Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2023 calendar year, or tax year beginning JU	ль 1, 2023 and	ending J	UN 30,	2024			
	Check if applicable	C Name of organization			D Emp	loyer ide	ntifica	tion number	
	Addres	BRANDEIS UNIVERSITY							
	Name	B			,	04-2103	552		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telei	ohone nu	mber		
	Final return/	P O BOX 9110	,			81) 736)	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$		746,691,	,599.
	Ameno return		3 1		H(a) Is	this a gro	up retu	ırn	
	Applic tion	F Name and address of principal officer: ANTING	JR LEVINE			subordir		_	No
	pendir	P.O. BOX 9110, WALTHAM, MA 02454-				all subordin			No
ī	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527] `´lf"	'No," atta	ch a lis	t. See instructions	S
J	Websit	e: WWW.BRANDEIS.EDU			H(c) Gr	oup exen	nption i	number	
K	Form of	organization: X Corporation Trust As	sociation Other	L Year	of formation	on: 1947	М	State of legal domici	le: MA
P	art I	Summary							
	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O					
Governance									
r	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25%	6 of its ne	t asset	s.	
o e	3	Number of voting members of the governing body	(Part VI, line 1a)				3		48
		Number of independent voting members of the gov					4		46
Ses	5	Total number of individuals employed in calendar y					5		5169
ΞĚ	6	Total number of volunteers (estimate if necessary)					6		1552
Activities &	7 a	Total unrelated business revenue from Part VIII, co					7a	-523,	
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>			7b		,583.
						Year		Current Year	
9	8	Contributions and grants (Part VIII, line 1h)			42,854,023.			117,243,006	
ē	9					1,920,3		370,029,	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				7,633,0		10,177,	
	ויו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				6,285,7		5,073,	
_		Total revenue - add lines 8 through 11 (must equal				8,693,1		502,522,	
	1	Grants and similar amounts paid (Part IX, column (12.	2,135,1		127,730,	
		Benefits paid to or for members (Part IX, column (A			2.2	F 4F2 2	0.	247 077	0.
S	15	Salaries, other compensation, employee benefits (F			23	5,453,2	0.	247,077,	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li					0.		<u> </u>
×	D	Total fundraising expenses (Part IX, column (D), line	The state of the s		15	8,701,8	67	171,214,	760
	''	Other expenses (Part IX, column (A), lines 11a-11d,				6,290,2		546,022	
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line				7,597,0	_	-43,499,	
	<u> 19</u>	nevertue less experises. Subtract line To ITOTT line	12	Be	ginning of			End of Year	, 037.
Net Assets or	20	Total assets (Part X, line 16)			• •	9,108,8	-	1,755,184,	696.
Asse	21	Total liabilities (Part X, line 16)				8,267,4		325,555	
Net,	22	Net assets or fund balances. Subtract line 21 from	line 20			0,841,3	_	1,429,629	
P	art II	Signature Block			,	, ,		, , ,	<u>'</u>
Und	ler pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to	the best	of my ki	nowledge and belief,	it is
	-	t, and complete. Declaration of preparer (other than office						,	
Sig	n	Signature of officer				Date			
He		SAMUEL SOLOMON, CFO AND TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Che	ck	PTIN	
Pai	d	KRISTIN ANDERSON	Kristin M. and	esson)	05/13/2	025 self-	employed	₽01231300	
Pre	parer	Firm's name KPMG LLP				Firm's EIN	13	3-5565207	
Use	Only	Firm's address 60 SOUTH STREET							
_		BOSTON, MA 02111				Phone no	617-9	88-1000	
Ma	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions					X Yes	No.

BRANDEIS UNIVERSITY 04-2103552 Page 2 Form 990 (2023)

Par	rt 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		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Tes No
•	If "Yes," describe these new services on Schedule O.	Vaa V Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _ANO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4	expenses, and
	revenue, if any, for each program service reported.	204 044 040 >
4a	(Code:) (Expenses \$ 358,640,554. including grants of \$121,483,489.) (Revenue \$	304,944,040.
	INSTRUCTIONAL AND ACADEMIC SUPPORT:	
	BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND	
	A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,000,	
	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 \$68,773,787. including grants of \$6,247,201.) (Revenue \$	14,539,489.
	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 \$ 44,416,054. including grants of \$) (Revenue \$	51,360,189.
	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 471,830,395.	000
		Form 990 (2023)

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16420508 153541 7673LT

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Form 990 (2023) BRANDEIS UNIVERSITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_	х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	21	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		77	
	Schedule D, Part III	8	Х	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	, ,	40-	х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	177
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
		_		_

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Part IV Checklist of Required Schedules (continued) Page 4 04-2103552

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		v
	any tax-exempt bonds?	24c		<u>х</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
06	Schedule L, Part I	25b		
26	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%	26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		Х
h	"Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		_
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
		Г	agn	(0000)

Form 990 (2023)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) BRANDEIS UNIVERSITY 04-2103552

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5169			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	ınt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		_			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
				7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		x
٦		7d	1	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	on an arise and arise than become a basis and baldings of anything during the case O	•		8		х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10	ı			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10)			
11	Section 501(c)(12) organizations. Enter:	i	1			
	Gross income from members or shareholders	11	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	111	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121)			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	131	.			
c	Enter the amount of reserves on hand	130				
			,	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	es			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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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.

	·					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	48	3									
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	4.0	5									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other										
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision										
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х							
6	Did the organization have members or stockholders?			6		Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applications are considered as a second control of the contr	point	one or										
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or										
	persons other than the governing body?			7b		Х							
8													
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)										
			,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	re filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe										
	on Schedule O how this was done			12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	Х								
	Other officers or key employees of the organization			15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a										
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	ı's										
	exempt status with respect to such arrangements?			16b									
Sec	tion 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	Y											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)	s only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply												
	X Own website X Another's website X Upon request Other (explain	on Sc	chedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			d finan	cial								
	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 boo	ks and	d 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average				C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RONALD LIEBOWITZ	60.00									
PRESIDENT		х		х				1,023,793.	0.	225,966.
(2) TAREK SAGHIR	50.00									
CHIEF INVESTMENT OFFICER					Х			694,635.	0.	67,914.
(3) CAROL FIERKE	50.00									
PROVOST, EVP ACADEMIC AFFAIRS				Х				639,566.	0.	65,482.
(4) STEWART URETSKY	50.00									
EVP FINANCE AND ADMINISTRATION				Х				576,466.	0.	33,000.
(5) KATHRYN APPLEBY	50.00									
DEAN						Х		473,912.	0.	68,725.
(6) HANNAH PETERS	50.00									
SVP INSTITUTIONAL ADVANCEMENT					Х			496,701.	0.	33,000.
(7) SAMUEL SOLOMON	50.00									
CFO, TREASURER				Х				382,540.	0.	71,664.
(8) JAMES LA CRETA	50.00									
CHIEF INFORMATION OFFICER					Х			373,227.	0.	57,885.
(9) DEBARSHI NANDY	50.00	1								
FACULTY						Х		340,591.	0.	81,763.
(10) GINA TURRIGIANO	50.00	-								
FACULTY						Х		342,068.	0.	64,825.
(11) ANNA SCHERBINA	50.00									
FACULTY						Х		368,885.	0.	31,312.
(12) STEVEN LOCKE	50.00	-							_	
SVP, GENERAL COUNSEL			_		Х			327,813.	0.	69,126.
(13) IRVING EPSTEIN	50.00	-						244.040		22 500
FACULTY	50.00					Х		344,912.	0.	33,598.
(14) LOIS STANLEY	50.00	-						200 625	•	60.440
VP CAMPUS OPERATIONS	50.00		_		Х			302,635.	0.	60,143.
(15) ROBIN SWITZER	50.00	}			Į			275 420	^	27 202
VP HR (16) MEDEDITUR AINDINDED	F0 00		-		Х			275,438.	0.	27,202.
(16) MEREDITH AINBINDER CHIEF OF STAFF	50.00	1			х			230 505	0.	54 425
(17) STEVEN KAREL	50.00				_		-	230,595.	0.	54,425.
VICE PROVOST FOR RESEARCH	30.00	1			х			239,853.	0.	39,268.
TOL INOVODI TON REDEARCH		<u> </u>		l	_ <u></u>		l	255,055.	· ·	Form 990 (2022)

332007 12-21-23

Form 990 (2023) BRANDETS UNI	VERSITY								04-210355	z Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week		cer ar	ia a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	In stit utio nal tru stee		99	ubeu		1099-NEC)	1099-NEC)	and related
	below	dual t	ntiona	_	nploy	st col	ъ	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(18) JULIE JETTE	50.00									
SVP COMMUNICATIONS AS OF 06/2023					Х			174,698.	0.	57,470.
(19) DANIAL KIM	50.00									
SVP COMMUNICATIONS THRU 05/2023					Х			181,985.	0.	32,747.
(20) ORLA O'BRIEN	50.00									
ASSISTANT SECRETARY				Х				130,081.	0.	21,552.
(21) LISA R. KRANC	2.00									
TRUSTEE - CHAIR		Х		Х				0.	0.	0.
(22) DANIEL J. JICK	2.00									
TRUSTEE - VICE CHAIR		Х		Х				0.	0.	0.
(23) CYNTHIA D. SHAPIRA	2.00									
TRUSTEE - VICE CHAIR		Х		Х				0.	0.	0.
(24) CURTIS H. TEARTE	2.00									
TRUSTEE - VICE CHAIR		Х		Х				0.	0.	0.
(25) LESLIE M. ARONZON	2.00									
TRUSTEE - SECRETARY		Х		Х				0.	0.	0.
(26) CYNTHIA L. BERENSON	1.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								7,920,394.	0.	1,197,067.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								7,920,394.	0.	1,197,067.

