

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047  
2016  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
Trustees of Tufts College

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Doing business as  
Tufts University

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Number and street (or P O box if mail is not delivered to street address) Room/suite  
169 Holland Street Attn Tax Dept

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City or town, state or province, country, and ZIP or foreign postal code  
Somerville, MA 02144

**D** Employer identification number  
04-2103634

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**E** Telephone number  
(617) 627-3264

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**G** Gross receipts \$ 2,062,724,601

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ [www.tufts.edu](http://www.tufts.edu)

**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)

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1852 **M** State of legal domicile MA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
Education and Research

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**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 40
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 38
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> 12,311
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 2,332,283
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -697,033

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	260,031,001	301,997,211
<b>9</b> Program service revenue (Part VIII, line 2g)	655,896,890	692,935,852
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,009,433	39,253,256
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,924,589	1,905,201
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	936,861,913	1,036,091,520
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	155,103,727	163,645,547
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	498,199,268	539,699,016
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,247,047	1,856,199
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,393,615		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	302,543,044	305,158,288
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	957,093,086	1,010,359,050
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-20,231,173	25,732,470
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,147,235,018	3,483,123,623
<b>21</b> Total liabilities (Part X, line 26)	1,005,352,501	1,074,174,204
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,141,882,517	2,408,949,419

**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 2018-05-09

Thomas S McGurty VP FINANCE & TREASURER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SEE SCHEDULE O

**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

<b>4a</b>	(Code )	(Expenses \$ 500,218,671	including grants of \$ 142,095,915	)	(Revenue \$ 525,686,795 )
	See Additional Data				


















<b>4b</b>	(Code )	(Expenses \$ 305,431,368	including grants of \$ 21,549,632	)	(Revenue \$ 102,027,095 )
	See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 63,155,144	including grants of \$ )	)	(Revenue \$ 62,242,474 )
	See Additional Data				

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	)	(Revenue \$ )
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<b>4e</b>	Total program service expenses ▶	868,805,183			
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**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and nonprofit health insurance issuers.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (40), 1b (38), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, LA, MA, ND, OK, MT, WV
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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, or 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			
See Additional Data Table										

**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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	9,912,575	0	1,779,695

**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 ▶ **1,087**

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

**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
TURNER CONSTRUCTION CO TWO SEAPORT LANE 2ND FL BOSTON, MA 02210	CONSTRUCTION	41,485,218
O'CONNOR CONSTRUCTORS INC 45 INDUSTRIAL DRIVE CANTON, MA 02021	CONSTRUCTION	22,273,193
Columbia Construction Co 100 Riverpark Drive North Reading, MA 01864	CONSTRUCTION	12,652,732
C&W FACILITY SERVICES 4002 SOLUTIONS CENTER CHICAGO, IL 606774000	CLEANING	10,707,908
Elaine Construction Co Inc 1037 Chestnut Street Newton Upper Falls, MA 02464	CONSTRUCTION	8,625,251

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **290**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	714,123		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	155,047,785		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	146,235,303		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		11,295,580		
	<b>h Total.</b> Add lines 1a-1f . . . . .		301,997,211		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> INSTRUCTION		900099	525,686,795	525,686,795		
<b>b</b> CLINICAL AND OTHER EDUCATION		541900	104,413,350	102,027,095	2,386,255		
<b>c</b> AUXILLIARY ENTERPRISES		900099	62,835,707	62,242,474	593,233		
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue			0	0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			692,935,852				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,082,518			6,082,518
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .			2,993,984			2,993,984
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		1,930,332					
	<b>b</b> Less rental expenses	2,883,498					
	<b>c</b> Rental income or (loss)	-953,166	0				
	<b>d</b> Net rental income or (loss) . . . . .			-953,166			-953,166
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,056,912,302					
	<b>b</b> Less cost or other basis and sales expenses	1,023,094,359					
	<b>c</b> Gain or (loss)	33,817,943	0				
	<b>d</b> Net gain or (loss) . . . . .			33,170,738		-647,205	33,817,943
	<b>8a</b> Gross income from fundraising events (not including \$ 714,123 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	519,607				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	655,224				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-135,617			-135,617	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .			0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			0				
<b>12 Total revenue.</b> See Instructions . . . . .			1,036,091,520	689,956,364	2,332,283	41,805,662	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	17,022,440	17,022,440		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	139,301,143	139,301,143		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	7,321,964	7,321,964		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,724,811	2,690,890	5,305,857	728,064
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	229,628	229,628		
<b>7</b> Other salaries and wages	424,673,944	351,647,431	59,549,573	13,476,940
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,099,512	24,157,298	4,887,402	1,054,812
<b>9</b> Other employee benefits	51,014,224	41,304,959	7,499,105	2,210,160
<b>10</b> Payroll taxes	24,956,897	19,787,279	4,291,686	877,932
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	6,057,273	4,255,327	1,797,543	4,403
<b>c</b> Accounting	494,950		494,950	
<b>d</b> Lobbying	552,156		552,156	
<b>e</b> Professional fundraising services See Part IV, line 17	1,856,199			1,856,199
<b>f</b> Investment management fees	1,986,541		1,986,541	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,820,784	36,238,773	10,014,676	-432,665
<b>12</b> Advertising and promotion	1,017,152	789,721	215,205	12,226
<b>13</b> Office expenses	60,097,436	50,098,696	7,903,168	2,095,572
<b>14</b> Information technology	10,817,756	2,676,436	7,868,697	272,623
<b>15</b> Royalties	5,908,061	5,908,061		
<b>16</b> Occupancy	39,104,795	37,788,549	938,907	377,339
<b>17</b> Travel	15,137,280	14,047,178	757,918	332,184
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,210,173	4,423,149	1,074,270	712,754
<b>20</b> Interest	21,591,329	20,859,490	518,281	213,558
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	50,826,578	49,103,807	1,220,050	502,721
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> BOOKS, PERIODICALS & MEDIA	13,173,183	12,991,835	88,308	93,040
<b>b</b> SUBSIDIARY EXPENSE-TVETS	9,488,582	9,488,582		
<b>c</b> EQUIPMENT PURCHASES	8,072,702	7,896,049	175,613	1,040
<b>d</b> GOODS AND SERVICES	6,274,128	6,254,229	15,311	4,588
<b>e</b> All other expenses	2,527,429	2,522,269	5,035	125
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,010,359,050	868,805,183	117,160,252	24,393,615
<b>26</b> 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)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	70,836,874	<b>2</b>	35,930,062
	<b>3</b> Pledges and grants receivable, net . . . . .	60,616,565	<b>3</b>	77,390,994
	<b>4</b> Accounts receivable, net . . . . .	10,093,247	<b>4</b>	13,154,704
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	50,022,096	<b>7</b>	46,879,016
	<b>8</b> Inventories for sale or use . . . . .	441,491	<b>8</b>	1,055,794
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,420,296	<b>9</b>	1,707,647
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,766,613,767		
	<b>b</b> Less accumulated depreciation	746,092,222		
		944,818,755	<b>10c</b>	1,020,521,545
	<b>11</b> Investments—publicly traded securities . . . . .	287,653,010	<b>11</b>	460,183,299
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,583,863,320	<b>12</b>	1,691,601,709
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	28,812,752	<b>13</b>	31,505,425
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	103,656,612	<b>15</b>	103,193,428	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,147,235,018	<b>16</b>	3,483,123,623	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	153,682,248	<b>17</b>	149,260,772
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	81,681,210	<b>19</b>	59,561,005
	<b>20</b> Tax-exempt bond liabilities . . . . .	639,406,592	<b>20</b>	768,405,222
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	3,081,882	<b>21</b>	3,284,099
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	127,500,569	<b>25</b>	93,663,106
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,005,352,501	<b>26</b>	1,074,174,204
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,105,481,783	<b>27</b>	1,247,634,680
	<b>28</b> Temporarily restricted net assets . . . . .	424,925,840	<b>28</b>	506,797,646
	<b>29</b> Permanently restricted net assets	611,474,894	<b>29</b>	654,517,093
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,141,882,517	<b>33</b>	2,408,949,419	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,147,235,018	<b>34</b>	3,483,123,623	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,036,091,520
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,010,359,050
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	25,732,470
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,141,882,517
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	202,843,909
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	38,490,523
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,408,949,419

