertising and promotion	1,592,066.	1,215,658.	376,344.	64.
13 Office expenses	12,586,822.	9,449,534.	2,490,949.	646,339.
14 Information technology	10,397,705.	5,098,076.	5,271,351.	28,278.
15 Royalties				
16 Occupancy	23,012,575.	18,587,184.	4,402,691.	22,700.
17 Travel	3,019,561.	2,756,515.	154,097.	108,949.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,066,324.	1,033,509.	21,158.	11,657.
20 Interest	10,992,147.	8,476,448.	2,515,699.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,982,013.	26,001,267.	1,980,746.	
23 Insurance	1,674,275.		1,674,275.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>DINING SERVICES</b>	21,234,748.	20,968,835.	166,723.	99,190.
b <b>STIPENDS AND FELLOWSHIP</b>	8,253,124.	8,241,514.	11,610.	
c <b>LIBRARY</b>	4,457,778.	4,455,331.	2,447.	
d <b>STUDY ABROAD PAYMENTS</b>	3,298,321.	3,298,321.		
e All other expenses	13,887,951.	5,008,827.	7,899,766.	979,358.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	508,115,419.	436,149,643.	57,216,931.	14,748,845.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	22,405,592.	<b>1</b>	1,259,632.		
	<b>2</b> Savings and temporary cash investments .....	18,448,393.	<b>2</b>	53,976,198.		
	<b>3</b> Pledges and grants receivable, net .....	7,678,483.	<b>3</b>	18,526,021.		
	<b>4</b> Accounts receivable, net .....	21,071,042.	<b>4</b>	25,003,653.		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....	6,233,201.	<b>7</b>	4,727,748.		
	<b>8</b> Inventories for sale or use .....	543,158.	<b>8</b>	611,845.		
	<b>9</b> Prepaid expenses and deferred charges .....	26,108,657.	<b>9</b>	22,892,421.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 891,918,898.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 540,057,797.	358,452,713.	<b>10c</b>	351,861,101.	
	<b>11</b> Investments - publicly traded securities .....	76,229,146.	<b>11</b>	120,855,927.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1238605116.	<b>12</b>	1107905243.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	35,880,081.	<b>15</b>	20,102,618.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1811655582.	<b>16</b>	1727722407.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	37,920,960.	<b>17</b>	35,569,834.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	18,963,938.	<b>19</b>	25,363,564.		
	<b>20</b> Tax-exempt bond liabilities .....	253,152,237.	<b>20</b>	241,697,875.		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	27,650,000.	<b>23</b>	27,000,000.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	26,611,963.	<b>25</b>	25,253,581.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	364,299,098.	<b>26</b>	354,884,854.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	205,659,294.	<b>27</b>	190,662,088.		
	<b>28</b> Net assets with donor restrictions .....	1241697190.	<b>28</b>	1182175465.		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	1447356484.	<b>32</b>	1372837553.		
	<b>33</b> Total liabilities and net assets/fund balances .....	1811655582.	<b>33</b>	1727722407.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	479,530,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	508,115,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	-28,585,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,447,356,484.
5	Net unrealized gains (losses) on investments	5	-46,150,719.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	216,806.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,372,837,553.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>BRANDEIS UNIVERSITY</b>	Employer identification number <b>04-2103552</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45233439.	41754856.	54711068.	27153598.	61842603.	230695564
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	45233439.	41754856.	54711068.	27153598.	61842603.	230695564
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7916598.
<b>6 Public support.</b> Subtract line 5 from line 4.						222778966

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	45233439.	41754856.	54711068.	27153598.	61842603.	230695564
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	15456642.	13175283.	6228097.	9560732.	-546,250.	43874504.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					6212091.	6212091.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	109,740.	131,890.	140,306.	2,822.	77,141.	461,899.
<b>11 Total support.</b> Add lines 7 through 10						281244058
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 1,914,694,939.	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.21 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	66.71 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

EVENT REVENUE AND OTHER MISCELLANEOUS INCOME

2017 AMOUNT: \$ 109,740.

2018 AMOUNT: \$ 131,890.

2019 AMOUNT: \$ 140,306.

2020 AMOUNT: \$ 2,822.

2021 AMOUNT: \$ 77,141.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://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 under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization <b>BRANDEIS UNIVERSITY</b>	Employer identification number <b>04-2103552</b>
--	---