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

422

			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	Х	
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

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
ARAMARK SERVICES, INC., GROUP DALLAS		
LOCKBOX, P.O. BOX 978839, DALLAS, TX	FOOD SERVICE	18,607,160.
ELAINE CONSTRUCTION COMPANY, INC.		
90 WELLS AVENUE, NEWTON, MA 02459	CONSTRUCTION	8,674,424.
CONSIGLI CONSTRUCTION CO INC.		
72 SUMNER STREET, MILFORD, MA 01757	CONSTRUCTION	4,527,024.
PAYETTE ASSOCIATES INC		
290 CONGRESS STREET, BOSTON, MA 02210	ARCHITECTS	3,424,683.
BIGELOW & FLEMING, LLC		
14 NORFOLK AVENUE, SOUTH EASTON, MA 02375	CONSTRUCTION	2,588,030.
2 Total number of independent contractors (including but not limited	d to those listed above) who received more than	
\$100,000 of compensation from the organization	220	200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 BRANDEIS UNIVERSITY 04-2103552

orm 990 BRANDEIS U	NIVERSITY								04-21035	552
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	check all that apply)					compensation	compensation	amount of
	below	week (list any bound of the list any hours for related ag aggregation of the list and the list a			Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) STEPHEN L. BERGER	1.00	_	=	0	~		-			
PRUSTEE		Х						0.	0.	
(28) DEBORAH BIAL	1.00									
PRUSTEE	1.00	х						0.	0.	
(29) DANIEL H. BLUMENTHAL	1.00								••	
PRUSTEE	1.00	х						0.	0.	(
(30) LEWIS H. BROOKS	1.00	Λ						0.	0.	
PRUSTEE	1.00	X						0.	0.	(
(31) STEVEN M. BUNSON	1.00							0.	٠.	
TRUSTEE	1.00	Х						0.	0.	
(32) MERLE R. CARRUS	1.00	Λ						0.	٠.	
RUSTEE	1.00	Х						0.	0.	
(33) AMY L. COHEN	1.00	Λ						0.	٠.	
	1.00								_	
TRUSTEE	1 00	Х						0.	0.	
(34) BARBARA A. DORTCH-OKARA	1.00	,							_	
PRUSTEE	1 00	Х						0.	0.	
(35) NANCY A. DREYER	1.00	,							_	
TRUSTEE	1 00	Х						0.	0.	
(36) SUSAN K. FEIGENBAUM	1.00	,							_	
TRUSTEE	1 00	Х						0.	0.	
(37) MADALYN E. FRIEDBERG	1.00								_	
PRUSTEE	1.00	Х						0.	0.	
(38) DAVID A. HARRIS	1.00									
TRUSTEE	1 00	Х						0.	0.	
(39) MARJORIE HASS	1.00									
TRUSTEE	1.00	Х						0.	0.	
(40) RONALD L. KAISERMAN	1.00									
TRUSTEE		Х						0.	0.	
(41) LINDA HELLER KAMM	1.00									
PRUSTEE		Х						0.	0.	
(42) ELLEN L. KAPLAN	1.00									
PRUSTEE		Х						0.	0.	
(43) STEPHEN B. KAY	1.00								_	
TRUSTEE		Х						0.	0.	
(44) MARTIN R. KUPFERBERG	1.00									
TRUSTEE		Х	\vdash					0.	0.	
(45) SYLVIA M. NEIL	1.00									
FRUSTEE		Х	lacksquare					0.	0.	
(46) MONIQUE L. NELSON	1.00									
PRUSTEE		Х	ı	ı	ı	l	Ì	0.	0.	

Form 990 BRANDEIS UNIVERSITY 04-2103552

Form 990 BRANDEIS UNI	LVERSITY								04-21035	552
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	below	week (list any hours for related organizations			Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations		
(47) GREGORY A. PETSKO	1.00									
TRUSTEE		Х						0.	0.	
(48) RONALD A. RATNER	1.00									
TRUSTEE		Х						0.	0.	
(49) STEPHEN R. REINER	1.00									
TRUSTEE		Х						0.	0.	
(50) ADAM RIFKIN	1.00									
TRUSTEE		х						0.	0.	
(51) LEONARD X ROSENBERG	1.00									
TRUSTEE		Х						0.	0.	
(52) JAY S. RUDERMAN	1.00									
TRUSTEE		Х						0.	0.	
(53) DANIEL S. RUEVEN	1.00									
TRUSTEE		Х						0.	0.	
(54) KAREN RICHARDS SACHS	1.00									
TRUSTEE		Х						0.	0.	
(55) CAROL R. SAIVETZ	1.00									
TRUSTEE		Х						0.	0.	
(56) BARBARA Z. SANDER	1.00									
TRUSTEE		х						0.	0.	
(57) MINDY L. SCHNEIDER	1.00									
TRUSTEE		Х						0.	0.	
(58) BRAM SHAPIRO	1.00									
PRUSTEE		Х						0.	0.	
(59) MALCOM L. SHERMAN	1.00							-		
TRUSTEE		х						0.	0.	
(60) TODD E. SOLOWAY	1.00							-		
PRUSTEE		Х						0.	0.	
(61) MARK A. SURCHIN	1.00							-		
TRUSTEE		х						0.	0.	
(62) BARTON J. WINOKUR	1.00									
PRUSTEE		х						0.	0.	
(63) LEWIN C. WRIGHT	1.00								- •	
TRUSTEE		х						0.	0.	
(64) BING-LE WU	1.00								- •	
TRUSTEE		Х						0.	0.	
(65) LAN XUE	1.00								•	
PRUSTEE		х						0.	0.	
(66) DAVID L. YALE	1.00	<u> </u>						, · · · · · · · · · · · · · · · · · · ·	•	
		1					1	ı		

Form 990 BRANDEIS UNIVERSITY 04-2103552

Form 990 BRANDEIS UNI Part VII Section A. Officers, Directors, Tr	VERSITY								04-21035	552
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u>-</u>				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al trus		yee	m per				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er			
	line)	Indivi	Instit	Officer	Key e	High	Former			
(67) XIRU ZHANG	1.00									
RUSTEE		х						0.	0.	
		_								
Total to Part VII, Section A, line 1c		-								

Form 990 (2023) BRANDEIS UI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
an		Membership dues 1b	296,620.				
<u>क</u> ही		Fundraising events 1c	49,501.				
ifts ır A		Related organizations 1d					
nik G		Government grants (contributions)	66,960,331.				
Sis		All other contributions, gifts, grants, and					
ber her		similar amounts not included above	49,936,554.				
텵	c	Noncash contributions included in lines 1a-1f	3,811,454.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		117,243,006.			
			Business Code	Allanense	El Planet o complication review	C-Umakel tumos suerus	College de la collega de la co
Ð	2 a	TUITION & FEES	611710	296,969,304.	296,969,304.		
, vic	b	AUXILIARY SERVICES	721000	51,498,660.	51,360,189.	138,471.	
Ser	c	SPONSORED PROGRAMS	611710	14,539,489.	14,539,489.		
an	c	BRANDEIS NATIONAL COMM	900099	862,803.	862,803.		
Program Service Revenue	e	CONFERENCES AND EVENTS	900099	633,930.	633,930.		
Pro	f	All other program service revenue	900099	5,525,373.	5,475,337.	50,036.	
		Total. Add lines 2a-2f		370,029,559.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		4,861,126.		-2,057,750.	6,918,876.
	4	Income from investment of tax-exempt bond p					
	5	Royalties		2,396,241.			2,396,241.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 1,673,483.					
	b	Less: rental expenses 6b 0.					
	c	Rental income or (loss) 6c 1,673,483.					
	c	Net rental income or (loss)	T	1,673,483.		835,656.	837,827.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a249,405,161.					
	b	Less: cost or other basis					
Jue		and sales expenses					
ě.		Gain or (loss) 7c 5,316,008.		- 016 000			
her Revenue		Net gain or (loss)	I	5,316,008.		509,915.	4,806,093.
	8 a	Gross income from fundraising events (not					
Ò		including \$ 49,501. of					
		contributions reported on line 1c). See	70 540				
		Part IV, line 18					
		Less: direct expenses 8b	79,549.	0.			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Gross sales of inventory, less returns					
	10 8	and allowances10a					
	h	Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory	1				
			Business Code	Alfatown	E-Summitte compatibilities recover	Commissioner serve	Difference on Constitution of the Nation 10, 5%
snc	11 a	MISCELLANEOUS INCOME	900099	1,003,474.	1,003,474.		
nec	b			, ,			
Miscellaneous Revenue	c						
lisc	c	All other revenue					
	e	Total. Add lines 11a-11d		1,003,474.			
	12	Total revenue. See instructions		502,522,897.	370,844,526.	-523,672.	14,959,037.

