



2017 Income Tax Returns

BRANDEIS UNIVERSITY

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 20 18Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2017**

Name of exempt organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Name and title of officer

SAMUEL SOLOMON, CFO & TREASURER**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>436327951.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KPMG LLP to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0	4	5	0	2	3	7	7	7	7	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶

Date ▶

5/7/2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

BRANDEIS UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO BOX 9110

City or town, state or province, country, and ZIP or foreign postal code

WALTHAM, MA 02454-9110

F Name and address of principal officer:

RONALD LIEBOWITZ

PO BOX 9110 WALTHAM, MA 02454-9110

D Employer identification number

04-2103552

E Telephone number

(781) 736-2000

G Gross receipts \$ 658,239,487.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.BRANDEIS.EDU**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1947 **M** State of legal domicile: MA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AN EDUCATIONAL INSTITUTION, A COMMUNITY OF SCHOLARS AND STUDENTS UNITED BY THEIR COMMITMENT TO THE PURSUIT OF KNOWLEDGE AND ITS TRANSMISSION FROM GENERATION TO GENERATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5,315.
	6	Total number of volunteers (estimate if necessary)	6	2,947.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	658,143.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-237,484.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	79,939,479.	45,233,439.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	364,125,327.	369,697,931.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,146,942.	17,841,599.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,330,716.	3,554,982.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	520,542,464.	436,327,951.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	102,667,775.	103,882,064.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	191,792,316.	193,377,648.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,203,600.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	150,818,839.	151,979,880.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	445,278,930.	449,239,592.
19	Revenue less expenses. Subtract line 18 from line 12	75,263,534.	-12,911,641.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,474,125,833.	1,530,178,406.
	22	Net assets or fund balances. Subtract line 21 from line 20.	359,780,884.	346,389,733.
			1,114,344,949.	1,183,788,673.

Part II Signature Block

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

Sign Here

Signature of officer

Date



SAMUEL SOLOMON

CFO & TREASURER

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

SHY JOSEPH

Preparer's signature

Date

05/07/2019

Check ☐ if self-employed

PTIN

P01085371

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111

Phone no. 617-988-1000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

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

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

OMB No. 1545-1709

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. BRANDEIS UNIVERSITY	Employer identification number (EIN) or 04-2103552
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 9110	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WALTHAM, MA 02454-9110		

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

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

SAMUEL SOLOMON, CFO AND TREASURER

- The books are in the care of ► 415 SOUTH STREET WALTHAM MA 02454

Telephone No. ► 781 736-2000

Fax No. ► 781 736-4454

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

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

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

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

4a (Code:) (Expenses \$ 309,132,476. including grants of \$ 99,872,692.) (Revenue \$ 272,950,022.)
 ATTACHMENT 1

4b (Code:) (Expenses \$ 50,064,402. including grants of \$ 4,009,372.) (Revenue \$ 56,055,893.)

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 \$ 36,092,615. including grants of \$) (Revenue \$ 40,887,778.)

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 395,289,493.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	6,736	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	5,315	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state?		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	33	
1b Enter the number of voting members included in line 1a, above, who are independent	31	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

SAMUEL SOLOMON, CFO AND TREAS 415 SOUTH STREET WALTHAM, MA 02454

781-736-2000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEYER KOPLOW TRUSTEE - CHAIR	2.00 0.	X		X				0.	0.	0.
(2) LISA R. KRANC TRUSTEE - VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(3) CYNTHIA SHAPIRA TRUSTEE - VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(4) CURTIS H. TEARTE TRUSTEE - SECRETARY	2.00 0.	X		X				0.	0.	0.
(5) ALLEN B. ALTER TRUSTEE	1.00 0.	X						0.	0.	0.
(6) LESLIE M. ARONZON TRUSTEE	1.00 0.	X						0.	0.	0.
(7) STEVEN M. BUNSON TRUSTEE	1.00 0.	X						0.	0.	0.
(8) MADALYN E. FRIEDBERG TRUSTEE	1.00 0.	X						0.	0.	0.
(9) JEFFREY S. FLIER M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(10) MARTIN J. GROSS TRUSTEE	1.00 0.	X						0.	0.	0.
(11) DANIEL J. JICK TRUSTEE	1.00 0.	X						0.	0.	0.
(12) RONALD L. KAISERMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) ELLEN LASHER KAPLAN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) LAWRENCE S. KANAREK TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEPHEN B. KAY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) DOLORES KOHL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) JOYCE GAIL KRASNOW ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) GEORGE D. KRUPP ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) MARTIN R. KUPFERBERG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) BARBARA A. MANDEL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) GEORG B. MUZICANT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) LOUIS PERLMUTTER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) GREGORY A. PETSKO ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) BRUCE G. POLLACK ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) STEPHEN R. REINER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								7,039,063.	0.	848,399.
d Total (add lines 1b and 1c)								7,039,063.	0.	848,399.