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 04-2103634

**Name:** Trustees of Tufts College

Form 990 (2016)

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### Form 990, Part III, Line 4a:

INSTRUCTION - DURING THE 2016-2017 ACADEMIC YEAR, THE FOLLOWING DEGREES WERE CONFERRED 1,361 UNDERGRADUATE, 1,398 GRADUATE, 525 PROFESSIONAL AND 194 CERTIFICATE

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**Form 990, Part III, Line 4b:**

RESEARCH -THERE WERE 1,266 GOVERNMENT AND 550 NON-GOVERNMENT GRANTS ACTIVE IN FISCAL YEAR 2017 SPONSORED RESEARCH AT TUFTS WAS PERFORMED IN THE MEDICAL, DENTAL, AND VETERINARY SCHOOLS AS WELL AS IN THE BASIC SCIENCE DEPARTMENTS OF ARTS & SCIENCE & ENGINEERING RESEARCH IS ALSO BEING PERFORMED AT THE USDA HUMAN NUTRITION RESEARCH CENTER ON AGING ALSO, CLINICAL AND OTHER RESEARCH ACTIVITIES INCLUDE 30 CLINICS THAT ARE OPERATED BY THE DENTAL AND VETERINARY SCHOOLS TO TRAIN STUDENTS AND SUPPORT THEIR RESEARCH OTHER EDUCATIONAL ACTIVITIES INCLUDE, AMONG OTHERS, VETERINARY SCHOOL NEWSLETTERS AND CONTINUING EDUCATION PROGRAMS FOR HEALTH SCHOOL PROFESSIONALS

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**Form 990, Part III, Line 4c:**

AUXILLIARY ENTERPRISES - ACTIVITIES PRIMARILY CONSIST OF SERVICES FOR STUDENTS, INCLUDING STUDENT HOUSING, DINING SERVICES AND HEALTH SERVICES  
DURING THE 2017 FISCAL YEAR THERE WERE 42 RESIDENCE HALLS HOUSING 3,525 STUDENTS APPROXIMATELY 4,296 MEAL PLANS WERE SOLD TO STUDENTS EACH  
SEMESTER