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		7,863.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			7,863.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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, SOCIETY FOR HUMAN

**Part IV** Supplemental Information (continued)

RESOURCE MANAGEMENT, AND THE NEW ENGLAND COUNCIL, INC. MEMBERSHIP FEES

TO THESE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES AMOUNTED TO

\$7,863.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	11	
2 Aggregate value of contributions to (during year)	50,000.	
3 Aggregate value of grants from (during year)	28,554.	
4 Aggregate value at end of year	1,035,741.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,286,001,704.	1,073,589,245.	1,073,525,864.	1,046,386,224.	976,887,018.
b Contributions	24,278,329.	7,267,347.	18,320,825.	19,978,652.	23,964,663.
c Net investment earnings, gains, and losses	-42,017,382.	271,284,958.	39,388,112.	58,779,655.	95,171,930.
d Grants or scholarships	21,306,264.	20,762,020.	21,432,479.	21,139,541.	18,988,748.
e Other expenditures for facilities and programs	35,820,108.	35,678,107.	34,429,939.	30,479,126.	30,648,639.
f Administrative expenses	5,968,830.	9,699,722.	1,783,138.		
g End of year balance	1,205,167,449.	1,286,001,701.	1,073,589,245.	1,073,525,864.	1,046,386,224.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  9.4500 %
  - b Permanent endowment  60.1400 %
  - c Term endowment  30.4100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		49,399,753.		49,399,753.
b Buildings		428,547,684.	214,922,674.	213,625,010.
c Leasehold improvements		233,969,984.	204,708,822.	29,261,162.
d Equipment		157,287,302.	120,426,301.	36,861,001.
e Other		22,714,175.		22,714,175.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  351,861,101.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GLOBAL EQUITY	79,588,426.	END-OF-YEAR MARKET VALUE
(B) NON-U.S. EQUITY	206,505,653.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY	295,021,785.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUND/CREDIT	359,148,203.	END-OF-YEAR MARKET VALUE
(E) REAL ASSETS	147,430,571.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS AND		
(G) OTHER	20,210,605.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1107905243.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED LIABILITY TO ANNUITANTS	9,624,834.
(3) ENVIRONMENTAL LIABILITY	6,011,257.
(4) REFUNDABLE STUDENT LOAN ADVANCES	1,717,154.
(5) CAPITAL LEASE LIABILITY	7,900,336.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,253,581.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	315,663,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-46,150,719.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-114811343.	
	e Add lines 2a through 2d	2e		-160962062.
3	Subtract line 2e from line 1		3	476,625,374.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,905,027.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		2,905,027.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	479,530,401.

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

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

1	Total expenses and losses per audited financial statements		1	390,182,243.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	390,182,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,905,027.	
	b Other (Describe in Part XIII.)	4b	115,028,149.	
	c Add lines 4a and 4b	4c		117,933,176.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	508,115,419.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

**COLLECTIONS OF ART**

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

**Part XIII** Supplemental Information (continued)

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 4:

## ENDOWMENT FUNDS

BRANDEIS UNIVERSITY'S ENDOWMENT AND QUASI-ENDOWMENT CONSISTS OF APPROXIMATELY 2,000 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

**Part XIII** Supplemental Information (continued)

DETERMINED BY THE UNIVERSITY'S BOARD OF TRUSTEES. TO HAVE A REASONABLE PROBABILITY OF ACHIEVING THE ENDOWMENT'S PRIMARY INVESTMENT GOAL AT AN ACCEPTABLE RISK LEVEL, THE INVESTMENT COMMITTEE HAS ADOPTED A LONG-TERM ASSET ALLOCATION POLICY.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID	-115,028,149.
CHANGE IN VALUE OF SPLIT INTEREST	216,806.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-114,811,343.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID	115,028,149.
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**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**BRANDEIS UNIVERSITY**