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 ► 376

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 183

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ADAM RIFKIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(27) CAROL R. SAIVETZ ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(28) BARBARA Z. SANDER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(29) MINDY L. SCHNEIDER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(30) MALCOM L. SHERMAN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(31) MARK A. SURCHIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(32) PERRY TRAQUINA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(33) BARTON J. WINOKUR ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(34) RONALD LIEBOWITZ ----- PRESIDENT	60.00 0.	X		X				847,332.	0.	104,961.
(35) ORLA O'BRIEN ----- ASSISTANT SECRETARY	50.00 0.			X				115,830.	0.	16,198.
(36) LISA LYNCH ----- PROVOST	50.00 0.			X				431,870.	0.	58,861.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 376

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) STEWART URETSKY EVP FINANCE AND ADMINISTRATION	50.00 0.			X				483,704.	0.	21,600.
(38) SAMUEL SOLOMON CFO/TREASURER AS OF JULY 2017	50.00 0.			X				122,264.	0.	24,986.
(39) ANDREW FLAGEL SVP, STUDENTS & ENROLLMENT	50.00 0.				X			225,353.	0.	49,604.
(40) NICHOLAS WARREN CHIEF INVESTMENT OFFICER	50.00 0.				X			671,033.	0.	50,496.
(41) STEVEN LOCKE SVP, GENERAL COUNSEL	50.00 0.				X			225,266.	0.	85,795.
(42) JAMES GRAY VP FOR OPERATIONS	50.00 0.				X			274,821.	0.	35,845.
(43) JAMES LA CRETA CHIEF INFORMATION OFFICER	50.00 0.				X			241,329.	0.	44,059.
(44) ROBIN NELSON-BAILEY VP HUMAN RESOURCES	50.00 0.				X			193,040.	0.	15,400.
(45) IRA JACKSON EVP COMMUNICATIONS	50.00 0.				X			277,207.	0.	26,535.
(46) EDWARD HACKETT VP FOR RESEARCH	50.00 0.				X			225,257.	0.	21,613.
(47) JUDITH GLASSER INTERIM SVP/COMMUNICATIONS	50.00 0.				X			174,199.	0.	22,929.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 376

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) NANCY WINSHIP CHIEF PHILANTHROPIC ADVISOR	50.00 0.					X		453,509.	0.	28,502.
(49) PETER PETRI INTERIM DEAN OF IBS	50.00 0.					X		408,663.	0.	52,404.
(50) DEBORAH SHUFRIN DIRECTOR OF INVESTMENTS	50.00 0.					X		388,368.	0.	33,450.
(51) CHRISTOPHER LENOX DIRECTOR OF INVESTMENTS	50.00 0.					X		354,634.	0.	56,148.
(52) JON CHILINGERIAN FACULTY	50.00 0.					X		323,546.	0.	52,005.
(53) MARIANNE CWALINA FORMER SVP FINANCE	0. 0.						X	308,035.	0.	38,338.
(54) PETER GUIMETTE FORMER ASSISTANT SECRETARY	0. 0.						X	108,803.	0.	8,670.
(55) FREDERICK LAWRENCE FORMER PRESIDENT	0. 0.						X	185,000.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 376