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anthony P Monaco Trustee & University President	60 ..... 0	X		X				981,189	0	145,059
William R O'Reilly Jr Trustee - Vice Chair	30 ..... 0	X		X				0	0	0
Jonathan M Tisch Trustee - Vice Chair	30 ..... 0	X		X				0	0	0
Jeannie H Diefenderfer Trustee - End Date 11/5/16, Trustee - Vice Chair - Start Date 11/5/16	30 ..... 0	X		X				0	0	0
Peter R Dolan Trustee - Vice Chair & Chair Designate	30 ..... 0	X		X				0	0	0
Thomas M Alperin Charter Trustee	30 ..... 0	X						0	0	0
Dina A Al-Tayeb Trustee - Start Date 11/5/16	30 ..... 0	X						0	0	0
John J Bello Trustee	30 ..... 0	X						0	0	0
Robert R Bendetson Trustee	30 ..... 0	X						0	0	0
Betsy Busch Trustee	30 ..... 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Cochary Gross Trustee	30 ..... 0	X						0	0	0
John H deJong Trustee	30 ..... 0	X						0	0	0
Daniel J Doherty III Trustee	30 ..... 0	X						0	0	0
E Michael Fung Trustee	30 ..... 0	X						0	0	0
Laurie A Gabriel Trustee	30 ..... 0	X						0	0	0
Steven M Galbraith Trustee	30 ..... 0	X						0	0	0
Steven A Goldstein Trustee	30 ..... 0	X						0	0	0
Michael S Gordon Trustee	30 ..... 0	X						0	0	0
Bruce D Grossman Trustee	30 ..... 0	X						0	0	0
Diane S Hessian Trustee	30 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Varney J Hintlian Trustee	30 ..... 0	X						0	0	0
Deborah R Jospin Trustee	30 ..... 0	X						0	0	0
Peter H Kamin Trustee	30 ..... 0	X						0	0	0
Steven E Karol Trustee	30 ..... 0	X						0	0	0
Michael A Karsch Trustee - Start Date 11/5/16	30 ..... 0	X						0	0	0
Brian H Kavoogian Trustee	30 ..... 0	X						0	0	0
Jeffrey B Kindler Trustee - End Date 11/5/16	30 ..... 0	X						0	0	0
Debra S Knez Trustee	30 ..... 0	X						0	0	0
Ellen J Kullman Trustee - End Date 11/5/16	30 ..... 0	X						0	0	0
Diana V Lopez Trustee	30 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ioannis Miaoulis Trustee - End Date 11/5/16	30 ..... 0	X						0	0	0
Jeffrey M Moslow Trustee	30 ..... 0	X						0	0	0
Elyse A Newhouse Trustee	10 30 ..... 0	X						0	0	0
Kathleen O'Loughlin Trustee - End Date 11/5/16	30 ..... 0	X						0	0	0
David B Rone Trustee	30 ..... 0	X						0	0	0
Hugh R Roome III Trustee	30 ..... 0	X						0	0	0
Andrew Safran Trustee - End Date 11/5/16	30 ..... 0	X						0	0	0
Ankur A Sahu Trustee - Start Date 11/5/16	30 ..... 0	X						0	0	0
Janis A Savin-Williams Trustee	30 ..... 0	X						0	0	0
Neal B Shapiro Trustee	30 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tina H Surh Trustee	30 ..... 0	X						0	0	
Kalahn Taylor-Clark Trustee - Start Date 11/5/16	30 ..... 0	X						0	0	
Teri C Volpert Trustee	30 ..... 0	X						0	0	
Gloria E White-Hammond Trustee	30 ..... 0	X						0	0	
James J Wong Trustee	30 ..... 0	X						0	0	
Patricia L Campbell Executive VP	40 ..... 03			X				521,105	0	61,131
Mary R Jeka VP - University Relations	40 ..... 0			X				375,940	0	57,916
David R Harris Provost & Sr VP	40 ..... 0			X				544,363	0	102,435
Thomas S McGurty VP - Finance & Treasurer	40 ..... 30			X				395,221	0	75,125
David J Kahle VP - Information Technology, CIO	40 ..... 0			X				312,517	0	69,203

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)
(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)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Julien C Carter VP - Human Resources	40 0 .....			X			297,332	0	67,397
Christine C Sanni VP - Communications & Marketing	40 0 .....			X			261,403	0	57,997
Michael A Baenen See Schedule O for Title	40 0 .....			X			177,590	0	34,093
Paul J Tringale Secretary of Corporation	40 0 .....			X			151,539	0	24,884
Eric C Johnson VP - University Advancement	40 0 .....			X			414,982	0	72,619
Linda Snyder VP - Operations - End Date 6/30/17	40 0 .....			X			297,927	0	59,896
Elizabeth Mcclain Associate Treasurer - Start Date 6/12/17	40 0 .....			X			0	0	0
Barbara Stein Director of Capital Programs End date 5/21/17, Interim VP Operations Start Date 5/22/17	40 0 .....			X			207,332	0	51,850
George A Hibbard Associate Treasurer - End Date 6/12/17	40 0 .....			X			179,353	0	20,931
Harris A Berman Dean Medical School	40 0 .....				X		467,300	0	59,808

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
James M Glaser Dean Arts & Sciences	40 0				X		350,794	0	110,516
Naomi Rosenberg Dean Sackler School	40 0				X		273,264	0	52,753
Deborah T Kochevar Dean Cummings School	40 10				X		271,416	0	54,268
Jianmin Qu Dean of Engineering	40 0				X		376,122	0	54,407
Huw Thomas Dean Dental School	40 0				X		411,686	0	48,102
Sally Dungan Chief Investment Officer	40 50					X	571,213	0	150,079
Darush Mozaffarian Dean Friedman School	40 0					X	402,339	0	59,847
James Stavridis Dean Fletcher School	40 0					X	369,960	0	35,960
Maria Papageorge Professor & Chair	40 0					X	631,926	0	56,681
Renee R Nadler Director of Investments	40 0					X	389,652	0	79,401

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Linda M Abriola Professor of Engineering	40 0 ..... 0						X	279,112	0	117,338

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Trustees of Tufts College

Employer identification number

04-2103634

**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 **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		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	209,152,025	242,625,216	227,337,686	260,031,001	301,578,645	1,240,724,573
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	209,152,025	242,625,216	227,337,686	260,031,001	301,578,645	1,240,724,573
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
<b>6 Public support.</b> Subtract line 5 from line 4						1,240,724,573

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	209,152,025	242,625,216	227,337,686	260,031,001	301,578,645	1,240,724,573
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,640,901	25,079,798	10,057,578	10,145,285	11,006,835	77,930,397
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						1,318,654,970

**12** Gross receipts from related activities, etc (see instructions) **12** 3,163,033,072

**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** . . . . .

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

**14** Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14** 94.09%  
**15** Public support percentage for 2015 Schedule A, Part II, line 14 **15** 92.97%

- 16a 33 1/3% support test—2016.** 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 ▶
- b 33 1/3% support test—2015.** 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 ▶
- 17a 10%-facts-and-circumstances test—2016.** 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 ▶
- b 10%-facts-and-circumstances test—2015.** 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 ▶
- 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 ▶

**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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

**Facts And Circumstances Test**

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**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 the organization Trustees of Tufts College	<b>Employer identification number</b> 04-2103634
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

<b>1</b> Provide a description of the organization's direct and indirect political campaign activities in Part IV	
<b>2</b> Political expenditures	▶ \$ _____
<b>3</b> Volunteer hours	_____

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

<b>1</b> Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
<b>2</b> Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
<b>3</b> If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b> Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b> Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
<b>2</b> Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
<b>3</b> Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
<b>4</b> Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b> 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-
2				
3				
4				
5				
6				



**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		0
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	552,156	552,156
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	552,156	552,156
<b>d</b> Other exempt purpose expenditures	985,413,279	1,029,521,868
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	985,965,435	1,030,074,024
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0	0
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

**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?  Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	508,367	539,499	551,458	552,156	2,151,480
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

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

**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

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Trustees of Tufts College

Employer identification number 04-2103634

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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.