Employer identification number

**04-2103552**

**Part I**

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

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

Schedule E (Form 990) 2021

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

PART I, LINE 3

NONDISCRIMINATION POLICY

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 AND STRIVES TO CREATE AN EDUCATIONAL AND WORK ENVIRONMENT FREE OF DISCRIMINATION, HARASSMENT & SEXUAL VIOLENCE. BRANDEIS PROHIBITS DISCRIMINATION AND HARASSMENT AGAINST STUDENTS, STAFF, AND FACULTY ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ETHNICITY, CASTE, SEX, PREGNANCY, SEXUAL ORIENTATION, GENDER IDENTITY/EXPRESSION, INCLUDING TRANSGENDER IDENTITY, RELIGION, DISABILITY, AGE, GENETICS, ACTIVE MILITARY OR VETERAN STATUS AND ANY OTHER CHARACTERISTICS PROTECTED UNDER APPLICABLE FEDERAL OR MASSACHUSETTS LAW, KNOWN AS "PROTECTED CATEGORIES." BRANDEIS ALSO PROHIBITS SEXUAL VIOLENCE AGAINST STUDENTS, STAFF AND FACULTY WHICH INCLUDES SEXUAL ASSAULT, STALKING, DATING VIOLENCE, AND DOMESTIC VIOLENCE. SOME OF THE STATE AND FEDERAL LAWS APPLICABLE TO ISSUES OF DISCRIMINATION, HARASSMENT, AND SEXUAL VIOLENCE INCLUDE TITLE VII OF THE 1964 CIVIL RIGHTS ACT, AND ITS STATE COUNTERPART, M.G.L. C. 151B; TITLE VI OF THE 1964 CIVIL RIGHTS ACT; TITLE IX OF THE 1972 EDUCATION AMENDMENTS; THE VIOLENCE AGAINST WOMEN ACT (VAWA); THE AMERICANS WITH DISABILITY ACT (ADA) AND THE ADA AMENDMENTS ACTS (ADAAA); SECTION 503 AND 504 OF THE REHABILITATION ACT; AND THE AGE DISCRIMINATION IN EMPLOYMENT ACT (ADEA). BRANDEIS UNIVERSITY AFFIRMS ITS COMMITMENT TO

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

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AND DOES NOT DISCRIMINATE IN ITS EDUCATIONAL PROGRAMS OR ACTIVITIES, OR IN EMPLOYMENT BASED ON ANY OF THE PROTECTED CATEGORIES.

PART I, LINE 6A

FUNDS FROM GOVERNMENT AGENCIES

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>BRANDEIS UNIVERSITY</b>	Employer identification number <b>04-2103552</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	89,492.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			PROGRAM SERVICES	STUDY ABROAD	234,446.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM SERVICES	STUDY ABROAD	2,573,740.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,			PROGRAM SERVICES	STUDY ABROAD	142,068.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			PROGRAM SERVICES	STUDY ABROAD	54,230.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,			PROGRAM SERVICES	STUDY ABROAD	121,152.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			PROGRAM SERVICES	STUDY ABROAD	36,473.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			PROGRAM SERVICES	STUDY ABROAD	69,035.
<b>3 a</b> Subtotal .....	0	0			3,320,636.
<b>b</b> Total from continuation sheets to Part I .....	0	0			447,356,778.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			450,677,414.

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

Schedule F (Form 990) 2021

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM SERVICES	CERN	1,289,647.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			PROGRAM SERVICES	RESEARCH	81,009.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM SERVICES	RESEARCH	202,403.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,			PROGRAM SERVICES	RESEARCH	67,930.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			PROGRAM SERVICES	RESEARCH	64,944.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBAIJAN, BELARUS,			PROGRAM SERVICES	RESEARCH	4,276.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR,			PROGRAM SERVICES	RESEARCH	210,751.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			PROGRAM SERVICES	RESEARCH	82,343.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		443,977,176.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,			INVESTMENTS		1,376,299.
<b>Totals</b> .....					447,356,778.