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	497,320.			
	c	Fundraising events	1c	210,156.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	44,525,963.			
	g	Noncash contributions included in lines 1a-1f: \$		6,316,602.			
	h	Total. Add lines 1a-1f ▶		45,233,439.			
	Program Service Revenue			Business Code			
2a		TUITION & FEES	611710	263,421,568.	263,421,568.		
b		SPONSORED PROGRAMS	611710	56,055,893.	56,055,893.		
c		AUXILIARY SERVICES	721000	40,667,516.	40,411,395.	146,381.	109,740.
d		BRANDEIS NATIONAL COMMITTEE	611710	1,535,801.	1,535,801.		
e		FOSTER BIO LAB	611710	89,379.		89,379.	
f		All other program service revenue		7,927,774.	7,924,774.	3,000.	
g		Total. Add lines 2a-2f ▶		369,697,931.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		11,426,664.		-1,383,181.	12,809,845.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		1,919,910.			1,919,910.
			(i) Real	(ii) Personal			
	6a	Gross rents	1,439,310.				
	b	Less: rental expenses					
	c	Rental income or (loss)	1,439,310.				
	d	Net rental income or (loss) ▶		1,439,310.		712,423.	726,887.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			228,040,819.				
	b	Less: cost or other basis and sales expenses		221,625,884.			
	c	Gain or (loss)		6,414,935.			
	d	Net gain or (loss) ▶		6,414,935.		1,090,141.	5,324,794.
	8a	Gross income from fundraising events (not including \$ 210,156. of contributions reported on line 1c). See Part IV, line 18 a		285,652.			
	b	Less: direct expenses b		285,652.			
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities. ▶		0.			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory. ▶		0.				
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS	611710	195,762.	195,762.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		195,762.				
12	Total revenue. See instructions. ▶		436,327,951.	369,545,193.	658,143.	20,891,176.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,009,372.	4,009,372.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	98,176,401.	98,176,401.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,696,291.	1,696,291.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,872,540.	1,116,560.	4,183,401.	572,579.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,449,694.	120,191.	1,329,503.	
7 Other salaries and wages	148,832,646.	132,976,970.	10,826,687.	5,028,989.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,892,766.	8,932,853.	600,434.	359,479.
9 Other employee benefits	16,662,485.	14,565,359.	1,508,069.	589,057.
10 Payroll taxes	10,667,517.	9,423,397.	874,704.	369,416.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	1,787,815.	853,959.	933,856.	
c Accounting	403,875.		403,875.	
d Lobbying	6,551.	6,551.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	3,737,353.		3,737,353.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,296,191.	3,544,629.	1,704,915.	46,647.
12 Advertising and promotion	1,477,239.	978,517.	485,512.	13,210.
13 Office expenses	10,709,928.	8,165,900.	2,064,158.	479,870.
14 Information technology	6,589,007.	4,311,792.	2,201,920.	75,295.
15 Royalties	0.			
16 Occupancy	19,870,466.	18,216,632.	1,397,424.	256,410.
17 Travel	6,664,501.	6,129,643.	399,778.	135,080.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,960,393.	1,813,448.	94,551.	52,394.
20 Interest	10,215,435.	9,255,066.	814,100.	146,269.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	26,193,136.	23,737,413.	2,081,704.	374,019.
23 Insurance	1,458,590.	10,443.	1,448,147.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DINING SERVICES	18,722,614.	17,737,138.	877,842.	107,634.
b STIPENDS AND FELLOWSHIPS	11,520,725.	11,493,775.	26,950.	
c STUDY ABROAD PAYMENTS	3,914,296.	3,914,296.		
d LIBRARY	3,865,360.	3,864,758.	408.	194.
e All other expenses	17,586,405.	10,238,139.	5,751,208.	1,597,058.
25 Total functional expenses. Add lines 1 through 24e	449,239,592.	395,289,493.	43,746,499.	10,203,600.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,345,592.	1	3,817,201.
	2 Savings and temporary cash investments	16,813,122.	2	25,171,960.
	3 Pledges and grants receivable, net	14,394,956.	3	10,350,109.
	4 Accounts receivable, net	11,181,044.	4	13,993,774.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	11,979,758.	7	10,460,623.
	8 Inventories for sale or use	329,802.	8	322,732.
	9 Prepaid expenses and deferred charges	7,211,214.	9	9,890,379.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 795,713,464.		
	b Less: accumulated depreciation	10b 432,346,982.		
		340,786,480.	10c	363,366,482.
	11 Investments - publicly traded securities	1,001,202,493.	11	1,069,923,562.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	56,881,372.	15	22,881,584.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,474,125,833.	16	1,530,178,406.	
Liabilities	17 Accounts payable and accrued expenses	28,906,571.	17	30,529,638.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	23,491,200.	19	22,159,034.
	20 Tax-exempt bond liabilities	251,721,495.	20	242,095,675.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	31,416,269.	23	29,450,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,245,349.	25	22,155,386.
	26 Total liabilities. Add lines 17 through 25	359,780,884.	26	346,389,733.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	184,152,053.	27	184,614,530.
	28 Temporarily restricted net assets	273,864,262.	28	322,407,829.
	29 Permanently restricted net assets	656,328,634.	29	676,766,314.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,114,344,949.	33	1,183,788,673.
	34 Total liabilities and net assets/fund balances	1,474,125,833.	34	1,530,178,406.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	436,327,951.
2	Total expenses (must equal Part IX, column (A), line 25)	2	449,239,592.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,911,641.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,114,344,949.
5	Net unrealized gains (losses) on investments	5	83,013,855.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-658,490.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,183,788,673.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

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

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

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

f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,087,158.	48,364,246.	36,329,038.	79,939,479.	45,233,439.	250,953,360.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	41,087,158.	48,364,246.	36,329,038.	79,939,479.	45,233,439.	250,953,360.
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).						37,975,918.
6 Public support. Subtract line 5 from line 4						212,977,442.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	41,087,158.	48,364,246.	36,329,038.	79,939,479.	45,233,439.	250,953,360.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,579,307.	10,970,543.	8,162,116.	12,648,338.	15,456,642.	54,816,946.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	77,992.	99,743.	88,305.	130,592.	109,740.	506,372.
11 Total support. Add lines 7 through 10						306,276,678.
12 Gross receipts from related activities, etc. (see instructions)					12	1,769,759,220.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	69.54 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	66.28 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER INCOME	77,992.	99,743.	88,305.	130,592.	109,740.	506,372.
TOTALS	<u>77,992.</u>	<u>99,743.</u>	<u>88,305.</u>	<u>130,592.</u>	<u>109,740.</u>	<u>506,372.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2017

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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 BRANDEIS UNIVERSITY	Employer identification number 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		6,551.
j Total. Add lines 1c through 1i			6,551.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITY

PART II-B, LINE 1I

THE UNIVERSITY IS A MEMBER OF VARIOUS NATIONAL AND STATE ORGANIZATIONS, SUCH AS ASSOCIATION OF AMERICAN UNIVERSITIES, ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES IN MASSACHUSETTS, NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS, NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND SOCIETY FOR HUMAN RESOURCE MANAGEMENT. MEMBERSHIP FEES TO THESE ORGANIZATIONS ALLOCABLE TO LOBBYING ACTIVITIES AMOUNTED TO \$6,551.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Employer identification number

04-2103552

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	11.	
2 Aggregate value of contributions to (during year)	120,691.	
3 Aggregate value of grants from (during year)	137,395.	
4 Aggregate value at end of year	1,025,827.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☒ Loan or exchange programs
b ☒ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	976,887,018.	866,777,766.	915,087,079.	861,152,435.	766,204,932.
b Contributions	23,964,663.	62,895,086.	27,549,415.	50,320,741.	9,847,167.
c Net investment earnings, gains, and losses	95,171,930.	95,868,789.	-29,715,218.	46,096,107.	125,121,860.
d Grants or scholarships	18,988,748.	16,645,319.	14,288,816.	15,474,765.	13,199,317.
e Other expenditures for facilities and programs	30,648,639.	32,009,304.	31,854,694.	27,007,439.	26,822,207.
f Administrative expenses					
g End of year balance	1046386224.	976,887,018.	866,777,766.	915,087,079.	861,152,435.