Table with 2 columns: Description, Amount. Rows include: 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, 1b 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 (\$ 521,270), (ii) Assets included in Form 990, Part X (\$ 6,053,349), 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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .	1,593,241,500	1,622,017,188	1,625,056,580	1,472,355,250	1,386,696,958
<b>b</b> Contributions . . . . .	51,997,700	26,019,248	18,369,950	27,445,392	11,124,069
<b>c</b> Net investment earnings, gains, and losses	224,381,646	-18,477,039	66,337,135	210,364,325	159,776,163
<b>d</b> Grants or scholarships . . . . .	24,501,160	20,620,349	19,555,041	17,828,045	16,256,087
<b>e</b> Other expenditures for facilities and programs . . . . .	65,273,324	9,664,425	62,997,156	61,993,513	63,959,588
<b>f</b> Administrative expenses . . . . .	5,267,149	6,033,123	5,194,280	5,286,829	5,026,265
<b>g</b> End of year balance . . . . .	1,774,579,213	1,593,241,500	1,622,017,188	1,625,056,580	1,472,355,250

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 39.7 %
  - b** Permanent endowment ▶ 35.7 %
  - c** Temporarily restricted endowment ▶ 24.6 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		55,271,976		55,271,976
<b>b</b> Buildings		1,490,515,133	622,628,678	867,886,455
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		220,826,658	123,463,544	97,363,114
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				1,020,521,545

**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 . . . . .	594,976,397	F
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) Other Investments	9,629,711	F
(B) Common Trust Equity Index Funds	342,963,658	F
(C) Private Equities	419,667,516	F
(D) Real Estate	139,538,629	F
(E) Funds Held Under Bond Agreements	308	F
(F) UNSETTLED INVESTMENTS	0	F
(G) Natural Resources	123,596,453	F
(H) Non-Marketable Credit	61,229,037	F
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,691,601,709	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Unfunded Status of Post Retirement Plan	0
Interest Rate Agreements	67,085,216
Government Advances	26,577,890
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	93,663,106

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,114,167,076
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	202,843,908	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	-126,411,700	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 76,432,208
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,037,734,868
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	-1,643,348	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -1,643,348
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .			<b>5</b> 1,036,091,520

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	847,100,174
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	-19,839,157	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -19,839,157
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 866,939,331
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	143,419,719	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 143,419,719
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .			<b>5</b> 1,010,359,050

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 04-2103634

**Name:** Trustees of Tufts College

### Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) Other Investments	9,629,711	F
(3) Other (A) Common Trust Equity Index Funds	342,963,658	F
(B) Private Equities	419,667,516	F
(C) Real Estate	139,538,629	F
(D) Funds Held Under Bond Agreements	308	F
(E) UNSETTLED INVESTMENTS	0	F
(F) Natural Resources	123,596,453	F
(G) Non-Marketable Credit	61,229,037	F



## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI FINANCIAL STATEMENTS	THE TRUSTEES OF TUFTS COLLEGE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

## Supplemental Information

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE TRUSTEES OF TUFTS COLLEGE'S COLLECTIONS PRIMARILY INCLUDE ART, BOOKS AND ARTIFACTS WHICH ARE PUT TO USE IN THE ORGANIZATION'S INSTRUCTION AND ACADEMIC RESEARCH

## Supplemental Information

Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	TUFTS UNIVERSITY IS THE FISCAL AGENT FOR NUMEROUS UNIVERSITY SPONSORED ACTIVITIES THE UNIVERSITY HOLDS THESE FUNDS, BUT DOES NOT OWN THEM AS A RESULT OF THIS ARRANGEMENT THE UNIVERSITY RECORDS A LIABILITY EQUAL TO THE FUNDS BEING HELD IN ESCROW

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE TRUSTEES OF TUFTS COLLEGE INTEND TO USE THE ORGANIZATION'S ENDOWMENT FUNDS TO PROVIDE FUTURE RESOURCES TO SUPPORT THE UNIVERSITY'S ACTIVITIES

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	US GAAP requires Trustees of Tufts College (The University) to evaluate tax positions taken by the University and recognize a tax liability (or asset) if the University has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The University has analyzed the tax positions taken and has concluded that as of June 30, 2017, there are no significant uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Consolidated entities revenue - 14209184 Change in split interest agreement - 1317866 Tuition discount - -140932520 Investment in Tufts Shared Services, Inc F/K/A T-NEMC - -1006230

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Rental expense netted with rental income - -2883499 Inter-departmental requisition revenue - 1895376 Fundraising expense netted with Fundraising income - -655225

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Rental expense netted with rental income - 2883499 Inter-departmental requisition revenue - 591823 Consolidated entities expenses - 12981344 Cumulative effect of account change SFA S 158 - -15760740 Change in fair value of interest rate agreements - -21190307 Fundraising expense netted with fundraising income - 655224



## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Consolidated entites expenses - 2487199 Tuition discount - 140932520

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

# Schools

OMB No 1545-0047

## 2016

**Open to Public Inspection**

▶ **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.**

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

Department of the Treasury  
Name of the organization  
Trustees of Tufts College