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

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

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP AND FINANCIAL AID	CENTRAL AMERICA AND THE CARIBBEAN	5	88,387.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	EAST ASIA AND THE PACIFIC	5	80,114.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	EUROPE (INCLUDING ICELAND & GREENLAND)	91	1239364.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	MIDDLE EAST AND NORTH AFRICA	7	73,143.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	NORTH AMERICA	1	11,975.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	SOUTH AMERICA	6	88,842.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	SOUTH ASIA	1	10,250.	SEE PART V	0.		
SCHOLARSHIP AND FINANCIAL AID	SUB-SAHARAN AFRICA	4	40,568.	SEE PART V	0.		

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2021



**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.

**PART I, LINE 2:**

**PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS:**

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

**PART III, COLUMN (E):**

**MANNER OF CASH DISBURSEMENT:**

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 G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>BRANDEIS UNIVERSITY</b>	Employer identification number <b>04-2103552</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
--	---
  
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BOOK & AUTHOR LUNCH (event type)	BNC ZOOM SERIES (event type)	12 (total number)		
Revenue	1	Gross receipts	108,356.	26,917.	36,362.	171,635.
	2	Less: Contributions	46,159.	26,917.	21,418.	94,494.
	3	Gross income (line 1 minus line 2)	62,197.		14,944.	77,141.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	46,156.		1,120.	47,276.
	7	Food and beverages	8,145.		12,247.	20,392.
	8	Entertainment				
	9	Other direct expenses	7,896.		1,577.	9,473.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				77,141.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AUTISTIC SELF ADVOCACY NETWORK PO BOX 66122 WASHINGTON, DC 20035	26-1270198	501(C)(3)	51,250.	0.			RESEARCH
BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	27,434.	0.			RESEARCH
BROWN UNIVERSITY PO BOX 1839 PROVIDENCE, RI 02912-1839	05-0258809	501(C)(3)	115,518.	0.			RESEARCH
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610-1400	04-2111203	501(C)(3)	11,849.	0.			RESEARCH
COMAGINE HEALTH 10700 MERIDIAN AVENUE N300 SEATTLE, WA 98133-9008	91-1072875	501(C)(3)	132,224.	0.			RESEARCH
CORNELL UNIVERSITY 377 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	76,696.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 60.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY POLICY CONSORTIUM 11 DARTMOUTH STREET, SUITE #301 MALDEN, MA 02148	04-3570281	501(C)(3)	35,955.	0.			RESEARCH
DISABILITY RIGHTS EDUC & DEFENSE FUND - 3075 ADELINE STREET, SUITE 210 - BERKELEY, CA 94703	94-2620758	501(C)(3)	29,727.	0.			RESEARCH
DREW UNIVERSITY 36 MADISON AVENUE MADISON, NJ 07940	22-1487164	501(C)(3)	12,463.	0.			RESEARCH
HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298	501(C)(3)	72,034.	0.			RESEARCH
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE - 6720A ROCKLEDGE DR - BETHESDA, MD 20817	52-1317896	501(C)(3)	14,268.	0.			RESEARCH
HUMAN SERVICES RESEARCH INSTITUTE 2336 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02140	52-1039368	501(C)(3)	5,017.	0.			RESEARCH
INSTITUTE FOR ACCOUNTABLE CARE 2001 L STREET NW SUITE 500 WASHINGTON, DC 20036	82-2461803	501(C)(3)	28,917.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	25,213.	0.			RESEARCH
KENNELL AND ASSOCIATES INC 3130 FAIRVIEW PARK DRIVE, SUITE 450 FALLS CHURCH, VA 22042	54-1771141	CORPORATE	100,868.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG-TERM QUALITY ALLIANCE 900 16TH STREET NW, SUITE 400 WASHINGTON, DC 20006	46-3140288	501(C)(3)	15,038.	0.			RESEARCH
MAIN LINE HOSPITALS, INC. 3803 WEST CHESTER PIKE, SUITE 250 NEWTOWN SQUARE, PA 19073	23-1352160	501(C)(3)	16,905.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	79,946.	0.			RESEARCH
MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	15,000.	0.			RESEARCH
NEW YORK UNIVERSITY 105 E. 17TH STREET, 2ND FLOOR NEW YORK, NY 10003-9580	13-5562308	501(C)(3)	63,217.	0.			RESEARCH