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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 respon	se or note to any line in t	his Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,247,201.	6,247,201.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	119,554,975.	119,554,975.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,928,514.	1,928,514.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,568,835.	944,212.	4,603,394.	1,021,22
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	224,910.	224,910.		
	Other salaries and wages	190,248,801.	164,100,641.	17,975,552.	8,172,60
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,658,953.		1,101,392.	522,18
9	Other employee benefits	24,312,580.	20,358,761.	2,825,308.	1,128,51
10	Payroll taxes	13,063,265.	11,154,963.	1,331,440.	576,86
11	Fees for services (nonemployees):				
	Management				
	Legal	1,972,596.	400,260.	1,552,430.	19,90
	Accounting	366,269.	45.444	366,269.	
	Lobbying	16,441.	16,441.		
е	Professional fundraising services. See Part IV, line 17	2 225 226		2 225 226	
f	Investment management fees	3,385,806.		3,385,806.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 451 560	2 005 200	1 160 200	205 00
	column (A), amount, list line 11g expenses on Sch O.)	4,451,569.	2,995,390.	1,160,288.	295,893
	Advertising and promotion	2,453,194.	1,376,529.	993,704.	82,96
13	Office expenses	15,038,198.	12,426,523.	2,107,385.	504,29
14	Information technology	10,035,211.	6,448,295.	3,567,274.	19,64
15	Royalties	25 202 402	20 459 001	4 921 052	21 54
16	Occupancy	25,302,402.	20,458,901.	4,821,952.	21,549
17	Travel	4,624,133.	4,084,302.	278,823.	261,008
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,983,392.	1,880,469.	64,464.	38,45
19	Conferences, conventions, and meetings	10,008,310.	7,615,996.	2,392,314.	30,43.
20	Interest	10,000,310.	7,013,330.	2,332,314.	
21	Payments to affiliates	28,499,984.	26,493,848.	2,006,136.	
22		2,782,695.	20,133,010.	2,782,695.	
23 24	Other expenses. Itemize expenses not covered	2,702,033.		2,702,033.	
24	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 0.)				
а	DINING SERVICES	20,924,216.	20,737,672.	76,442.	110,10
b	STIPENDS AND FELLOWSHIP	9,761,917.	9,761,917.	·	-
	LIBRARY	4,630,711.	4,626,488.	2,132.	2,09
d	STUDY ABROAD PAYMENTS	3,987,599.	3,987,599.	·	
е	All other expenses	20,990,117.	12,970,209.	7,802,163.	217,74
25	Total functional expenses. Add lines 1 through 24e	546,022,794.	471,830,395.	61,197,363.	12,995,03
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023) Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or no	te to any	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	11,019,716.	1	7,629,300		
2	Savings and temporary cash investments			35,722,326.	2	16,005,53
3	Pledges and grants receivable, net	18,651,176.	3	20,340,27		
4	Accounts receivable, net			20,937,479.	4	27,408,01
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
	controlled entity or family member of any of the	se perso	onsL		5	
6	Loans and other receivables from other disqual	ified per	sons (as defined			
	under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
<u>n</u> 7	Notes and loans receivable, net			3,749,668.	7	2,973,10
Assets	Inventories for sale or use			948,776.	8	933,38
ž 9	B			25,442,335.	9	22,720,52
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		943,374,400.			
b	Less: accumulated depreciation	10b	595,865,487.	351,281,000.	10c	347,508,91
11	Investments - publicly traded securities		L	113,309,618.	11	128,438,11
12	Investments - other securities. See Part IV, line		1,125,501,652.	12	1,158,982,29	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	22,545,073.	15	22,245,23		
16	Total assets. Add lines 1 through 15 (must equ	1,729,108,819.	16	1,755,184,69		
17	Accounts payable and accrued expenses		31,316,004.	17	32,241,32	
18	Grants payable		18			
19	Deferred revenue			23,277,652.	19	23,850,23
20	Tax-exempt bond liabilities			229,839,045.	20	217,473,12
21	Escrow or custodial account liability. Complete				21	
္က 22	Loans and other payables to any current or form					
Liabilities	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		06 205 000	22	05 605 00	
23	Secured mortgages and notes payable to unrel			26,325,000.	23	25,625,00
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa	-				
	parties, and other liabilities not included on line	s 17-24).	. Complete Part X	27,509,723.		26 265 76
000	of Schedule D			338,267,424.		26,365,76 325,555,44
26				330,207,424.	26	323,333,44
ဖွ	Organizations that follow FASB ASC 958, ch	eck nere				
ğ	and complete lines 27, 28, 32, and 33.			196,332,513.	27	192,497,87
27				1,194,508,882.	28	1,237,131,37
28 5	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			1,154,500,002.	20	1,237,131,37
∮						
5 20	and complete lines 29 through 33.				29	
29 9 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				30	
SS 21	Retained earnings, endowment, accumulated in				31	
₹ 31 ₩ 22				1 390 841 395		1,429,629,24
_						1,755,184,69
Net Assets or Fund Balances 27 28 29 30 31 32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			1,390,841,395. 1,729,108,819.	32 33	1

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,522,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		022,	
3	Revenue less expenses. Subtract line 2 from line 1	3		,499,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,390	,841,	395.
5	Net unrealized gains (losses) on investments	5	83	,467,	225.
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	-1	,179,	477.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,429	,629,	246.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

04-2103552

OMB No. 1545-0047

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	54,711,068.	27,153,598.	61,842,603.	42,854,023.	117,243,006.	303,804,298.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	54,711,068.	27,153,598.	61,842,603.	42,854,023.	117,243,006.	303,804,298.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,696,709.
6	Public support. Subtract line 5 from line 4.						297,107,589.
	ction B. Total Support					ı	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	54,711,068.	27,153,598.	61,842,603.	42,854,023.	117,243,006.	303,804,298.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,228,097.	9,560,732.	-546,250.	10,244,757.	10,152,944.	35,640,280.
9	Net income from unrelated business	, ,	, ,	,		, ,	, ,
Ů	activities, whether or not the						
	business is regularly carried on			4,510,443.			4,510,443.
10	Other income. Do not include gain			, , ,			, , , -
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	140,306.	2,822.	77,141.	156,716.	79,549.	456,534.
11	Total support. Add lines 7 through 10		, , , ,	, , , , , ,			344,411,555.
	Gross receipts from related activities,	etc (see instruction	ne)			12 1	,957,850,893.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			.,,,
10	organization, check this box and stor			•			
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I	• • •		olumn (f))		14	86.27 %
	Public support percentage from 2022					15	81.70 %
	33 1/3% support test - 2023. If the o						70
102	stop here. The organization qualifies						
L	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
176	10% -facts-and-circumstances test						
1/8	and if the organization meets the fact						
	· ·		•	•		•	
Į.	meets the facts-and-circumstances te	· ·	•			Ta and line 15 is	
C	10% -facts-and-circumstances test	•				•	1070 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	iii did not check a l	oox on line 13, 16a	i, 100, 17a, 0r 17b	, check this box a		
						Scheaule A	(Form 990) 2023

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.)

Sect	ion A. Public Support	slow, please comp	nete i ait ii.j				
Calend	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			.,			
r	nembership fees received. (Do not						
i	nclude any "unusual grants.")						
2 (Gross receipts from admissions,						
	nerchandise sold or services per-						
	ormed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
i	ness under section 513						
4 7	ax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
5	he value of services or facilities						
	urnished by a governmental unit to						
	he organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
3	3 received from disqualified persons						
	amounts included on lines 2 and 3 received						
	rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	mount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sect	ion B. Total Support			_			
Calend	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 /	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
á	and income from similar sources						
b l	Inrelated business taxable income						
(less section 511 taxes) from businesses						
a	cquired after June 30, 1975						
c A	Add lines 10a and 10b						
11 1	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	egularly carried on						
12 (Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14 F	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,
C	check this box and stop here						
Sect	ion C. Computation of Publi	c Support Per	centage				
15 F	Public support percentage for 2023 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ion D. Computation of Inves					T T	
	nvestment income percentage for 20					17	%
	nvestment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2023. If the						7 is not
	nore than 33 1/3%, check this box ar	=	-	•	• •		
	33 1/3% support tests - 2022. If the	· ·			•	•	
	ne 18 is not more than 33 1/3%, che						
/U	Private foundation. If the organization	n did not check a	DOX OF THE 14-19	a or igo check th	us dox and see in:	SILLICHOUS	1 1

332023 12-21-23

Schedule A (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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

332025 12-21-23

<u>Schedule A (Form 990) 2023</u> BRANDEIS UNIVERSITY 04-2103552 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	nization (see
	instructions).			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2023 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
a	From 2018								
b	From 2019								
c	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2023 distributable amount								
i_	Carryover from 2018 not applied (see instructions)								
_ <u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2019								
b	Excess from 2020								
С	Excess from 2021								
d	Excess from 2022								
е	Excess from 2023								

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

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

Open to Bubl

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

Open to Public Inspection

OMB No. 1545-0047

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 **Employer identification number** BRANDEIS UNIVERSITY 04-2103552 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 Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Sch	edule C (F		UNIVERSITY		103552	Page 2	
Pa	rt II-A		n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection unde	er	
		section 501(h)).					
Α	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 exces	, , ,				
B	Check	if the filing organization check	ed box A and "limited control" provisions apply.		T		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated totals	•	
1 a	Total lob	obying expenditures to influence publ	ic opinion (grassroots lobbying)				
k	Total lob	obying expenditures to influence a leg	gislative body (direct lobbying)				
c	: Total lob	obying expenditures (add lines 1a and	i 1b)				
c	d Other ex	cempt purpose expenditures					
e	Total ex	empt purpose expenditures (add line	s 1c and 1d)				
f	Lobbyin	g nontaxable amount. Enter the amou	unt from the following table in both columns.				
	If the am	ount 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 \$50	00,000 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	7,000,000,	\$1,000,000.				
ç	g Grassro	ots nontaxable amount (enter 25% of	line 1f)				
r	Subtrac	t line 1g from line 1a. If zero or less, e	nter -0-				
i	Subtrac	t line 1f from line 1c. If zero or less, er	nter -0-				
j	If there i	s an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720				
	reporting	g section 4911 tax for this year?			Yes	No	
			4-Year Averaging Period Under Section 501(h)	£ No a Circa a a longer - t-	-1		
		, -	a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	t the five columns b	eiow.		
		Lohl	oving Expenditures During 4-Year Averaging Period				