**Employer identification number**

04-2103634

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> 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.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? <b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	Yes	No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

**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).

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	AS PERMITTED UNDER SEC 4 03 OF REV PROC 75-50, TRUSTEES OF TUFTS COLLEGE SATISFIES THE PUBLICITY REQUIREMENT BY COMPLYING WITH SECTION 4 02 BECAUSE THE TRUSTEES OF TUFTS COLLEGE "CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE OR WORLDWIDE AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO THE STUDENTS
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE TRUSTEES OF TUFTS COLLEGE RECEIVES ASSISTANCE IN THE FORM OF HEALTH PROFESSIONS LOAN AND SCHOLARSHIP FUNDS, PELL GRANTS, SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, AND FEDERAL WORK STUDY FUNDS STUDENTS ENROLLED AT THE TRUSTEES OF TUFTS COLLEGE ALSO RECEIVE LOAN FUNDS THROUGH THE FEDERAL DIRECT LOAN PROGRAM AND RECEIVE GRANTS AND FELLOWSHIPS FROM A VARIETY OF FEDERAL AGENCIES SUCH AS THE NSF, THE NIH, THE VA AND NASA

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

Name of the organization  
Trustees of Tufts College

**Employer identification number**  
  
04-2103634

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total	10	10			569,593,671
<b>b</b> Total from continuation sheets to Part I	0	0			4,608,746
<b>c</b> Totals (add lines 3a and 3b)	10	10			574,202,417



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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1) See Add'l Data							
( 2)							
( 3)							
( 4)							
( 5)							
( 6)							
( 7)							
( 8)							
( 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)*  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)*  Yes  No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AND ASSISTANCE OUTSIDE THE UNITED STATES FOR FELLOWSHIPS, PRIZES AND STIPENDS, PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES-ACCOUNTS PAYABLE DEPARTMENT THE PROCESS REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC DOCUMENTATION AND AUTHORIZATIONS ARE NECESSARY IN ORDER TO PROCESS A PAYMENT FOR INTERNATIONAL PROJECT ADVANCES, A MAJORITY OF THE PAYMENTS ARE WIRED DIRECTLY TO A DESIGNATED FOREIGN BANK ACCOUNT THE UNIVERSITY HAS REPRESENTATIVES IN THE SPECIFIC REGION WHO MAINTAIN THE CASH FOR EXPENDITURES AND THEIR INTENDED PURPOSES FOR SCHOLARSHIPS, ALL FOREIGN ADDRESS STUDENTS ARE PROVIDED WITH A CHECK PAYMENT THAT IS PROCESSED FROM THE ACCOUNTS PAYABLE DEPARTMENT THE FINANCIAL AID OFFICE ADMINISTERS THE LISTING OF PAYEES AND THE FINANCIAL SERVICES OFFICE RECORDS THE TRANSACTIONS AFTER ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED FOR SUBCONTRACT RESEARCH GRANTS, A PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES ALL OF THESE PROCEDURES ENSURE THAT GRANT FUNDS USED OUTSIDE THE UNITED STATES ARE BEING PROPERLY MONITORED



**Return Reference****Explanation**

Schedule F, Part I,  
Line 2  
PROCEDURES  
FOR MONITORING  
USE OF GRANT  
FUNDS

DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AND ASSISTANCE OUTSIDE THE UNITED STATES FOR FELLOWSHIPS, PRIZES AND STIPENDS, PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES-ACCOUNTS PAYABLE DEPARTMENT THE PROCESS REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC DOCUMENTATION AND AUTHORIZATIONS ARE NECESSARY IN ORDER TO PROCESS A PAYMENT FOR INTERNATIONAL PROJECT ADVANCES, A MAJORITY OF THE PAYMENTS ARE WIRED DIRECTLY TO A DESIGNATED FOREIGN BANK ACCOUNT THE UNIVERSITY HAS REPRESENTATIVES IN THE SPECIFIC REGION WHO MAINTAIN THE CASH FOR EXPENDITURES AND THEIR INTENDED PURPOSES FOR SCHOLARSHIPS, ALL FOREIGN ADDRESS STUDENTS ARE PROVIDED WITH A CHECK PAYMENT THAT IS PROCESSED FROM THE ACCOUNTS PAYABLE DEPARTMENT THE FINANCIAL AID OFFICE ADMINISTERS THE LISTING OF PAYEES AND THE FINANCIAL SERVICES OFFICE RECORDS THE TRANSACTIONS AFTER ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED FOR SUBCONTRACT RESEARCH GRANTS, A PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES ALL OF THESE PROCEDURES ENSURE THAT GRANT FUNDS USED OUTSIDE THE UNITED STATES ARE BEING PROPERLY MONITORED

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 04-2103634

**Name:** Trustees of Tufts College

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	5	5	Program Services	STUDY-ABROAD EDUCATION PROGRAM	3,641,636
East Asia and the Pacific	3	2	Program Services	STUDY-ABROAD EDUCATION PROGRAM	548,795
South America	1	1	Program Services	STUDY-ABROAD EDUCATION PROGRAM	341,137

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	1	2	Program Services	STUDY-ABROAD EDUCATION PROGRAM	244,140
Central America and the Caribbean	0	0	Grantmaking		1,744
East Asia and the Pacific	0	0	Grantmaking		785,554

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Grantmaking		1,250,176
Middle East and North Africa	0	0	Grantmaking		235,893
North America (Canada & Mexico only)	0	0	Grantmaking		106,477

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States	0	0	Grantmaking		101,012
South America	0	0	Grantmaking		247,606
South Asia	0	0	Grantmaking		778,786

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		3,814,715
Central America and the Caribbean	0	0	Investments		500,940,000
Europe (Including Iceland and Greenland)	0	0	Investments		44,031,000

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Investments		12,525,000
Sub-Saharan Africa	0	0	Investments		3,724,000
Central America and the Caribbean	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	41,241