NORC 55 E MONROE STREET, 20TH FLOOR CHICAGO, IL 60603	36-2167808	501(C)(3)	340,290.	0.			RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	112,463.	0.			RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 2020 SW 4TH AVENUE SUITE 900 PORTLAND, OR 97201	23-7083114	501(C)(3)	9,662.	0.			RESEARCH
OREGON STATE UNIVERSITY 1500 SW JEFFERSON STREET CORVALLIS, OR 97331-8655	61-1730890	501(C)(3)	63,105.	0.			RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENSBORO HEALTH FOUNDATION, INC. 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303	61-1251763	501(C)(3)	13,310.	0.			RESEARCH
PALO ALTO INSTITUTE FOR RESEARCH 3801 MIRANDA AVE. (151P) PALO ALTO, CA 94304-0038	77-0207331	501(C)(3)	47,709.	0.			RESEARCH
PINE REST CHRISTIAN MENTAL HEALTH SERVICES - 300 68TH STREET SE - GRAND RAPIDS, MI 49548	38-1368360	501(C)(3)	13,014.	0.			RESEARCH
POLICE ASSISTED ADDICTION AND RECOVERY INITIATIVE INC - 12 BROADWAY - BEVERLY, MA 01915	47-4235159	501(C)(3)	149,173.	0.			RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	646,969.	0.			RESEARCH
PROVIDENCE GENERAL FOUNDATION 1801 LIND AVE SW RENTON, WA 98057	91-1041617	501(C)(3)	9,676.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 220 MONTGOMERY STREET - SAN FRANCISCO, CA 94104	94-6036493	501(C)(3)	209,272.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	149,202.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA - 3 MORRILL HALL, 100 CHURCH ST. S.E. - MINNEAPOLIS, MN 55455	41-6007513	GOV'T	16,372.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	21,065.	0.			RESEARCH
ROCHESTER INSTITUTE OF TECHNOLOGY 46 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	16-0743140	501(C)(3)	33,370.	0.			RESEARCH
SAINT JOSEPH MERCY HEALTH SYSTEM PO BOX 995, SUITE 2B-05 ANN ARBOR, MI 48106-0995	38-2113393	501(C)(3)	22,935.	0.			RESEARCH
SOJOURN CHAPLAINCY 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110	94-1156840	501(C)(3)	12,500.	0.			RESEARCH
STANLEY STREET TREATMENT AND RESOURCES, INC. - 386 STANLEY STREET - FALL RIVER, MA 02720	04-2604426	501(C)(3)	43,865.	0.			RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL INC - 75 FRANCIS STREET - BOSTON, MA 02115	04-2312909	501(C)(3)	49,451.	0.			RESEARCH
THE NEW YORK AND PRESBYTERIAN HOSPITAL - 525 EAST 68TH STREET - NEW YORK, NY 10065	13-3957095	501(C)(3)	5,423.	0.			RESEARCH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210-1063	31-6025986	GOV'T	91,057.	0.			RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	99-0435954	501(C)(3)	41,556.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, BOX 354965 SEATTLE, WA 98105	91-6001537	GOV'T	59,763.	0.			RESEARCH
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	61,838.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	71,716.	0.			RESEARCH
TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	231,211.	0.			RESEARCH
UNIDOSUS 1126 16TH STREET NW WASHINGTON, DC 20036-4845	86-0212873	501(C)(3)	35,000.	0.			RESEARCH
UNIVERSITY OF COLORADO AT BOULDER 3100 MARINE STREET BOULDER, CO 80309	84-6000555	501(C)(3)	125,018.	0.			RESEARCH
UNIVERSITY OF HOUSTON 4800 CALHOUN RD HOUSTON, TX 77004	74-6001399	GOV'T	21,447.	0.			RESEARCH
UNIVERSITY OF ILLINOIS 506 S WRIGHT STREET, SUITE 352 URBANA, IL 61801-3620	37-6000511	501(C)(3)	30,885.	0.			RESEARCH
UNIVERSITY OF MARYLAND COLLEGE PARK - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	55,953.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS - AMHERST - CONTROLLER'S OFFICE, 405 GOODELL BUILDING, 140 HICKS WAY - AMHERST, MA 01003-9272	04-3167352	GOV'T	127,778.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS - LOWELL - 220 PAWTUCKET ST - LOWELL, MA 01854	04-3167352	GOV'T	26,289.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS - WORCESTER - 55 N LAKE AVE - WORCESTER, MA 01655	04-3167352	GOV'T	16,183.	0.			RESEARCH
UNIVERSITY OF NEW HAMPSHIRE 9 EDGEWOOD RD DURHAM, NH 03824	02-0437506	GOV'T	94,006.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE - CHAPEL HILL, NC 27599	59-1711424	501(C)(3)	60,517.	0.			RESEARCH
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE ROAD KINGSTON, RI 02881	22-3011455	501(C)(3)	7,306.	0.			RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, SUITE 613 COLUMBIA, SC 29208	57-6001153	GOV'T	48,229.	0.			RESEARCH
UNIVERSITY OF TEXAS 301 UNIVERSITY BOULEVARD GALVESTON, TX 77555	74-6000949	GOV'T	134,703.	0.			RESEARCH
VASSAR COLLEGE 124 RAYMOND AVE, BOX 12 POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	23,734.	0.			RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284	54-6001758	501(C)(3)	16,963.	0.			RESEARCH