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:		v			
	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements? Mailings to members, legislators, or the public?		x			
	Publications, or published or broadcast statements?		Х			
	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			16,441.	
i	Other activities?		Х			
j	Total. Add lines 1c through 1i				16,441.	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or sec	tion		
· u	501(c)(6).	00 1(0)(0,, 0, 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	*****		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4 5			
Par			5			
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	-A, lines 1 a	nd 2 (see		
THE	UNIVERSITY IS A MEMBER OF VARIOUS NATIONAL AND STATE ORGANIZATIONS,					
SUCI	AS ASSOCIATION OF AMERICAN UNIVERSITIES, ASSOCIATION OF					
INDE	PENDENT COLLEGES AND UNIVERSITIES IN MASSACHUSETTS, NEW ENGLAND					
COM	ISSION FOR HIGHER EDUCATION, NATIONAL ASSOCIATION OF COLLEGE AND					
UNIV	ERSITY BUSINESS OFFICERS, NATIONAL ASSOCIATION OF INDEPENDENT		Schedu	le C (Form	990) 2023	

332043 11-06-23

16420508 153541 7673LT

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

Employer identification number

	BRANDEIS UNIVERSITY			04-2103552
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year	10		
2	Aggregate value of contributions to (during year)	460,000.		
3	Aggregate value of grants from (during year)	478,200.		
4	Aggregate value at end of year	909,855.		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised f	unds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			X Yes No
Par		anization answered "Yes" on Form 990, Part	: IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation)	on or education) Preservation of a h	istorically	important land area
	Protection of natural habitat	Preservation of a c	-	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			"	
С	Number of conservation easements on a certified historic structure.			
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register	• • •	2d	
3	Number of conservation easements modified, transferred, release			during the tax
	year	, , ,		3
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	<u> </u>		
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easemen	ts during the year
8	Does each conservation easement reported on line 2d above s	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	n easements in its revenue and expense stat	tement an	d
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements	that desc	cribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Simila	r Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and I	balance sl	neet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	erance of p	public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	nce sheet	works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	nce of pul	blic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

BRANDEIS UNIVERSITY Schedule D (Form 990) 2023 <u> Page</u> **2** Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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). X Public exhibition Loan or exchange program X Scholarly research h Other X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets X No to be sold to raise funds rather than to be maintained as part of the organization's collection? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 1216216569 1205167449 1286001704 1073589245 1073525864 **1a** Beginning of year balance 28452499. 21025735. 24278329. 7,267,347. 18320825. Contributions 83871124. 55987632. -42017382 271284958. 39388112. Net investment earnings, gains, and losses 23193978. 22486018. 21306264, 20762020, 21432479. Grants or scholarships Other expenditures for facilities 35798237. 37801376. 35820108, 35678107. 34429939. and programs 4,639,754. 5,676,853. 5,968,830, 9,699,722. 1,783,138. Administrative expenses 1264908223 1216216569 1205167449 1286001701 1073589245 End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 9.1650 a Board designated or quasi-endowment Permanent endowment 30.0170 % 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 Yes No organization by: (i) Unrelated organizations? X 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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		50,626,775.		50,626,775.	
b Buildings		699,601,201.	459,132,984.	240,468,217.	
c Leasehold improvements					
d Equipment		172,877,350.	136,732,503.	36,144,847.	
e Other		20,269,074.		20,269,074.	
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 347,508,91					

04-2103552 Page **3**

Schedule D (Form 990) 2023

BRANDEIS UNIVERSITY

Part VII Investments - Other Se

Complete if the evacuitation encurared	"\/aa" an Farm 000	Dout IV/ line 11h	Cas Farm OOO Dort V line 10
Complete if the organization answered	res on Form 990.	. Pari iv. line i ib.	See Form 990, Part A. line 17.

(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	72,595,371.	END-OF-YEAR MARKET VALUE
(B) NON-U.S. EQUITY	170,743,767.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY	343,467,271.	END-OF-YEAR MARKET VALUE
(D) HEDGE FUND/CREDIT	405,373,188.	END-OF-YEAR MARKET VALUE
(E) REAL ASSETS	155,756,727.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS AND OTHER	11,045,973.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,158,982,297.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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	8,530,797.
(3) ENVIRONMENTAL LIABILITY	6,214,206.
(4) REFUNDABLE STUDENT LOAN ADVANCES	954,184.
(5) CAPITAL LEASE LIABILITY	9,928,942.
(6) DEFERRED COMPENSATION AND SEVERANCE	285,426.
(7) ENERGY EFFICIENCY LIABILITY	452,208.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	26,365,763.

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 ... X

Sche	dule D (Form 990) 2023 BRANDEIS UNIVERSITY			04-210	3552	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1				1	459,9	41,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	,	
a	Net unrealized gains (losses) on investments	2a	83,467,225.			
b	Donated services and use of facilities		, , ,			
_	Recoveries of prior year grants Other (Describe in Part XIII.)		-122,662,966.			
d				0-	_30_1	95,741.
_	Add lines 2a through 2d			2e		37,092.
3	Subtract line 2e from line 1			3	4 ,7,1	37,032.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	2 205 006			
a	Investment expenses not included on Form 990, Part VIII, line 7b		3,385,806.			
	Other (Describe in Part XIII.)	. 4b			2 2	05 006
С	Add lines 4a and 4b			4c		85,806.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	\\ <i>I</i> ':4 -		5	502,5	22,898.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	421,1	53,498.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	421,1	53,498.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,385,806.			
b	Other (Describe in Part XIII.)		121,483,489.			
	A 1111 A 148			4c	124.8	69,295.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		22,793.
	t XIII Supplemental Information			<u> </u>		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h	and 2h: Part V. line 4:	Dort V lie	2. Part \	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			i ait A, iii	ic Z, i ait /	α,
111162	zu and 45, and Fart An, inles zu and 45. Also complete this part to provide any add	illional illioni	iation.			
דים גם	III, LINE 1A:					
IAKI	III, BINE IA.					
COLL	ECHTONIC OF ARM					
СОП	ECTIONS OF ART					
GOT T		D DIIDI TA				
COLL	ECTIONS AT BRANDEIS UNIVERSITY ARE PROTECTED AND PRESERVED FO	K PORFIC				
EXHI	BITION, EDUCATION, RESEARCH AND THE FURTHERANCE OF PUBLIC SER	VICE.				
COLI	ECTIONS ARE NOT CAPITALIZED; SALES AND PURCHASES OF COLLECTION	N ITEMS				
ARE	RECORDED AS NON-OPERATING REVENUE AND EXPENSES IN THE UNIVERS	ITY'S				
FINA	NCIAL STATEMENTS IN THE PERIOD IN WHICH THE ITEMS ARE SOLD OR					
ACQU	IRED, RESPECTIVELY.					
PART	III, LINE 4:					
	,					
FOIIN	DED IN 1961, THE ROSE ART MUSEUM (THE ROSE) IS AN INTEGRAL PA	RT OF				
1 3 3 1	, IND NOOD INT HOUSEN (THE NOOD) TO IN INTEGRAL IA					
BBYN	DEIS UNIVERSITY. THE ROSE IS AN EDUCATIONAL AND CULTURAL MUS	EIIM				
דעעור	DELO GALVEROTTI, THE ROSE IS AN EDUCATIONAL AND CULTURAL MUS.	TOH				

332055 09-28-23

Schedule D (Form 990) 2023 BRANDEIS UNIVERSITY	04-2103552	Page 5
Part XIII Supplemental Information (continued)		
FOR INFLATION, IS DEEMED SUFFICIENT TO SUPPORT THE SPENDING RATE AS		
DETERMINED BY THE UNIVERSITY'S BOARD OF TRUSTEES. TO HAVE A REASONABLE		
PROBABILITY OF ACHIEVING THE ENDOWMENT'S PRIMARY INVESTMENT GOAL AT AN		
ACCEPTABLE RISK LEVEL, THE INVESTMENT COMMITTEE HAS ADOPTED A LONG-TERM		
ASSET ALLOCATION POLICY.		
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 -121,483,489.		
CHANGE IN VALUE OF SPLIT INTEREST -1,175,356.		
LOSS ON FIXED ASSETS -4,121.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D -122,662,966.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
FINANCIAL AID 121,483,489.		

SCHEDULE E (Form 990)

Department of the Treasury

Schools

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number BRANDEIS UNIVERSITY $04 \!-\! 2103552$

<u>Ра</u>	t I			
				_
			YES	N
I	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	L
:	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	L
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax 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	3	Х	L
	THE SCHOOL HAS SATISFIED THE PUBLICITY REQUIREMENT DESCRIBED			
	IN SECTION 4.03 OF REVENUE PROCEDURE 75-50 TO STUDENTS KNOWN			
	TO ALL SEGMENTS OF THE GENERAL COMMUNITY SERVED BY THE			
	SCHOOL.			
	Does the organization maintain the following?		v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	+
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	_	х	
	with student admissions, programs, and scholarships?	4c	1	⊢
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
a				
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		+
ab	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	x	

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

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

Open to Public

Employer identification number

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

Inspection

OMB No. 1545-0047

BRANDEIS UNIVERSITY 04-2103552 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES STUDY ABROAD 59,650. EAST ASTA AND THE PACIFIC 0 0 PROGRAM SERVICES STUDY ABROAD 473,417. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 PROGRAM SERVICES STUDY ABROAD 2733155. MIDDLE EAST AND NORTH AFRICA 0 PROGRAM SERVICES STUDY ABROAD 0 35,045. NORTH AMERICA STUDY ABROAD 0 0 PROGRAM SERVICES 11,825. RUSSTA AND NEIGHBORING STATES 0 0 PROGRAM SERVICES STUDY ABROAD 22,610. SOUTH AMERICA 0 0 PROGRAM SERVICES STUDY ABROAD 193,443.

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

0

0

0

0

0

0

Schedule F (Form 990) 2023

and 3b)

SOUTH ASIA

PROGRAM SERVICES

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

STUDY ABROAD

82,200.

3611345.