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

a Board designated or quasi-endowment ☐ 10.3800 %

b Permanent endowment ☐ 62.6100 %

c Temporarily restricted endowment ☐ 27.0100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations ☐ Yes ☒ No **3a(i)** ☐ Yes ☒ No

(ii) related organizations ☐ Yes ☒ No **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No **3b** ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,110,932.		45,110,932.
b Buildings		321,145,758.	160,360,442.	160,785,316.
c Leasehold improvements		212,037,276.	165,716,586.	46,320,690.
d Equipment		163,901,786.	106,269,954.	57,631,832.
e Other		53,517,712.		53,517,712.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				363,366,482.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ESTIMATED LIABILITY TO ANNUITANTS	10,668,898.	
(3) DEFERRED COMPENSATION AND SEVERANCE	384,389.	
(4) ENVIRONMENTAL LIABILITY	5,501,881.	
(5) REFUNDABLE STUDENT LOAN ADVANCES	5,112,915.	
(6) CAPITAL LEASE LIABILITY	487,303.	
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		22,155,386.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	415,073,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	83,013,855.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-100,531,182.
e	Add lines 2a through 2d	2e	-17,517,327.
3	Subtract line 2e from line 1	3	432,590,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,737,353.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,737,353.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	436,327,951.

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

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

1	Total expenses and losses per audited financial statements	1	345,629,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-99,872,692.
e	Add lines 2a through 2d	2e	-99,872,692.
3	Subtract line 2e from line 1	3	445,502,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,737,353.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,737,353.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	449,239,592.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART

PART III, LINE 1

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

PART III, LINE 4

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

ENDOWMENT FUNDS

PART V, LINE 4

BRANDEIS UNIVERSITY'S ENDOWMENT AND QUASI-ENDOWMENT CONSISTS OF APPROXIMATELY 1,950 INDIVIDUAL ENDOWMENT ACCOUNTS ESTABLISHED FOR A

Part XIII Supplemental Information *(continued)*

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

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

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

Part XIII Supplemental Information *(continued)*

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN

PART XI, LINE 2D

UNIVERSITY FUNDED FINANCIAL AID (99,872,692)

CHANGE IN VALUE OF SPLIT INTEREST (658,490)

TOTAL (100,531,182)

OTHER EXPENSES INCLUDED ON RETURN BUT NOT FINANCIAL STATEMENTS

PART XII, LINE 4B

UNIVERSITY FUNDED FINANCIAL AID 99,872,692

TOTAL 99,872,692

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

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization
BRANDEIS UNIVERSITY

Employer identification number
04-2103552

Part I

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

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

NONDISCRIMINATION POLICY

PART I, LINE 3

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

BRANDEIS UNIVERSITY IS COMMITTED TO PROVIDING ITS STUDENTS, FACULTY AND STAFF WITH AN ENVIRONMENT CONDUCIVE TO LEARNING AND WORKING WHERE ALL PEOPLE ARE TREATED WITH RESPECT AND DIGNITY. TOWARD THAT END, IT IS ESSENTIAL THAT BRANDEIS BE FREE FROM DISCRIMINATION AND HARASSMENT ON THE BASIS OF RACE, COLOR, ANCESTRY, RELIGIOUS CREED, GENDER IDENTITY AND EXPRESSION, NATIONAL OR ETHNIC ORIGIN, SEX, SEXUAL ORIENTATION, AGE, GENETIC INFORMATION, DISABILITY, MILITARY OR VETERAN STATUS OR ANY OTHER CATEGORY PROTECTED BY LAW (ALSO KNOWN AS MEMBERSHIP IN A "PROTECTED CLASS").

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

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

FUNDS FROM GOVERNMENT AGENCIES

PART I, LINE 6A

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

04-2103552

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY ABROAD	96,950.
(2) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY ABROAD	603,581.
(3) EUROPE	0.	0.	PROGRAM SERVICES	STUDY ABROAD	2,343,607.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	183,920.
(5) NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	10,865.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY ABROAD	15,900.
(7) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	232,280.
(8) SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	96,470.
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	145,288.
(10) EUROPE	0.	0.	PROGRAM SERVICES	CERN	851,700.
(11) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		266,895,102.
(12) EUROPE	0.	0.	INVESTMENTS		4,852,395.
(13) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FOREIGN RESEARCH	43,058.
(14)					
(15)					
(16)					
(17)					
3a Sub-total					276,371,116.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					276,371,116.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ►

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIP AND FINANCIAL AID	CENT. AMERICA/CARIBBEAN	5.	12,570.	SEE PART V			
(2) SCHOLARSHIP AND FINANCIAL AID	EAST ASIA/PACIFIC	54.	300,809.	SEE PART V			
(3) SCHOLARSHIP AND FINANCIAL AID	EUROPE/ICELAND/GREENLAND	137.	1,052,008.	SEE PART V			
(4) SCHOLARSHIP AND FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	17.	68,865.	SEE PART V			
(5) SCHOLARSHIP AND FINANCIAL AID	RUSSIA/NEWLY IND. STATES	1.	15,900.	SEE PART V			
(6) SCHOLARSHIP AND FINANCIAL AID	SOUTH AMERICA	16.	120,865.	SEE PART V			
(7) SCHOLARSHIP AND FINANCIAL AID	SOUTH ASIA	6.	33,969.	SEE PART V			
(8) SCHOLARSHIP AND FINANCIAL AID	SUB-SAHARAN AFRICA	10.	91,306.	SEE PART V			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2017