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	163,562
Europe (Including Iceland and Greenland)	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	239,585
Middle East and North Africa	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	176,038



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	41,321
Russia and Neighboring States	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	42,872
South America	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	20,213

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	47,532
Sub-Saharan Africa	0	0	Program Services	TRAVEL FOR MISSION RELATED ACTIVITIES	109,042
East Asia and the Pacific	0	0	Fundraising		429

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Fundraising		2,911

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	152,909	WIRE			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	590,056	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	81,641	CHECK			
		South Asia	SUBCONTRACT RESEARCH GRANT	85,252	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	162,133	WIRE			
		South Asia	SUBCONTRACT RESEARCH GRANT	250,803	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SUBCONTRACT RESEARCH GRANT	154,015	CHECK/WIRE			
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	65,262	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	170,164	ELECTRONIC FUNDS TRANSFER			
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	18,442	WIRE			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	62,342	WIRE			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	59,110	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBCONTRACT RESEARCH GRANT	159,642	WIRE			
		South Asia	SUBCONTRACT RESEARCH GRANT	23,375	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (Canada & Mexico only)	SUBCONTRACT RESEARCH GRANT	87,016	WIRE			
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	121,360	CHECK/WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	62,974	WIRE			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	57,813	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBCONTRACT RESEARCH GRANT	19,283	WIRE			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	20,688	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	72,114	ELECTRONIC FUNDS TRANSFER/WIRE			
		South Asia	SUBCONTRACT RESEARCH GRANT	141,536	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	129,772	WIRE			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	63,642	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	30,404	CHECK/WIRE			
		South Asia	INTERNATIONAL PROGRAM ADVANCES	5,566	WIRE			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	13,236	WIRE			
		Sub-Saharan Africa	INTERNATIONAL PROGRAM ADVANCES	92,796	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	32,400	CHECK			
		Sub-Saharan Africa	SUBCONTRACT RESEARCH GRANT	695,511	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	16,436	CHECK/WIRE			
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	220,717	CHECK			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	11,701	WIRE			
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	34,125	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	INTERNATIONAL PROGRAM ADVANCES	78,827	WIRE			
		Europe (Including Iceland and Greenland)	SUBCONTRACT RESEARCH GRANT	9,290	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	SUBCONTRACT RESEARCH GRANT	24,000	WIRE			
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	133,029	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	INTERNATIONAL PROGRAM ADVANCES	172,714	WIRE			
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	15,159	WIRE			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	SUBCONTRACT RESEARCH GRANT	45,000	WIRE			
		Sub-Saharan Africa	INTERNATIONAL PROGRAM ADVANCES	94,092	WIRE			



**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Fellowships	East Asia and the Pacific	1	4,100	CHECK			
Fellowships	South Asia	1	3,400	ELECTRONIC FUNDS TRANSFER			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Fellowships	Sub-Saharan Africa	3	35,809	CHECK/WIRE			
Int'l Program Advances	Sub-Saharan Africa	14	692,691	ELECTRONIC FUNDS TRANSFER/WIRE			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Central America and the Caribbean	1	1,744	CHECK			
Scholarships	East Asia and the Pacific	23	154,781	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Europe (Including Iceland and Greenland)	36	485,865	CHECK/WIRE			
Scholarships	Middle East and North Africa	4	47,674	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	North America (Canada & Mexico only)	3	15,407	CHECK			
Scholarships	Russia and Neighboring States	17	101,012	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	South America	5	68,681	CHECK			
Scholarships	South Asia	26	235,142	CHECK/ELECTRONIC FUNDS TRANSFER			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Sub-Saharan Africa	30	440,560	CHECK/WIRE			
Student Prizes	East Asia and the Pacific	12	15,980	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Prizes	Europe (Including Iceland and Greenland)	4	4,119	CHECK			
Student Prizes	North America (Canada & Mexico only)	3	4,054	CHECK			



**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Prizes	South Asia	3	6,713	CHECK/WIRE			
Student Prizes	Sub-Saharan Africa	3	2,335	CHECK			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Stipends	Europe (Including Iceland and Greenland)	1	1,000	CHECK			
Student Stipends	South Asia	6	3,000	WIRE			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Subcontract Research Grant	East Asia and the Pacific	1	85,166	WIRE			
Subcontract Research Grant	Europe (Including Iceland and Greenland)	1	41,879	WIRE			

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Subcontract Research Grant	Middle East and North Africa	1	34,204	WIRE			
Subcontract Research Grant	Sub-Saharan Africa	2	300,301	WIRE			

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
 Attach to Form 990 or Form 990-EZ.  
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Name of the organization  
Trustees of Tufts College

**Employer identification number**  
04-2103634

**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.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALO NOEL LEVITZ LLC 65 KIRKWOOD NORTH ROAD SW CEDAR RAPIDS, IA 52404	TELEFUND VENDOR		No	888,174	550,709	337,465
2 MARTS & LUNDY INC 1200 WALL STREET WEST LYNDHURST, NJ 07071	STRATEGY CONSULTING		No		49,035	-49,035
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				888,174	599,744	288,430

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		School of the Museum of Fine Arts at Tufts Art Sale (event type)	School of the Museum of Fine Arts at Tufts Medal Award Gala (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	919,536	314,194		1,233,730
<b>2</b>	Less Contributions . . . . .	439,589	274,534		714,123
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	479,947	39,660	0	519,607
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	0	800		800
	<b>7</b> Food and beverages . . . . .	14,193	75,101		89,294
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	531,039	34,091		565,130
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				655,224
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-135,617

**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.

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

---

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

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

- 16** Gaming manager information
- Name ▶ .....
- Gaming manager compensation ▶ \$ .....
- Description of services provided ▶ .....
- Director/officer       Employee       Independent contractor

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

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

Return Reference	Explanation
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**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
Trustees of Tufts College

**Employer identification number**  
04-2103634

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 99
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_ 14