**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 noncash assistance
UNDERGRAD FINANCIAL AID	2274	76,053,633.	0.		
MASTERS PROGRAM FINANCIAL AID	950	23,819,169.	0.		
DOCTORAL PROGRAM FINANCIAL AID	483	12,248,216.	0.		
CONTINUING PROGRAM FINANCIAL AID	44	42,650.	0.		
OTHER FINANCIAL AID	77	423,903.	0.		

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

**PART I, LINE 2:**

PROCEDURE OF MONITORING USE OF GRANTS TO GOVERNMENTAL AGENCIES AND

GOVERNMENTS:

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.

**PART III**

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
TRAINEE TUITION & FEES	14.	493,070.	0.		
TUITION DISCOUNT	200.	314,866.	0.		
HIGHER EDUCATION EMERGENCY RELIEF FUND	3,835.	4,070,680.	0.		

**Part IV** Supplemental Information

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS:

THE UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS AND APPLIES THE FINANCIAL AID DIRECTLY CREDITING EACH STUDENT'S ACCOUNT.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS WARREN CHIEF INVESTMENT OFFICER (THRU 3/22)	(i)	808,345.	0.	13,110.	23,200.	44,475.	889,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RONALD LIEBOWITZ PRESIDENT	(i)	598,200.	0.	205,440.	29,000.	47,879.	880,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL FIERKE PROVOST, EVP ACADEMIC AFFAIRS	(i)	556,799.	0.	60,668.	29,000.	29,222.	675,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ZAMIRA KORFF SVP ADVANCEMENT (THRU 10/21)	(i)	353,934.	0.	154,938.	14,878.	44,428.	568,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JON CHILINGERIAN FACULTY	(i)	476,036.	0.	2,240.	29,000.	22,268.	529,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) STEWART URETSKY EVP FINANCE AND ADMINISTRATION	(i)	493,079.	0.	2,622.	26,285.	3,030.	525,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHRYN APPLEBY DEAN	(i)	376,526.	0.	57,534.	20,551.	32,577.	487,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) IRVING EPSTEIN INTERIM VICE PROVOST FOR RESEARCH	(i)	370,495.	28,900.	1,854.	18,792.	1,757.	421,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LISA LYNCH FACULTY	(i)	348,754.	0.	3,048.	13,750.	37,721.	403,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TAREK SAGHIR INTERIM CHIEF INVEST OFF (AS OF 2/22)	(i)	365,557.	0.	216.	0.	36,371.	402,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) GINA TURRIGIANO FACULTY	(i)	325,984.	0.	1,032.	16,931.	29,904.	373,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SAMUEL SOLOMON CFO, TREASURER	(i)	306,551.	0.	4,680.	16,153.	35,578.	362,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES LA CRETA CHIEF INFORMATION OFFICER	(i)	314,070.	0.	1,621.	13,086.	23,990.	352,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DANIAL KIM SVP COMMUNICATIONS	(i)	263,789.	0.	3,612.	13,871.	32,878.	314,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LOIS STANLEY VP CAMPUS OPERATIONS	(i)	263,988.	0.	6,273.	14,385.	29,136.	313,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HANNAH PETERS INTERIM SVP ADVANCEMENT (AS OF 10/21)	(i)	278,438.	0.	6,005.	15,344.	1,997.	301,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) STEVEN LOCKE SVP, GENERAL COUNSEL	(i)	226,494.	0.	3,400.	12,590.	32,463.	274,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ROBIN SWITZER VP HR	(i)	252,922.	0.	3,666.	12,844.	2,405.	271,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) WILLIAM O'REILLY CHIEF OF STAFF	(i)	222,265.	0.	9,403.	11,848.	1,657.	245,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 1A:****TRAVEL FOR COMPANIONS:**