Part V **Supplemental Information**

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS TO INDIVIDUALS

PART I, LINE 2

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

MANNER OF CASH DISBURSEMENT

PART III, COLUMN (E)

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRANDEIS UNIVERSITY

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 the latest instructions.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number
04-2103552

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

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

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

	(a) Event #1 LUNCHEON (event type)	(b) Event #2 LUNCHEON (event type)	(c) Other events 19. (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	164,926.	42,148.	288,734.	495,808.
2 Less: Contributions	67,470.	26,214.	116,472.	210,156.
3 Gross income (line 1 minus line 2).	97,456.	15,934.	172,262.	285,652.
Direct Expenses				
4 Cash prizes			0.	
5 Noncash prizes			0.	
6 Rent/facility costs			32,106.	32,106.
7 Food and beverages	80,529.	8,839.	117,582.	206,950.
8 Entertainment			0.	
9 Other direct expenses	16,927.	7,095.	22,574.	46,596.
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				285,652.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOSTON MEDICAL CENTER 1 BOSTON MEDICAL CENTER PLACE	04-3314093	501(C)(3)	10,988.				RESEARCH
(2) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	92,729.				RESEARCH
(3) BROWN UNIVERSITY PO BOX 1839 PROVIDENCE, RI 02912-1839	05-0258809	501(C)(3)	136,540.				RESEARCH
(4) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA, CA 91125	95-1643307	501(C)(3)	16,905.				RESEARCH
(5) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN ROAD	11-2013303	501(C)(3)	21,986.				RESEARCH
(6) COMMONWEALTH OF MASSACHUSETTS 1 ASHBURTON PLACE BOSTON, MA 02108	04-6002284	GOV'T	18,119.				RESEARCH
(7) EMPLOYMENT OPTIONS 82 BRIGHAM STREET MARLBOROUGH, MA 01752	23-7089596	501(C)(3)	12,936.				RESEARCH
(8) HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	04-2104298	501(C)(3)	38,249.				RESEARCH
(9) HUMAN SERVICES RESEARCH INSTITUTE 2336 MASSACHUSETTS AVENUE	52-1039368	501(C)(3)	14,781.				RESEARCH
(10) IJIS INSTITUTE 44983 KNOLL SQUARE ASHBURN, VA 20147	31-1783179	501(C)(3)	518,162.				RESEARCH
(11) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	10,696.				RESEARCH
(12) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	110,147.				RESEARCH

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

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

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PALO ALTO INSTITUTE FOR RESEARCH 3801 MIRANDA AVE. (151P)	77-0207331	501(C)(3)	75,775.				RESEARCH
(2) PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241-5649	04-2103580	501(C)(3)	1,253,098.				RESEARCH
(3) REGENTS OF THE UNIVERSITY OF MINNESOTA 3 MORRILL HALL, 100 CHURCH ST. S.E.	41-6007513	GOV'T	63,167.				RESEARCH
(4) RIGHT QUESTION INSTITUTE 2464 MASSACHUSETTS AVENUE SUITE 314	04-3099027	501(C)(3)	46,291.				RESEARCH
(5) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	57,680.				RESEARCH
(6) STATE OF WASHINGTON DSHS/ADSA FINANCE OFFICE, PO BOX 45600	91-6001088	GOV'T	16,255.				RESEARCH
(7) THE BALTIMORE MUSEUM OF ART 10 ART MUSEUM DRIVE BALTIMORE, MD 21218	52-6000162	501(C)(3)	36,924.				RESEARCH
(8) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD	99-0435954	501(C)(3)	78,145.				RESEARCH
(9) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE	04-2103545	501(C)(3)	24,739.				RESEARCH
(10) TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	38,970.				RESEARCH
(11) TRUSTEES OF DARTMOUTH COLLEGE DARTMOUTH COLLEGE HANOVER, NH 03755	02-0222111	501(C)(3)	68,650.				RESEARCH
(12) TRUSTEES OF THE UNIV OF PENNSYLVANIA 3451 WALNUT STREET SUITE 305	23-1352685	501(C)(3)	32,627.				RESEARCH

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

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

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

Schedule I (Form 990) (2017)

Name of the organization
BRANDEIS UNIVERSITY

Employer identification number
04-2103552

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF TUFTS COLLEGE 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	855,916.				RESEARCH
(2) UNIVERSITY OF FLORIDA 123 GRINTER HALL, PO BOX 113301	59-6002052	GOV'T	20,344.				RESEARCH
(3) UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77004	74-6001399	GOV'T	12,975.				RESEARCH
(4) UNIVERSITY OF MASSACHUSETTS - AMHERST CONTROLLER'S OFFICE, 405 GOODELL BUILDING,	04-3167352	GOV'T	77,452.				RESEARCH
(5) UNIVERSITY OF MASSACHUSETTS - WORCESTER 55 N LAKE AVE WORCESTER, MA 01655	04-3167352	GOV'T	39,071.				RESEARCH
(6) UNIVERSITY OF MISSOURI-COLUMBIA AR PO BOX 807012 KANSAS CITY, MO 64180-7012	43-6003859	GOV'T	204,662.				RESEARCH
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 30.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNDERGRADUATE FINANCIAL AID	2,187.	66,832,168.			
2 MASTERS PROGRAM FINANCIAL AID	878.	16,474,530.			
3 DOCTORAL PROGRAM FINANCIAL AID	514.	12,811,241.			
4 CONTINUING PROGRAM FINANCIAL AID	23.	609,593.			
5 OTHER FINANCIAL AID	160.	246,674.			
6 TRAINEE TUITION AND FEES	214.	949,801.			
7 TUITION DISCOUNT	166.	252,394.			