#######

#######

Schedule F (Form 990) BRANDEIS UNIVERSITY 04-2103552 Pag									
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				
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	111,993.				
EUROPE (INCLUDING									
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CERN	660,122.				
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	4,544.				
EAST ASIA AND THE									
PACIFIC PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	51,506.				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	365,230.				
MIDDLE EAST AND	0	0	PROGRAM SERVICES	RESEARCH	9,697.				
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	117,655.				
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH	5,195.				
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	81,739.				
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	3,234.				
Totals									

	BRANDEIS UNI			04-2103552	Page 1
Part I Continuation	n of Activities	s 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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	271,146.
DOD DAHAKAN AFKICA		U U	I ROGRAM BERVICES	RESEARCH	271,140.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		#######
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2501785.
SOUTH ASIA	0	0	INVESTMENTS		5923875.
Totals					#######

Schedule F (Form 990) 2023 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	ot 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.

Part III can be duplicated if a	dditional space is needed	d					
(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)
TO STUDENTS STUDYING ABROAD	CENTRAL AMERICA						
SCHOLARSHIP AND FINANCIAL AID		3	48 400.	SEE PART V	0.		
			10,100.				
TO STUDENTS STUDYING ABROAD	EAST ASIA AND THE						
SCHOLARSHIP AND FINANCIAL AID	PACIFIC	16	189,936.	SEE PART V	0.		
	EUROPE (INCLUDING						
TO STUDENTS STUDYING ABROAD	ICELAND &						
SCHOLARSHIP AND FINANCIAL AID	GREENLAND)	113	1365495.	SEE PART V	0.		
TO STUDENTS STUDYING ABROAD	MIDDLE EAST AND		15 500				
SCHOLARSHIP AND FINANCIAL AID	NORTH AFRICA	2	15,500.	SEE PART V	0.		
TO STUDENTS STUDYING ABROAD							
SCHOLARSHIP AND FINANCIAL AID	NORTH AMERICA	1	11,825.	SEE PART V	0.		
TO OTHER THE OTHER ADDOLD	RUSSIA AND						
TO STUDENTS STUDYING ABROAD SCHOLARSHIP AND FINANCIAL AID	NEIGHBORING STATES	2	10 000	SEE PART V	0.		
SCHOLARSHII AND FINANCIAL AID	DIAIES	2	10,000.	DEE TAKT V	0.		
TO STUDENTS STUDYING ABROAD							
SCHOLARSHIP AND FINANCIAL AID	SOUTH AMERICA	12	161,665.	SEE PART V	0.		
TO STUDENTS STUDYING ABROAD							
SCHOLARSHIP AND FINANCIAL AID	SOUTH ASIA	3	33,300.	SEE PART V	0.		
			,				
TO STUDENTS STUDYING ABROAD	SUB-SAHARAN						
SCHOLARSHIP AND FINANCIAL AID	AFRICA	5	92,393.	SEE PART V	0.		

Sched	dule F (Form 990) 2023 BRANDEIS UNIVERSITY	04-2103552	Page 4
Par	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 the Instructions for Form 926)	X_Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X No

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

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

vame of the organization BRANDEIS UI	NIVERSITY					04-210355	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
required to complete this part			.:4: /				
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	tion of	non-g gover	overnment grants nment grants			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups are supplied to the fundraising event contributions.				
		5. Tarraiding over contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	1
			BOOK & AUTHOR	UNIVERSITY ON		(d) Total events
			LUNCH	WHEELS	72	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	7,500.	9,261.	112,288.	129,049.
	2	Less: Contributions	2,000.	1,365.	46,135.	49,500.
	3	Gross income (line 1 minus line 2)	5,500.	7,896.	66,153.	79,549.
	4	Cash prizes				
Ø	5	Noncash prizes				
bense	6	Rent/facility costs	3,000.	7,027.	920.	10,947.
Direct Expenses	7	Food and beverages	2,500.		56,027.	58,527.
⊡	8	Entertainment				
	9	Other direct expenses		869.	9,206.	10,075.
	10	Direct expense summary. Add lines 4 through	- · · · · · · · · · · · · · · · · · · ·		·	79,549.
	11	Net income summary. Subtract line 10 from li				0.
Pa	ırt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 5190	bingo/progressive bingo	(e) carer garming	col. (a) through col. (c))
eve.						
	1	Gross revenue				
	2	Cash prizes				
enses						
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	⊏n.t	ter the state(s) in which the organization condu	rata gamina antivitian			
9		he organization licensed to conduct gaming ac	-	ntatas?		Yes No
		ne organization licensed to conduct gaming at No," explain:				res no
L	, ,,	NO, explain.				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					
	22 00	-13-23			Sche	dule G (Form 990) 2023
3320	32 03					

Sch	edule G (Form 990) 2023 BRANDEIS UNIVERSITY 04	1-21035	552	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	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:			
	The organization's facility	13		%
	An outside facility			/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	10	<u> </u>	
14	Liner the flame and address of the person who prepares the organization's gaming/special events books and records.			
	News			
	Name			
	Address			
			٦.,	—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	L No
k	olf "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:			
	daming manager information.			
	Name			
	Name			
	Consider was a superior of			
	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?	L	Yes	No
k	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	•	,	, ,
	,,,			

332083 09-13-23

Schedule G (Form 990) BRANDEIS T	UNIVERSITY	04-2103552	Page 4
Schedule G (Form 990) Part IV Supplemental Information (control of the control o	inued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BRANDEIS UNIVE	ERSITY						04-2103552
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			· ·		(f) Mothod of		T
(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 noncash assistance	(h) Purpose of grant or assistance
BOOZ ALLEN HAMILTON INC.							
PO BOX 8500 (S-2725)							
PHILADELPHIA PA 19178-2725	36-2513626		24,923.	0.			RESEARCH
BOSTON MEDICAL CENTER							
ONE BOSTON MEDICAL CENTER PLACE							
BOSTON, MA 02118-2908	04-3314093	501(C)(3)	83,553.	0.			RESEARCH
BROWN UNIVERSITY							
PO BOX 1839							
PROVIDENCE, RI 02912-1839	05-0258809	501(C)(3)	159,147.	0.			RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY							
1200 E. CALIFORNIA BLVD							
PASADENA, CA 91125	95-1643307	501(C)(3)	28,599.	0.			RESEARCH
		552(5)(5)	20,033.				
CAMBRIDGE PUBLIC HEALTH COMMISSION							
1035 CAMBRIDGE STREET		CITY OF					
CAMBRIDGE, MA 02139-1047	04-3320571	CAMBRIDGE	20,803.	0.			RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER							
3333 BURNET AVENUE							
CINCINNATI, OH 45229-3039	31-0833936		24,770.	0.			RESEARCH
2 Enter total number of section 501(c)(3) ar	-						46.
3 Enter total number of other organizations							2.

Schedule I (Form 990)

BRANDEIS UNIVERSITY

Pan	Δ.	
rau	16	

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	r aț
(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
CLAL-THE NATIONAL JEWISH CENTER							
FOR LEARNING AND LEADERSHIP, INC.							
- 440 PARK AVENUE SOUTH 4TH FLOOR	02 5200250	E01/G\/2\	105 051				DEGENERAL CONTRACTOR C
- NEW YORK, NY 10016	23-7390358	501(C)(3)	105,871.	0.			RESEARCH
CLARK UNIVERSITY							
950 MAIN STREET							
WORCESTER , MA 01610-1400	04-2111203	501(C)(3)	13,697.	0.			RESEARCH
DETROIT RECOVERY PROJECT							
1121 E. MCNICHOLS	42 000000	504 (5) (2)	100 010				
DETROIT, MI 48203	43-2078767	501(C)(3)	188,313.	0.			RESEARCH
DISABILITY POLICY CONSORTIUM							
11 DARTMOUTH STREET SUITE #301							
MALDEN, MA 02148	04-3570281	501(C)(3)	52,129.	0.			RESEARCH
			,	- •			
DISABILITY RIGHTS EDUC & DEFENSE							
FUND - 3075 ADELINE STREET SUITE							
210 - BERKELEY, CA 94703	94-2620758	501(C)(3)	71,935.	0.			RESEARCH
HEBREW SENIOR LIFE							
1200 CENTRE STREET	04 0404000	504 (5) (2)	100 005				
ROSLINDALE, MA 02131	04-2104298	501(C)(3)	102,335.	0.			RESEARCH
HUMAN SERVICES RESEARCH INSTITUTE							
2336 MASSACHUSETTS AVENUE							
CAMBRIDGE, MA 02140	52-1039368	501(C)(3)	7,531.	0.			RESEARCH
EWISH COMMUNITY CENTER OF SAN							
FRANCISCO - 3200 CALIFORNIA STREET							
- SAN FRANCISCO, CA 94118	94-3227260	501(C)(3)	40,000.	0.			RESEARCH
TEMTON HOODTON CONTRACTOR							
JEWISH HOSPICE & CHAPLAINCY							
NETWORK - 6555 WEST MAPLE ROAD -	38-3429268	501(C)(3)	40,000.	0.			RESEARCH
WEST BLOOMFIELD, MI 48322	30-3423200	Pot(C)(3)	1 40,000.	l			RESEARCH

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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
JEWISH SOCIAL SERVICES OF MADISON							
INC - 6434 ENTERPRISE LANE -							
MADISON, WI 53719	39-1300430	501(C)(3)	40,000.	0.			RESEARCH
,			,				
JUSTICE IN AGING							
1444 EYE STREET NW STE 1100							
WASHINGTON, DC 20005	95-3132674	501(C)(3)	50,072.	0.			RESEARCH
KENNELL AND ASSOCIATES INC							
3130 FAIRVIEW PARK DRIVE SUITE 450			41 007				DEGENERAL CONTRACTOR C
FALLS CHURCH, VA 22042	54-1771141		41,887.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT STREET							
BOSTON, MA 02114	04-1564655	501(C)(3)	854,260.	0.			RESEARCH
,			, -	-			
NEW YORK UNIVERSITY							
105 E. 17TH STREET 2ND FLOOR							
NEW YORK, NY 10003-9580	13-5562308	501(C)(3)	69,643.	0.			RESEARCH
NORC							
55 E MONROE STREET 20TH FLOOR				_			
CHICAGO, IL 60603	36-2167808	501(C)(3)	373,753.	0.			RESEARCH
NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE							
BOSTON, MA 02115	04-1679980	501(C)(3)	85,427.	0.			RESEARCH
			35,127.	•			
OREGON HEALTH & SCIENCE UNIVERSITY							
2020 SW 4TH AVENUE SUITE 900							
PORTLAND, OR 97201	23-7083114	STATE OF OR	206,721.	0.			RESEARCH
POLICE ASSISTED ADDICTION AND							
RECOVERY INITIATIVE INC - 12							
BROADWAY - BEVERLY, MA 01915	47-4235159	501(C)(3)	56,042.	0.			RESEARCH