**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) SCHOLARSHIPS	5779	135,467,972			
(2) FELLOWSHIPS	499	2,366,064			
(3) STUDENT PRIZES	659	745,217			
(4) STUDENT STIPENDS	312	721,890			
(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.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	DUE TO THE VARIOUS TYPES OF GRANT FUND EXPENDITURES THE UNIVERSITY USES MULTIPLE INTERNAL CONTROL PROCEDURES FOR MONITORING THE USE OF U S GRANT FUNDS AND ASSISTANCE FELLOWSHIPS, PRIZES AND STIPEND PAYMENTS ARE MADE THROUGH OUR FINANCIAL SERVICES AND ACCOUNTS PAYABLE DEPARTMENT THE PROCESS REQUIRES PRE-APPROVAL BY A PARTICULAR DEPARTMENT-HEAD AND SPECIFIC DOCUMENTATION AND AUTHORIZATIONS ARE NECESSARY IN ORDER TO PROCESS A PAYMENT A MAJORITY OF PAYMENTS ARE MADE VIA CHECK FOR DOMESTIC SCHOLARSHIPS, THE FINANCIAL AID OFFICE (FAO) MAINTAINS AN INDEPENDENT FINANCIAL AID ACCOUNTING SYSTEM THE FAO ADMINISTERS THE LISTING OF AWARD RECIPIENTS AND RECONCILES, ON A MONTHLY BASIS, THE CORRESPONDING EXPENSES WITH THE UNIVERSITY GENERAL LEDGER SYSTEM THE CASH GRANTS ARE ALSO REFLECTED ON EACH INDIVIDUAL STUDENT ACCOUNT THE FINANCIAL SERVICES OFFICE INDEPENDENTLY RECORDS THE TRANSACTIONS AFTER ALL REQUIRED SYSTEM-FEED DOCUMENTATION HAS BEEN RECEIVED ADDITIONALLY, ALL FEDERAL SCHOLARSHIP ACTIVITIES ARE MONITORED SEPARATELY BY THE SPONSORED ACCOUNTING DEPARTMENT (SPA) FOR SUBCONTRACT RESEARCH GRANTS, THE UNIVERSITY MAINTAINS A SPONSORED RESEARCH ACCOUNTING (SPA) DEPARTMENT WHICH HAS FINANCIAL OVERSIGHT FOR ALL GRANT AND CONTRACT ACTIVITY THE PRINCIPAL INVESTIGATOR (PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE ACTIVITIES SPECIFIC GRANT-RELATED EXPENDITURE ACTIVITIES ARE PROCESSED BY THE UNIVERSITY ACCOUNTS PAYABLE DEPARTMENT SUB-RECIPIENT MONITORING A PRINCIPAL INVESTIGATOR (PI) NEGOTIATES SUBCONTRACTS WITH SUB-RECIPIENTS THROUGH THE OFFICE OF THE VICE PROVOST WHEN AN AGREEMENT IS FULLY EXECUTED, IT MUST BE SUBMITTED TO THE OFFICE OF SPONSORED PROGRAMS ACCOUNTING (SPA) ALONG WITH A COMPLETED CONSULTANT PAYMENT FORM ANY ISSUES REGARDING SUB-RECIPIENT PERFORMANCE ARE REPORTED TO THE OFFICE OF THE VICE PROVOST AND SPA ALSO, SPA IS RESPONSIBLE FOR ENSURING THAT ALL SUB-RECIPIENTS ARE IN COMPLIANCE WITH OMB CIRCULAR A-133 REQUIREMENTS

**Additional Data**

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 04-2103634  
**Name:** Trustees of Tufts College

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
100 Mile Club 2191 5th St 211 Novco, CA 92860	20-8425786	501(C)(3)	323,492				SUBCONTRACT GRANT AWARD
ACDIVOCA 50 F Street NW Ste 1075 Washington, DC 20001	52-0811461	501(C)(3)	126,779				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Aerogel Technologies LLC 270 Dorchester Ave Boston, MA 02127	26-4780499	FOR PROFIT	98,293				SUBCONTRACT GRANT AWARD
Animal Shelter Inc 17 Laurelwood Rd Sterling, MA 01564	04-3236868	501(C)(3)	65,250				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Arizona State University PO Box 876011 Tempe, AZ 852876011	86-0196696	501(C)(3)	80,027				SUBCONTRACT GRANT AWARD
Arrow Systems Integration Inc PO Box 4869 Houston, TX 77210	33-1009098	FOR PROFIT	301,483				SUBCONTRACT GRANT AWARD

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

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Azzur Group LLC 726 Fitzwatertown Rd Ste 6 Willow Grove, PA 19090	47-2703312	FOR PROFIT	15,955				SUBCONTRACT GRANT AWARD
Baystate Medical Center PO Box 414168 Boston, MA 022414168	04-2790311	501(C)(3)	14,784				SUBCONTRACT GRANT AWARD

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

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Beckman Research Inst ofthe City of Hope 1500 E Duarte Rd Duarte, CA 91010	95-3432210	501(C)(3)	166,640				SUBCONTRACT GRANT AWARD
Beth Israel Deaconess Medical Center 330 Brookline Ave Boston, MA 02215	04-2103881	501(C)(3)	257,569				SUBCONTRACT GRANT AWARD

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

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Boston Medical Center 660 Harrison Ave Boston, MA 02118	04-3314093	501(C)(3)	41,244				SUBCONTRACT GRANT AWARD
Boston Public Health Commission 1010 Massachusetts Ave 6th fl Boston, MA 02118	04-3316655	501(C)(3)	6,942				SUBCONTRACT GRANT AWARD

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Boston University PO Box 28763 New York, NY 100878763	04-2103547	501(C)(3)	352,218				SUBCONTRACT GRANT AWARD
Brandeis University PO Box 549110 Waltham, MA 024549110	04-2103552	501(C)(3)	112,632				SUBCONTRACT GRANT AWARD