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

PROCEDURE OF MONITORING USE OF GRANTS TO GOVERNMENTAL AGENCIES & GOVERNMENTS

PART I, LINE 2

THE UNIVERSITY MAINTAINS ITS GRANT FUNDS IN INDIVIDUAL GRANT ACCOUNTS AND

IS REQUIRED TO BE AUDITED ANNUALLY (UNIFORM GUIDANCE SINGLE AUDIT). IN

ADDITION, THE UNIVERSITY HAS ESTABLISHED RESEARCH POLICIES AND PROCEDURES

AS GUIDELINES TO PRINCIPAL INVESTIGATORS IN MANAGING THEIR GRANT AT

BRANDEIS UNIVERSITY.

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

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

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

PROCEDURE OF MONITORING USE OF GRANTS AND ASSISTANCE TO INDIVIDUALS

PART III

THE UNIVERSITY PROVIDES GRANTS AND SCHOLARSHIPS TO STUDENTS AND APPLIES

THE FINANCIAL AID DIRECTLY CREDITING EACH STUDENT'S ACCOUNT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

04-2103552

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONALD LIEBOWITZ PRESIDENT	(i)	664,974.	0.	182,358.	70,500.	37,973.	955,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LISA LYNCH PROVOST	(i)	410,704.	0.	21,166.	27,000.	33,559.	492,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 STEWART URETSKY EVP FINANCE AND ADMINISTRATION	(i)	434,300.	35,000.	14,404.	21,600.	1,698.	507,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANDREW FLAGEL SVP, STUDENTS & ENROLLMENT	(i)	223,913.	0.	1,440.	21,600.	29,820.	276,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 NICHOLAS WARREN CHIEF INVESTMENT OFFICER	(i)	639,313.	0.	31,720.	21,600.	30,594.	723,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 STEVEN LOCKE SVP, GENERAL COUNSEL	(i)	223,486.	0.	1,780.	23,154.	64,108.	312,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JAMES GRAY VP FOR OPERATIONS	(i)	270,939.	0.	3,882.	27,000.	10,480.	312,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JAMES LA CRETA CHIEF INFORMATION OFFICER	(i)	239,845.	0.	1,484.	18,655.	27,192.	287,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ROBIN NELSON-BAILEY VP HUMAN RESOURCES	(i)	192,380.	0.	660.	15,400.	1,232.	209,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 IRA JACKSON EVP COMMUNICATIONS	(i)	270,095.	0.	7,112.	13,333.	14,334.	304,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 EDWARD HACKETT VP FOR RESEARCH	(i)	216,128.	0.	9,129.	21,613.	1,369.	248,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 NANCY WINSHIP CHIEF PHILANTHROPIC ADVISOR	(i)	421,803.	0.	31,706.	27,000.	3,410.	483,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 PETER PETRI INTERIM DEAN OF IBS	(i)	387,332.	0.	21,331.	27,000.	27,246.	462,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DEBORAH SHUFRIN DIRECTOR OF INVESTMENTS	(i)	378,904.	0.	9,464.	21,600.	12,646.	422,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 CHRISTOPHER LENOX DIRECTOR OF INVESTMENTS	(i)	346,795.	0.	7,839.	21,600.	35,511.	411,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JON CHILINGERIAN FACULTY	(i)	320,498.	0.	3,048.	26,601.	26,252.	376,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FREDERICK LAWRENCE FORMER PRESIDENT	(i)	0.	0.	185,000.	0.	0.	185,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARIANNE CWALINA FORMER SVP FINANCE	(i)	138,842.	0.	169,193.	14,589.	24,589.	347,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PETER GUIMETTE FORMER ASSISTANT SECRETARY	(i)	86,700.	0.	22,103.	8,670.	535.	118,008.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JUDITH GLASSER INTERIM SVP/COMMUNICATIONS	(i)	141,768.	0.	32,431.	14,351.	9,487.	198,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

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 III

PART I QUESTION I

TRAVEL FOR COMPANIONS

DURING CALENDAR YEAR 2017, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR TRAVEL EXPENSES INCURRED BY HIS SPOUSE WHILE CONDUCTING BUSINESS OF THE UNIVERSITY. SUCH REIMBURSEMENTS WERE MADE IN ACCORDANCE WITH UNIVERSITY POLICY. REIMBURSEMENTS FOR FAMILY TRAVEL THAT WERE CONSIDERED PERSONAL ARE DISCLOSED UNDER PERSONAL SERVICES AND TAXABLE.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

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

PERSONAL SERVICES

DURING CALENDAR YEAR 2017, THE UNIVERSITY REIMBURSED PRESIDENT LIEBOWITZ FOR PERSONAL LEGAL, TRAVEL, AND FINANCIAL SERVICE EXPENSES. THE AMOUNT PAID BY THE UNIVERSITY WAS INCLUDED IN THE INDIVIDUAL'S FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

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.