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 415649 -BOSTON, MA 02241-5649 04-2103580 501(C)(3) 688,456 0. RESEARCH REGENTS OF THE UNIVERSITY OF CALIFORNIA - 220 MONTGOMERY STREET SAN FRANCISCO, CA 94104 94-6036493 STATE OF CA 399,805 0 RESEARCH REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 S. STATE STREET -ANN ARBOR, MI 48109 38-6006309 STATE OF MI 424,617. 0. RESEARCH REGENTS OF THE UNIVERSITY OF MINNESOTA - 3 MORRILL HALL 100 CHURCH ST. S.E. - MINNEAPOLIS, MN 5,835. 41-6007513 STATE OF MN 0 RESEARCH 55455 RHODE ISLAND HOSPITAL 593 EDDY STREET 05-0258954 501(C)(3) 0. RESEARCH PROVIDENCE, RI 02903 31,839. STANLEY STREET TREATMENT AND RESOURCES, INC. - 386 STANLEY STREET - FALL RIVER, MA 02720 04-2604426 501(C)(3) 0. RESEARCH 22,875, THE BRIGHAM AND WOMEN'S HOSPITAL INC - 75 FRANCIS STREET -04-2312909 501(C)(3) BOSTON MA 02115 93 812. 0. RESEARCH THE BROOKINGS INSTITUTE 1175 MASSACHUSETTS AVE NW WASHINGTON, DC 20036-2103 53-0196577 501(C)(3) 78,427. 0. RESEARCH THE TOWERS FOUNDATION 18 TOWER LANE NEW HAVEN, CT 06519-1764 06-1331831 501(C)(3) 40 000 0. RESEARCH

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
HE UNIVERSITY OF CHICAGO							
5801 SOUTH ELLIS AVENUE							
CHICAGO, IL 60637-5418	36-2177139	501(C)(3)	257,062.	0.			RESEARCH
		(-, (-,		- •			
THOMAS JEFFERSON UNIVERSITY							
015 WALNUT STREET SUITE 704							
PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	26,865.	0.			RESEARCH
			,				
TRUSTEES OF BOSTON UNIVERSITY							
881 COMMONWEATLH AVENUE							
BOSTON, MA 02215	04-2103547	501(C)(3)	592,191.	0.			RESEARCH
TRUSTEES OF TUFTS COLLEGE							
419 BOSTON AVE							
MEDFORD, MA 02155	04-2103634	501(C)(3)	235,682.	0.			RESEARCH
UNIVERSITY OF COLORADO AT BOULDER							
3100 MARINE STREET							
BOULDER, CO 80309	84-6000555	STATE OF CO	97,983.	0.			RESEARCH
UNIVERSITY OF HOUSTON							
4800 CALHOUN RD	E4 6001300	amama on my	01 200				
HOUSTON, TX 77004	74-6001399	STATE OF TX	21,388.	0.			RESEARCH
JNIVERSITY OF MASSACHUSETTS -							
AMHERST - 405 GOODELL BUILDING							
L40 HICKS WAY - AMHERST, MA 01003-9272	04-3167352	CMVWE OF MV	105 501	0.			RESEARCH
1003-3212	04-310/352	SIAIE OF MA	105,581.	U .			RESEARCH
NIVERSITY OF MASSACHUSETTS -							
ORCESTER - 55 N LAKE AVE -							
VORCESTER, MA 01655	04-3167352	СПУТЕ ОЕ М У	45,103.	0.			RESEARCH
TOTOLOGIEM, MI 01000	04 310/332	SIIII OI MA	15,103.	0.			r. zomicii
UNIVERSITY OF NEW HAMPSHIRE							
9 EDGEWOOD RD							
DURHAM, NH 03824	02-6000937	501(C)(3)	25,758.	0.			RESEARCH

Schedule I (Form 990)

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NIVERSITY OF PITTSBURGH							
300 MURDOCH I BUILDING 3420 FORBES	3						
PITTSBURGH, PA 15260	25-0965591	501(C)(3)	19,986.	0.			RESEARCH
,			, ,				
UNIVERSITY OF RHODE ISLAND							
75 LOWER COLLEGE ROAD							
KINGSTON, RI 02881	22-3011455	STATE OF RI	19,126.	0.			RESEARCH
UNIVERSITY OF SOUTH CAROLINA							
1600 HAMPTON STREET SUITE 613							
COLUMBIA, SC 29208	57-6001153	GOV'T	107,429.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY							
907 FLOYD AVE							
RICHMOND, VA 23284	54-6001758	STATE OF VA	106,934.	0.			RESEARCH
WASHINGTON UNIVERSITY IN ST LOUIS							
660 S. EUCLID AVENUE							
ST LOUIS, MO 63110	43-0653611	501(C)(3)	5,019.	0.			RESEARCH
SI BOOIS, NO USIIU	45 0055011	501(0)(3)	3,013.	· ·			RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL							
UNIVERSITY - 1300 YORK AVENUE -							
NEW YORK, NY 10065	13-1623978	501(C)(3)	46,115.	0.			RESEARCH
							<u> </u>

Schedule I (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NDERGRAD FINANCIAL AID	2355	86792280.	0.		
MASTERS PROGRAM FINANCIAL AID	909	17519652.	0.		
OCTORAL PROGRAM FINANCIAL AID	473	14637166.	0.		
ONTINUING PROGRAM FINANCIAL AID	27	97,700.	0.		
OTHER FINANCIAL AID	50	508,177.	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 ORGANIZATIONS:

THE UNIVERSITY MAINTAINS ITS GRANT FUNDS IN SEPARATE 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 GRANTS AT BRANDEIS UNIVERSITY.

PART III

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS:

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

BRANDEIS UNIVERSITY

Employer identification number 04-2103552

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

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

Schedule J (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RONALD LIEBOWITZ	(i)	838,257.	0.	185,536.	175,713.	55,625.	1,255,131.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TAREK SAGHIR	(i)	666,137.	0.	28,498.	26,400.	44,075.	765,110.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL FIERKE	(i)	600,175.	0.	39,391.	33,000.	35,391.	707,957.	0.
PROVOST, EVP ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEWART URETSKY	(i)	549,604.	0.	26,862.	33,000.	3,009.	612,475.	0.
EVP FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHRYN APPLEBY	(i)	430,694.	0.	43,218.	33,000.	38,377.	545,289.	0.
DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HANNAH PETERS	(i)	474,706.	0.	21,995.	33,000.	2,758.	532,459.	0.
SVP INSTITUTIONAL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SAMUEL SOLOMON	(i)	369,642.	0.	12,898.	33,000.	41,146.	456,686.	0.
CFO, TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES LA CRETA	(i)	366,060.	0.	7,167.	33,000.	28,031.	434,258.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DEBARSHI NANDY	(i)	337,127.	0.	3,464.	33,000.	50,111.	423,702.	0.
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GINA TURRIGIANO	(i)	338,727.	0.	3,341.	33,000.	32,972.	408,040.	0.
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANNA SCHERBINA	(i)	364,755.	0.	4,130.	29,064.	3,498.	401,447.	0.
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEVEN LOCKE	(i)	322,752.	0.	5,061.	33,000.	38,360.	399,173.	0.
SVP, GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) IRVING EPSTEIN	(i)	341,849.	0.	3,063.	33,000.	1,610.	379,522.	0.
FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LOIS STANLEY	(i)	295,642.	0.	6,993.	31,232.	31,082.	364,949.	0.
VP CAMPUS OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ROBIN SWITZER	(i)	271,504.	0.	3,934.	27,202.	2,406.	305,046.	0.
VP HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MEREDITH AINBINDER	(i)	230,235.	0.	360.	19,943.	35,590.	286,128.	0.
CHIEF OF STAFF	(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.

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) STEVEN KAREL	(i)	234,578.	0.	5,275.	24,037.	16,896.	280,786.	0.
VICE PROVOST FOR RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JULIE JETTE	(i)	174,146.	0.	552.	18,942.	39,410.	233,050.	0.
SVP COMMUNICATIONS AS OF 06/2023	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANIAL KIM	(i)	112,032.	0.	69,953.	11,877.	21,643.	215,505.	0.
SVP COMMUNICATIONS THRU 05/2023	(ii)	0.	0.	0,	0.	0.	0,	0.
(20) ORLA O'BRIEN	(i)	129,529.	0.	552.	12,393.	9,913.	152,387.	0.
ASSISTANT SECRETARY	(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)							
	(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 2023. 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 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

PURSUANT TO HIS EMPLOYMENT AGREEMENT. THE VALUE OF SUCH HOUSING WAS

TREATED AS TAXABLE COMPENSATION.

PERSONAL SERVICES:

DURING CALENDAR YEAR 2023, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ

FOR PERSONAL LEGAL AND FINANCIAL SERVICE EXPENSES. THE AMOUNT PAID BY THE

UNIVERSITY WAS TREATED AS TAXABLE COMPENSATION AND IS REPORTED ON SCHEDULE

Schedule J (Form 990) 2023

Page 3

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.