DURING CALENDAR YEAR 2021, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR TRAVEL EXPENSES INCURRED BY HIS FAMILY WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENTS WERE MADE IN ACCORDANCE WITH UNIVERSITY POLICY. TRAVEL REIMBURSEMENTS FOR THE PRESIDENT'S FAMILY THAT ARE CONSIDERED PERSONAL IN NATURE ARE INCLUDED IN TAXABLE COMPENSATION AND REPORTED ON FORM W-2 AND ON SCHEDULE J, PART II, COLUMN B(III). BUSINESS EXPENSE REIMBURSEMENTS ARE NOT 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 2021, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR PERSONAL LEGAL AND FINANCIAL SERVICE EXPENSES. THE AMOUNT PAID BY THE UNIVERSITY WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AND REPORTED ON

**Part III Supplemental Information**

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

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

**OTHER BUSINESS EXPENSES:**

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

**PART I, LINES 4A-B:****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.

ZAMIRA KORFF, SVP OF INSTITUTIONAL ADVANCEMENT, LEFT HER POSITION IN OCTOBER 2021. AS PART OF HER SEPARATION AGREEMENT, MS. KORFF RECEIVED SIX

**Part III Supplemental Information**

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

MONTHS OF SEVERANCE PAY, WHICH WAS INCLUDED IN HER W-2.

PART I, QUESTION 4B:

DEFERRED COMPENSATION AGREEMENT

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. NO DEFERRED COMPENSATION CREDIT WAS AWARDED IN CALENDAR YEAR

2021.

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 1

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MA DEVELOPMENT FINANCE AGENCY 2013 - SERIES P	04-3431814	000000000	07/18/13	36500000.	CONSTRUCTION, REFUND '04 BOND		X		X		X
<b>B</b> MA DEVELOPMENT FINANCE AGENCY 2017 - SERIES Q	04-3431814	000000000	06/15/17	20000000.	CONSTRUCTION		X		X		X
<b>C</b> MA DEVELOPMENT FINANCE AGENCY 2018 - SERIES R	04-3431814	57584YLJ6	08/21/18	41421007.	REFUND '08 BONDS		X		X		X
<b>D</b> MA DEVELOPMENT FINANCE AGENCY 2019 - SERIES S-1	04-3431814	000000000	07/03/19	132703346.	REFUND '10 BOND		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	8,074,444.		1,750,000.		3,140,000.		13,625,000.			
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	36,500,000.		20,000,000.		41,421,007.		132,703,346.			
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	403,050.				435,572.		815,322.			
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds	14,951,609.		20,000,000.							
<b>11</b> Other spent proceeds	21,145,341.				40,985,435.		131,888,024.			
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2014		2019				2020			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			X	
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2021

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MA DEVELOPMENT FINANCE A AGENCY 2019 - SERIES S-2	04-3431814	575844PM5	03/05/19	44292634.	CONSTRUCTION OF BUILDINGS		X		X		X
B											
C											
D											

<b>Part II Proceeds</b>										
	A		B		C		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										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	263,682.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	44,028,952.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2021									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (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 books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2021



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X	X			X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property? .....		X	X		X			X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...				X		X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%	1.28	%		%		%
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 .....		%	.01	%	.06	%		%
6 Total of lines 4 and 5 .....		%	1.29	%	.06	%		%
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 non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X		X		X		X
b Exception to rebate? .....		X		X		X		X
c No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X		X		X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property? .....	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.02 %						
6 Total of lines 4 and 5 .....		.02 %						
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 non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....		X						
b Exception to rebate? .....		X						
c No rebate due? .....	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X						

**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**PART I, COLUMN F**

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

PROCEEDS FROM THE SERIES S-1 BOND WERE USED FOR THE REFUND OF THE '10 BONDS ISSUED ON 03/09/2010.