OTHER BUSINESS EXPENSES

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

PART I QUESTION 4A

SEVERANCE OR CHANGE OF CONTROL PAYMENT:

THE UNIVERSITY HAS AN EMPLOYMENT AND SEPARATION POLICY THAT COVERS MEMBERS OF THE SENIOR MANAGEMENT GROUP, WHICH PROVIDES SEVERANCE PROVISIONS FROM 4 WEEKS TO 20 WEEKS. SOME SENIOR MANAGEMENT MAY HAVE ADDITIONAL SEVERANCE PROVISIONS AS PART OF THEIR EMPLOYMENT ARRANGEMENT.

MARIANNE CWALINA, SVP OF FINANCE AND TREASURER, LEFT HER POSITION AT THE END OF FISCAL YEAR 2017. AS PART OF HER SEPARATION AGREEMENT, MS. CWALINA

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.

RECEIVED TWELVE MONTHS OF SEVERANCE FROM JULY 2017 - JUNE 2018. THE
AMOUNT WAS INCLUDED IN HER W-2 AND REPORTED ON SCHEDULE J, PART II,
COLUMN B(III).

AS PART OF FORMER PRESIDENT LAWRENCE'S SEPARATION AGREEMENT, HE RECEIVED
NINE MONTHS OF SEPARATION PAYMENTS FROM JUNE 2016 - MARCH 2017. THE
AMOUNT WAS INCLUDED IN HIS W-2 AND REPORTED ON SCHEDULE J, PART II,
COLUMN B(III).

PART I QUESTION 4B

DEFERRED COMPENSATION ARRANGEMENT

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

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.

IS INCLUDED IN SCHEDULE J, PART II, COLUMN C AS DEFERRED COMPENSATION.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MA DEVELOPMENT FINANCE AGENCY 2008 - SERIES N	04-3431814	57583RZB8	08/06/2008	48,160,410.	CONSTRUCTION		X		X		X
B MA DEVELOPMENT FINANCE AGENCY 2010 - SERIES O	04-3431814	57583RW92	03/09/2010	188,794,806.	CONSTRUCTION, REFUND '98 BOND		X		X		X
C MA DEVELOPMENT FINANCE AGENCY 2013 - SERIES P	04-3431814		07/18/2013	36,500,000.	CONSTRUCTION, REFUND '04 BOND		X		X		X
D MA DEVELOPMENT FINANCE AGENCY 2017 - SERIES Q	04-3431814		06/15/2017	20,000,000.	CONSTRUCTION		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	6,225,410.		44,684,806.		2,407,787.		300,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	48,160,410.		188,794,806.		36,500,000.		20,000,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds	6,802,005.							
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	559,405.		1,501,706.		403,050.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds			6,500,000.					
10 Capital expenditures from proceeds	40,000,000.		18,000,000.		14,591,609.		9,316,600.	
11 Other spent proceeds	799,000.		162,793,100.		21,505,341.			
12 Other unspent proceeds							10,683,400.	
13 Year of substantial completion	2009		2010		2014		2018	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X		X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)

SERIES N, O, P, & Q

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.8600 %		1.4300 %		1.1100 %		1.4000 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	1.8600 %		1.4300 %		1.1100 %		1.4000 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
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?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V	Procedures To Undertake Corrective Action
---------------	--

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

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

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
Population (millions)	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000																				
GDP (trillion USD)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																				
Life expectancy (years)	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150												
Urban population (millions)	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	410	420	430	440	450	460	470	480	490	500	510	520	530	540	550	560	570	580	590	600	610	620	630	640	650	660	670	680	690	700	710	720	730	740	750	760	770	780	790	800	810	820	830	840	850	860	870	880	890	900	910	920	930	940	950	960	970	980	990	1000																				
Renewable energy (TWh)	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56																																																																																							

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

PART I, COLUMN F

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

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

PART IV, LINE 2C

ARBITRAGE REBATE COMPUTATIONS: THE ARBITRAGE REBATE COMPUTATIONS FOR THE
2008, 2010, 2013 AND 2017 BONDS WERE PERFORMED ON OCTOBER 1, 2018,
SEPTEMBER 30, 2018, JULY 18, 2018, AND MAY 31, 2018 RESPECTIVELY.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I

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

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LUCY GOODHART	S. KAY - TRUSTEE	51,656.	EMPLOYEE COMPENSATION		X
(2) JESSICA LIEBOWITZ	R.LIEBOWITZ-PRESIDENT	68,536.	EMPLOYEE COMPENSATION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV

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

JESSICA LIEBOWITZ, SPOUSE OF UNIVERSITY PRESIDENT RONALD LIEBOWITZ, IS EMPLOYED BY THE UNIVERSITY AS A VISITING SCHOLAR WHO STUDIES DOCTORAL EDUCATION. MS. LIEBOWITZ RECEIVED EMPLOYEE COMPENSATION OF \$68,536. PRESIDENT LIEBOWITZ DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF MS. LIEBOWITZ.

LUCY GOODHART, DAUGHTER IN LAW OF TRUSTEE STEPHEN KAY, IS EMPLOYED BY THE UNIVERSITY AS A LECTURER IN INTERNATIONAL AND GLOBAL STUDIES AND POLITICS. MS. GOODHART RECEIVED EMPLOYEE COMPENSATION OF \$51,656. MR. KAY DOES NOT PARTICIPATE IN ESTABLISHING THE COMPENSATION OF MS. GOODHART.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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 the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	36 .	223,500 .	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	175 .	6,079,556 .	AVERAGE OF HIGH LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		8 .	13,546 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 37 .