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 REIMBURSEMENTS ARE MADE UNDER AN ACCOUNTABLE PLAN AND

REQUIRE SUBSTANTIATION USING THE ORIGINAL EXPENSE DOCUMENTATION 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 AN ADDITIONAL SEVERANCE

PROVISION AS PART OF THEIR EMPLOYMENT ARRANGEMENT.

DANIAL KIM. SVP COMMUNICATIONS. LEFT HIS POSITION IN MAY 2023. AS PART OF

HIS SEPARATION AGREEMENT, MR. KIM RECEIVED TWO MONTHS OF SEVERANCE PAY,

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.
WHICH WAS INCLUDED IN HIS W-2.
PART I, QUESTION 4B:
DEFERRED COMPENSATION ARRANGEMENT
PRESIDENT LIEBOWITZ PARTICIPATES IN A NONQUALIFIED DEFERRED COMPENSATION
ARRANGEMENT UNDER IRS CODE SECTION 457(F). IN ACCORDANCE WITH HIS
EMPLOYMENT AGREEMENT, THE UNIVERSITY WILL CREDIT A DEFERRED COMPENSATION
ACCOUNT ON JUNE 30TH OF EVERY YEAR BEGINNING ON JUNE 30, 2017. THE
DEFERRED COMPENSATION ACCOUNT WILL VEST EVERY THREE YEARS CONTINGENT UPON
CONTINUOUS EMPLOYMENT. THE DEFERRED COMPENSATION ACCOUNT WAS CREDITED WITH
\$142,713 ON JUNE 30, 2023. THE AMOUNT IS NOT VESTED OR TAXABLE AND IS
INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS DEFERRED COMPENSATION.

ENTITY

1

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Name of the organization

Bond Issues

BRANDEIS UNIVERSITY

Employer identification number 04-2103552

MA DEVELOPMENT FINANCE AGENCY 2013 - A SERIES P	BONDS BOND	C 5,504,984	X X X X 4.	Yes	x x x x	Yes	
A SERIES P 04-3431814 000000000 07/18/13 36,500,000. BOND MA DEVELOPMENT FINANCE AGENCY 2017 - B SERIES Q 04-3431814 000000000 06/15/17 20,000,000. CONSTRUCTION MA DEVELOPMENT FINANCE AGENCY 2018 - C SERIES R 04-3431814 57584YLJ6 08/21/18 41,421,007. REFUND '08 MA DEVELOPMENT FINANCE AGENCY 2018 - D SERIES S-1 04-3431814 000000000 07/03/19 132,703,346. REFUND '10 Part II Proceeds A B 1 Amount of bonds retired 11,198,729. 2,625,000 2 Amount of bonds legally defeased 3 Total proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 403,050. B Credit enhancement from proceeds 403,050. Capital expenditures from proceeds 14,951,609. 20,000,000	BONDS BOND	C 5,504,984	x x x		x x x x		x x
MA DEVELOPMENT FINANCE AGENCY 2017 - B SERIES Q 04-3431814 000000000 06/15/17 20,000,000. CONSTRUCTION MA DEVELOPMENT FINANCE AGENCY 2018 - C SERIES R 04-3431814 57584YLJ6 08/21/18 41,421,007. REFUND '08 MA DEVELOPMENT FINANCE AGENCY 2018 - D SERIES S-1 04-3431814 00000000 07/03/19 132,703,346. REFUND '10 Part II Proceeds A B 11,198,729. 2,625,000 2 Amount of bonds retired 11,198,729. 2,625,000 3 Total proceeds of issue 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 36,500,000. 20,000,000 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 403,050. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds	BOND (5,504,984	x x		x x		х
B SERIES Q 04-3431814 000000000 06/15/17 20,000,000. CONSTRUCTION	BOND (5,504,984	x		x x		Х
MA DEVELOPMENT FINANCE AGENCY 2018 - C SERIES R 04-3431814 D SERIES S-1 04-3431814 000000000 07/03/19 132,703,346, REFUND '10 Part II Proceeds A B 1 Amount of bonds retired 2 Amount of bonds legally defeased 3 Total proceeds of issue 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000	BOND (5,504,984	x		x x		Х
C SERIES R	BOND	5,504,984	х		X D		
MA DEVELOPMENT FINANCE AGENCY 2018 - D SERIES S-1 04-3431814 00000000 07/03/19 132,703,346. REFUND '10 Part II Proceeds A B 1 Amount of bonds retired 11,198,729. 2,625,000 2 Amount of bonds legally defeased 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 36,500,000. 20,000,000 5 Capitalized interest from proceeds 403,050. 403,050. 6 Proceeds in refunding escrows 403,050. 403,050. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 14,951,609. 20,000,000 10 Capital expenditures from proceeds 14,951,609. 20,000,000	BOND	5,504,984	х		X D		
D SERIES S-1 04-3431814 00000000 07/03/19 132,703,346. REFUND '10		5,504,984			D		х
Part II A B 1 Amount of bonds retired 11,198,729. 2,625,000 2 Amount of bonds legally defeased 36,500,000. 20,000,000 3 Total proceeds of issue 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 403,050. 403,050. 8 Credit enhancement from proceeds 403,050. 403,050. 9 Working capital expenditures from proceeds 14,951,609. 20,000,000. 10 Capital expenditures from proceeds 14,951,609. 20,000,000.		5,504,984		<u></u>	D		X
A B 1 Amount of bonds retired 11,198,729. 2,625,000 2 Amount of bonds legally defeased 36,500,000. 20,000,000 3 Total proceeds of issue 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 6 403,050. 7 Issuance costs from proceeds 403,050. 403,050. 8 Credit enhancement from proceeds 14,951,609. 20,000,000 10 Capital expenditures from proceeds 14,951,609. 20,000,000		5,504,984	4.				
1 Amount of bonds retired 11,198,729. 2,625,000 2 Amount of bonds legally defeased 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 403,050. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000		5,504,984	4.				
2 Amount of bonds legally defeased 3 Total proceeds of issue 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000			4.				$\overline{}$
3 Total proceeds of issue 36,500,000. 20,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 403,050. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000	. 4				28	,664,	944.
4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000	. 4:						
5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000		1,421,00	7.		132	,703,	346.
6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11,951,609. 20,000,000							
7 Issuance costs from proceeds 403,050. 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000							
8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 11,951,609. 20,000,000							
9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 14,951,609. 20,000,000		435,57	2.			815,	322.
10 Capital expenditures from proceeds 14,951,609. 20,000,000							
11 Other spent proceeds 21,145,341.	4	0,985,43	5.		131	,888,	024.
12 Other unspent proceeds							
13Year of substantial completion20142019		2018	$-\!$			2020	
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)?	Х			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)?		Х					X
16 Has the final allocation of proceeds been made? X	X	1	-	Х			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	x			Х			

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

2

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Bond Issues

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

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

(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) Def			d (h) On behalf of issuer		ooled ncing
							Yes	No	Yes	No	Yes	No
04-3431814	575844PM5	03/05/19	44,2	92,634.	CONSTRUCTION	OF BUILDINGS		Х		Х		Х
												<u></u>
						ı						
					В	С				D		
			200 624									
			292,634.									
			062 602									
			203,002.									
			128 952									
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
			021									
			No	Yes	No	Yes	No		Yes		No	
ssue of tax-exempt	bonds (or.		110									
			Х									
			Х									
		37										
ks and records to su	pport the											
		х										
i i i i i	issue of tax-exempt ue)? issue of taxable bonsue)? e? ks and records to su	issue of tax-exempt bonds (or, ue)? issue of taxable bonds (or, if sue)? e? ks and records to support the	A	A	A	A B B	A B C	Yes	A B C	A B C	A B C D	A B C D A4,292,634. A4,292,63

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

Schedule K (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 2

Part III Private Business Use				2103552				Page
		A		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х		Х		Х		Х
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		Х		Х		Х		Х
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	<u> </u>	Х	Х			Х		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?			Х					
c Are there any research agreements that may result in private business use of								
bond-financed property?	<u> </u>	Х	Х		Х			Х
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		Х		
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	<u> </u>	.00 %		1.00 %		.00 %		.00 %
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		.00 %		.01 %		.09 %		.00 %
6 Total of lines 4 and 5		.00 %		1.01 %		.09 %		.00 %
7 Does the bond issue meet the private security or payment test?		Х		Х		х		Х
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?		Х		Х		х		Х
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?	Х		X		Х		Х	
Part IV Arbitrage								
		Ą		В		Ç		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		Х		X
2 If "No" to line 1, did the following apply?						_		
a Rebate not due yet?		X		X		Х		Х
b Exception to rebate?		Х		Х		Х		Х
c No rebate due?	Х		Х		Х		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	1							

Х

Х

3 Is the bond issue a variable rate issue?

04-2103552 Part III Private Business Use В С D Was the organization a partner in a partnership, or a member of an LLC, No Yes No Yes Yes No Yes No which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of Х bond-financed property? **3a** Are there any management or service contracts that may result in private Х business use of bond-financed property? 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 X bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other Х outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities .00 other than a section 501(c)(3) organization or a state or local government % 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, .03 another section 501(c)(3) organization, or a state or local government % .03 % % % 6 Total of lines 4 and 5 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х governmental person other than a 501(c)(3) organization since the bonds were issued? **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? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Х requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage C D Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Х Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? Х a Rebate not due yet? х **b** Exception to rebate? Х **c** No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed

3 Is the bond issue a variable rate issue?

Schedule K (Form 990) 2023 BRANDEIS UNIVERSITY

04-2103552

Part	IV Arbitrage (continued)								
			A	E	3)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		Х		Х		Х		X
b	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	X		х		х		х	
Part	V Procedures To Undertake Corrective Action								
			A	E	3			С)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	X		х		х		х	
Part	VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					

2 BRANDEIS UNIVERSITY 04-2103552 Schedule K (Form 990) 2023

Part IV Arbitrage (continued)								
		A		3		0)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х							
Part V Procedures To Undertake Corrective Action	•	•			•	•		
		A	Е	3	()
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	х							
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instru	uctions.		•	•		
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: MA DEVELOPMENT FINANCE AGENCY 2013 - SERIES P								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2024								
(A) ISSUER NAME: MA DEVELOPMENT FINANCE AGENCY 2017 - SERIES Q								
DATE THE REBATE COMPUTATION WAS PERFORMED: 06/30/2024								
(A) ISSUER NAME: MA DEVELOPMENT FINANCE AGENCY 2018 - SERIES R								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/30/2024								
(A) ISSUER NAME: MA DEVELOPMENT FINANCE AGENCY 2018 - SERIES S-1								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/30/2024								
(A) ISSUER NAME: MA DEVELOPMENT FINANCE AGENCY 2018 - SERIES S-2								
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/30/2024								
PART I, COLUMN F								
PROCEEDS FROM THE SERIES P BOND WERE USED FOR THE REFUND OF '04 BOND								
ISSUED ON 01/08/2004.								