**PART III, LINE 3A**

SERIES 2013, 2018, 2019 (S-1), AND 2019 (S-2)

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:**

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

ARBITRAGE REBATE COMPUTATIONS: THE ARBITRAGE REBATE COMPUTATIONS FOR THE SERIES P, Q, R, S-1, AND S-2 BONDS WERE PERFORMED ON JUNE 30, 2022, JUNE 15, 2022, SEPTEMBER 30, 2022, JUNE 30, 2022, AND FEBRUARY 28, 2022, RESPECTIVELY.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

▶ **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.**

**2021**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶	\$					

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ELANAH URETSKY	S. URETSKY - EVP	132,420.	COMP		X
LUCY GOODHART	S. KAY - TRUSTEE	56,064.	COMP		X
JESSICA LIEBOWITZ	R. LIEBOWITZ - PRES	69,647.	COMP		X
MARGOT DAVIS	J. DAVIS - TRUSTEE	38,936.	COMP		X

**Part V Supplemental Information.**

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

**PART IV:**

JESSICA LIEBOWITZ (SPOUSE OF UNIVERSITY PRESIDENT RONALD LIEBOWITZ),  
 ELANAH URETSKY (SPOUSE OF UNIVERSITY EXECUTIVE VICE PRESIDENT FOR  
 FINANCE AND ADMINISTRATION STEWART URETSKY), MARGOT DAVIS (SPOUSE OF  
 TRUSTEE JONATHAN DAVIS) AND LUCY GOODHART (DAUGHTER-IN-LAW OF TRUSTEE  
 STEPHEN KAY) ARE EMPLOYEES OF THE UNIVERSITY. NONE OF THE OFFICERS OR  
 TRUSTEES MENTIONED PARTICIPATED IN ESTABLISHING THEIR COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	58	0.	APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	108	5,058,313.	AVERAGE OF HIGH LOW
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **50**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

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

SCHEDULE M, PART I, LINE 1:

WORKS OF ART

A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G, BECAUSE BRANDEIS UNIVERSITY DOES NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION 958-360-25 (ASC 958-360-25) (FORMERLY SFAS 116).

SCHEDULE M, PART I, LINE 31:

BRANDEIS UNIVERSITY'S GIFT ACCEPTANCE POLICY IS AVAILABLE ONLINE AT WWW.BRANDEIS.EDU.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION

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.

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

THE FINANCE OFFICE IS RESPONSIBLE FOR DRAFTING FORM 990. THE COMPLETED

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

Schedule O (Form 990) 2021

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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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 2022, 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'S 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.

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

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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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 ON RESOLUTIONS THAT PERTAIN DIRECTLY TO THEIR CONFLICT.

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

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

Name of the organization <b>BRANDEIS UNIVERSITY</b>	Employer identification number <b>04-2103552</b>
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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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ONLINE AT WWW.BRANDEIS.EDU/BUSINESS-FINANCE. 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	216,806.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**BRANDEIS UNIVERSITY**

Employer identification number

**04-2103552**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PARTNERSHIP 1	INVESTING	TX	BRANDEIS	EXCLUDED	-8,496,831.	46,640,872.		X	N/A		X	99.52%
PARTNERSHIP 2	INVESTING	MA	BRANDEIS	EXCLUDED	947,333.	33,672,604.		X	N/A		X	45.93%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (22) PO BOX 9110 WALTHAM, MA 02454-9110	INVESTING	MA		TRUST					X
CHARITABLE REMAINDER TRUSTS (1) PO BOX 9110 WALTHAM, MA 02454-9110	INVESTING	FL		TRUST					X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PARTNERSHIP 1	B	8,000,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

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