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

7673LT 1592

2150887

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

NUMBER OF CONTRIBUTIONS

LINE 1, COLUMN (B)

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

GIFT ACCEPTANCE POLICY

PART I, LINE 31

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

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
BOOK COLLECTION	X	1.	1.	NO APPRAISAL
AUTOGRAPHED BOOK	X	1.	20.	NO APPRAISAL
SPORT GAME TICKETS	X	4.	1,225.	NO APPRAISAL
AUTHENTIC KNOLL BARCELONA	X	1.	4,800.	NO APPRAISAL
JUS BRANDEIS LAW DIPLOMA	X	1.	7,500.	APPRAISAL
TOTALS		<u>8.</u>	<u>13,546.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

04-2103552

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

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

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

REVIEW PROCESS

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

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

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

FOR FISCAL YEAR 2018, THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE RISK MANAGEMENT AND AUDIT COMMITTEE (RMAC). THE RMAC REVIEWED THE FORM 990 AND DISCUSSED ANY QUESTIONS WITH THE FINANCE OFFICE AND THE UNIVERSITY'S TAX ADVISORY FIRM.

AFTER THE COMMITTEE'S REVIEW, AND PRIOR TO FILING THE COMPLETED FORM 990, A COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH MEMBER TO THE BOARD OF TRUSTEES.

CONFLICT OF INTEREST POLICY

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

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

Name of the organization

BRANDEIS UNIVERSITY

Employer identification number

04-2103552

REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE FORM WITH RESPECT TO THE
UNIVERSITY'S INVESTMENTS.

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

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

COMPENSATION POLICY

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

THE UNIVERSITY IS COMMITTED TO ATTRACTING, RETAINING AND MOTIVATING
QUALIFIED EMPLOYEES, RELATING COMPENSATION TO PERFORMANCE, PROMOTING AN
EQUITABLE RELATIONSHIP BETWEEN COMPENSATION AND RESPONSIBILITY AND
ENSURING COMPLIANCE WITH LAW AND REGULATION. THIS PROCESS IS THE

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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FOUNDATION OF ALL HIRING, ANNUAL PERFORMANCE EVALUATIONS AND SALARY ADJUSTMENTS. THE COORDINATION COMMITTEE OF THE BOARD OF TRUSTEES IS AUTHORIZED BY THE BOARD OF TRUSTEES AND DIRECTED TO PERFORM A DIRECT REVIEW AND APPROVAL AT REGULAR INTERVALS OF THE PERFORMANCE AND COMPENSATION OF THE OFFICERS AND, WHERE APPROPRIATE, OTHER SENIOR MANAGEMENT OF THE UNIVERSITY. THE COORDINATION COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES INDEPENDENT EXTERNAL CONSULTANTS TO ASSIST WITH BOTH THE REVIEW OF COMPENSATION AGREEMENTS AND THE GATHERING OF COMPARABILITY DATA IN DETERMINING THE REASONABLENESS OF COMPENSATION AND COMPLIANCE WITH THE PROCEDURES DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST (658,490)

TOTAL (658,490)

Name of the organization BRANDEIS UNIVERSITY	Employer identification number 04-2103552
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ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INSTRUCTIONAL AND ACADEMIC SUPPORT: BRANDEIS UNIVERSITY IS A RARE COMBINATION OF A LIBERAL ARTS COLLEGE AND A GLOBAL RESEARCH UNIVERSITY. OUR STUDENT BODY NUMBERS 5,300, INCLUDING UNDERGRADUATES AND GRADUATE STUDENTS. BRANDEIS HAS A GRADUATE SCHOOL OF ARTS AND SCIENCES AND TWO PROFESSIONAL SCHOOLS, THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT AND THE INTERNATIONAL BUSINESS SCHOOL. THE RABB SCHOOL OF CONTINUING STUDIES OFFERS GRADUATE PROFESSIONAL PROGRAMS FOR PART-TIME STUDENTS. MANY ACADEMIC PROGRAMS ARE ENRICHED BY MYRIAD INTERACTIONS WITH THE NUMEROUS OTHER LEADING UNIVERSITIES IN THE AREA. BRANDEIS HAS TO CONNECT THEORY AND PRACTICE THROUGH FIELD WORK AND EXPERIENTIAL LEARNING.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO INC. & AFFILIATES P.O. BOX 360170 PITTSBURGH, PA 15251-6170	FOOD & CONSTRUCTION	15,186,244.
BOND BROTHERS INC 145 SPRING STREET EVERETT, MA 02149	PRECONSTRUCTION MGMT	11,535,976.
CONSIGLI CONSTRUCTION CO., INC 72 SUMNER STREET MILFORD, MA 01757	CONSTRUCTION	3,482,011.
WILLIAM RAWN ASSOCIATES ARCHITECTS INC 10 POST OFFICE SQUARE # 1010N BOSTON, MA 02109	ARCHITECTS	1,579,918.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ELSEVIER REGIONAL ACCOUNT SUPPORT DEPARTMENT 230 PARK AVENUE, NY 10169-0005	PUBLISHING	1,504,100.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

BRANDEIS UNIVERSITY

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

04-2103552

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (20)			N/A						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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