BRANDEIS UNIVERSITY 04-2103552 Schedule K (Form 990) 2023 Page 4 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. (continued) 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).

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization									Employer identification number					
	RANDEIS UNIV								4-210					
Part I Excess Bene	fit Transaction	ons (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) org	anizatio	ons on	ly)				
Complete if the o	organization ansv	vered "Yes" on I	orm 9	90, Pa	ırt IV, line 2	5a or 25b	; or Form 990-EZ, F	Part V,	line 40	b.				
1 (a) Name of disqualified p	(b) F	Relationship betv			ified	le	c) Description of tra	neactio	nn		(d)	Corre	cted?	
(a) Name of disqualified p	0013011	person and or	ganıza	ation		,,	- Description of the	iiisactic			Y	es	No	
(1)														
(2)											_			
(3)											_			
(4)											_			
(5)														
(6)														
2 Enter the amount of tax in	ncurred by the o	rganization man	agers	or disq	ualified per	sons duri	ing the year under		_					
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the org	ganization				\$					
Part II Loans to and	I/or From Inte	arastad Dara	one											
					5									
•	-				Part V, line	e 38a, or I	Form 990, Part IV,	ine 26;	or if th	ne orga	ınızatı	on		
reported an amou		i	_	≥. oan to or	(-) O::i		(0.5.1)	Τ.,	.	(h) App	proved	/:> \/	Iritton	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	n the	(e) Ori principal		(f) Balance due	by boa					/ritten ement?	
	J			zation?	F				Т	comm			1	
(4)			10	From				Yes	No	Yes	No	Yes	No	
(1)								+					1	
(2)								+						
<u>(3)</u> (4)								1						
(5)								+						
(6)														
(7)														
(8)														
(9)														
(10)														
Total		Į.				\$	L							
Part III Grants or As	sistance Ben	efiting Inter	este	d Per	sons	······ +								
Complete if the o	organization ansv	vered "Yes" on I	orm 9	90, Pa	ırt IV, line 2	7.								
(a) Name of interested p		(b) Relationship				nount of	(d) Typ	e of		(e)) Purp	ose o	f	
		interested pers	son an			stance	assista	nce			assista	ance		
		the organiza	ation											
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

Schedule L (Form 990) 2023

_(8) _(9)

Schedule L (Form 990) 2023 BRANDEIS UNIVERSITY Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28l	b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's nues?
				Yes	No
(1)ELANAH URETSKY	S. URETSKY - EVP		EMPLOYMENT		Х
(2)LUCY GOODHART	S. KAY - TRUSTEE		EMPLOYMENT		Х
(3) JESSICA LIEBOWITZ	R. LIEBOWITZ - PRES	73,691.	EMPLOYMENT		Х
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					<u> </u>
(10)					
Part V Supplemental Information					
Provide additional information for response	nses to questions on Schedule L. See in	nstructions.			
PART IV:					
JESSICA LIEBOWITZ (SPOUSE OF UNIVERSITY	PRESIDENT RONALD LIEBOWITZ),				
ELANAH URETSKY (SPOUSE OF UNIVERSITY EX	ECUTIVE VICE PRESIDENT FOR				
FINANCE AND ADMINISTRATION STEWART URES	TKY), AND LUCY GOODHART				
(DAUGHTER-IN-LAW OF TRUSTEE STEPHEN KAY	Y) ARE EMPLOYEES OF THE				
UNIVERSITY. NONE OF THE OFFICERS OR TRU	STEES MENTIONED PARTICIPATED	IN			
ESTABLISHING THEIR COMPENSATION.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	BRANDEIS UNIVERSIT	Ϋ́				0	4-210355	2	
Pai	rt 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	r	Method noncash cor	(d) of determin ntribution ar		s
1	Art - Works of art	Х	1		APPR	AISAL			
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	Х	134	3,811,454.	AVER	AGE OF HI	GH 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	zation durino	the tax year for co	ontributions					
	for which the organization completed Form 82							1	
	· ·		•					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	h 28,	that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period						30a		х
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?							Х	
	Does the organization hire or use third parties	-	•	•					
	contributions?		_				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

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:
CONTRIBUTIONS OF WORKS OF ART - AMOUNT NOT REPORTED IN COLUMN C:
BRANDEIS UNIVERSITY DID NOT REPORT CONTRIBUTION REVENUE FOR THIS
CONTRIBUTION IN CORE FORM, PART VIII AS IT DOES NOT CAPITALIZE ITS
COLLECTIONS, AS ALLOWED UNDER FASB 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 M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

04-2103552 BRANDEIS UNIVERSITY 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 AS A RESEARCH UNIVERSITY, BRANDEIS IS GENERATION TO GENERATION. 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 BRANDEIS ENCOURAGES UNDERGRADUATES AND POSTGRADUATES TO PARTICIPATE WITH DISTINGUISHED FACULTY IN RESEARCH, SCHOLARSHIP AND ARTISTIC ACTIVITIES. FORM 990, PART VI, SECTION B, LINE 11B:

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

THE FINANCE OFFICE IS RESPONSIBLE FOR PROVIDING THE NECESSARY INFORMATION

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization BRANDEIS UNIVERSITY 04-2103552 TO THE UNIVERSITY'S TAX ADVISORY FIRM TO PREPARE THE FORM 990. THE COMPLETED DRAFT IS REVIEWED BY MANAGEMENT AND RECOMMENDED CHANGES ARE DISCUSSED WITH THE FINANCE OFFICE AND INCORPORATED INTO THE RETURN, AS APPROPRIATE. FOR FISCAL YEAR 2024, 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

Schedule O (Form 990) 2023 Page **2**

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** BRANDEIS UNIVERSITY 04-2103552 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/TRUSTEES. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT INTEREST TRUSTS -1,175,356. LOSS ON SALE OF FIXED ASSETS -4,121. TOTAL TO FORM 990, PART XI, LINE 9 -1,179,477.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	BRANDEIS UNIVERSITY					0	4-2103552						
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.									
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	me End-of-year	I	Direct o	(f) controlling ntity)				
	Identification of Polated Tour France Organica			Port IV line 04 h			-4						
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered Yes on Form 990	, Part IV, line 34, t	ecause it had one	or more rea	ated tax-exer	прт					
	(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	Direct o	(f) rect controlling entity		ct controlling		entity Section con con entity er		g) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No				
For Pape	erwork Reduction Act Notice, see the Instructions	s for Form 990.					Schedule R	(Form 99	90) 2023				

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.

		, 					т —		1	1	$\overline{}$				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	((k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income			Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Perce ging owne	entage ership
		country)		sections 512-514)		a55015	Yes	No	K-1 (Form 1065)	Yes	No				
PARTNERSHIP 1	INVESTING	TX	BRANDEIS	EXCLUDED	5682123.	3679208.		x	N/A		: 99	9.95%			
	7														
	_														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion (b)(13) rolled tity?
CHARITABLE REMAINDER TRUSTS (17)								1.55	1.15
PO BOX 9110									
WALTHAM, MA 02454-9110	INVESTING	MA		TRUST				х	
CHARITABLE REMAINDER TRUSTS (1)									
PO BOX 9110]								
WALTHAM, MA 02454-9110	INVESTING	FL		TRUST				х	

BRANDEIS UNIVERSITY 04-2103552 Schedule R (Form 990) 2023 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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?

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

b Giff, grant, or capital contribution to related organization(s)				10	^
c Gift, grant, or capital contribution from related organization(s)				1c	Х
d Loans or loan guarantees to or for related organization(s)				1d	Х
e Loans or loan guarantees by related organization(s)				1e	Х
f Dividends from related organization(s)				1f	Х
g Sale of assets to related organization(s)				1g	Х
h Purchase of assets from related organization(s)				1h	Х
i Exchange of assets with related organization(s)				1i	Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
I Performance of services or membership or fundraising solicitations for related	organization(s)			11	Х
m Performance of services or membership or fundraising solicitations by related of				1m	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	nization(s)			1n	Х
Sharing of paid employees with related organization(s)				10	Х
p Reimbursement paid to related organization(s) for expenses				1p	Х
q Reimbursement paid by related organization(s) for expenses				1q	Х
r Other transfer of cash or property to related organization(s)				1r	Х
s Other transfer of cash or property from related organization(s)	<u></u>			1s	Х
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	nis line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved	
	type (a-s)				
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				D./E -	00) 0005
332163 09-28-23			Schedule	R (Form 9	90) 2023

Yes No

Х

Schedule R (Form 990) 2023 BRANDEIS UNIVERSITY 04-2103552 Page 4

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		Genera manag partn	(k) Percentag ownership
		,	30000113 3 12 3 14)	Yes No	 	Yes	No_	(1011111000)	Yes	NO
	_									
	-									