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Bridgewater State University 131 Summer St Bridgewater, MA 02325	04-3010428	501(C)(3)	19,170				SUBCONTRACT GRANT AWARD
Brigham & Women's Hospital PO Box 3887 Boston, MA 02241	04-2312909	501(C)(3)	313,059				SUBCONTRACT GRANT AWARD

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

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Brown University PO Box 1911 Providence, RI 02912	05-0258809	501(C)(3)	369,537				SUBCONTRACT GRANT AWARD
Bunker Hill Community College 250 New Rutherford Ave Boston, MA 02129	04-6002284	501(C)(3)	10,007				SUBCONTRACT GRANT AWARD

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California Institute of Technology 1200 E California Blvd Pasadena, CA 91125	95-1643307	501(C)(3)	43,816				SUBCONTRACT GRANT AWARD
Chiann Fan Gibson 136 N Buckingham Dr Sugar Grove, IL 60554	36-4427934	FOR PROFIT	12,000				SUBCONTRACT GRANT AWARD

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Children's Hospital Boston PO Box 414413 Boston, MA 02241	04-2774441	501(C)(3)	156,181				SUBCONTRACT GRANT AWARD
Chinese Progressive Association Inc 28 Ash St Boston, MA 02111517	04-2631569	501(C)(3)	11,256				SUBCONTRACT GRANT AWARD

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Trustees of Columbia University PO Box 29789 New York, NY 10087	13-5598093	501(C)(3)	1,033,524				SUBCONTRACT GRANT AWARD
Cornell University PO Box 22 Ithaca, NY 148510022	15-0532082	501(C)(3)	19,208				SUBCONTRACT GRANT AWARD

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Curious Learning 44 Walker St Cambridge, MA 02138	47-1892766	501(C)(3)	99,000				SUBCONTRACT GRANT AWARD
Dana Farber Cancer Institute 450 Brookline Ave Boston, MA 02215	04-2263040	501(C)(3)	26,330				SUBCONTRACT GRANT AWARD

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Dartmouth College 11 Rope Ferry Rd 6210 Hanover, NH 037551404	02-0222111	501(C)(3)	14,219				SUBCONTRACT GRANT AWARD
Design Urbanism Architectural LLC 299 Broadway Ste 1010 New York, NY 100071952	86-1126424	FOR PROFIT	14,163				SUBCONTRACT GRANT AWARD

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

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Dimagi Inc 585 Massachusetts Ave Ste 4 Cambridge, MA 02139	83-0343298	FOR PROFIT	134,510				SUBCONTRACT GRANT AWARD
Duke University PO Box 602651 Charlotte, NC 28260	56-0532129	501(C)(3)	38,988				SUBCONTRACT GRANT AWARD



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East Carolina University 2200 S Charles Blvd Greenville, NC 278584353	56-6000403	501(C)(3)	85,045				SUBCONTRACT GRANT AWARD
Education Development Center Inc 43 Foundry Ave Waltham, MA 076583830	04-2241718	501(C)(3)	33,057				SUBCONTRACT GRANT AWARD

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Emory University PO Box 935084 Atlanta, GA 311935084	58-0566256	501(C)(3)	10,394				SUBCONTRACT GRANT AWARD
Family Health International 1825 Connecticut Ave NW Washington, DC 200095721	23-7413005	501(C)(3)	14,905				SUBCONTRACT GRANT AWARD

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The Forsyth Institute 245 First St 17th Floor Cambridge, MA 02142	04-2104230	501(C)(3)	318,366				SUBCONTRACT GRANT AWARD
Fox Chase Cancer Center 333 Cottman Ave Philadelphia, PA 19111	23-2003072	501(C)(3)	81,915				SUBCONTRACT GRANT AWARD

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Fuller Theological Seminary 180 N Oakland Ave Pasadena, CA 91101	95-1699394	501(C)(3)	21,959				SUBCONTRACT GRANT AWARD
Global Food & Nutrition Inc 1300 L St NW 920 Washington, DC 20005	52-1931539	FOR PROFIT	202,108				SUBCONTRACT GRANT AWARD

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Harvard University PO Box 415649 Boston, MA 02241	04-2103580	501(C)(3)	644,565				SUBCONTRACT GRANT AWARD
Hebrew Rehabilitation Center 1200 Center St Boston, MA 02131	04-2104298	501(C)(3)	56,875				SUBCONTRACT GRANT AWARD

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Heddamarie U T Hart 7150 N Durango Dr Ste 110 Las Vegas, NV 89149	42-1716950	FOR PROFIT	8,000				SUBCONTRACT GRANT AWARD
Heifer International 1 World Ave Little Rock, AR 72202	35-1019477	501(C)(3)	109,190				SUBCONTRACT GRANT AWARD

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Helen Keller International Inc 352 Park Ave South Ste 1200 New York, NY 10010	13-5562162	501(C)(3)	152,182				SUBCONTRACT GRANT AWARD
Fred Hutchinson Cancer Research Center PO Box 19024 Seattle, WA 981091024	23-7156071	501(C)(3)	127,011				SUBCONTRACT GRANT AWARD

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Institute for Nonprofit Practice 144 Gould St Ste 205 Needham, MA 02494	47-1613050	501(C)(3)	22,500				SUBCONTRACT GRANT AWARD
Institute for Wildlife Studies PO Box 1104 Arcata, CA 955181104	94-2612613	501(C)(3)	31,407				SUBCONTRACT GRANT AWARD



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International Food Policy Research Institute 2033 K Street NW Washington, DC 20006	52-1041632	501(C)(3)	39,624				SUBCONTRACT GRANT AWARD
International Nutrition Foundation 711 Washington Street Boston, MA 02111	04-2761215	501(C)(3)	146,901				SUBCONTRACT GRANT AWARD

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Jackson Lab 610 Main St Bar Harbor, ME 04609	01-0211513	501(C)(3)	66,980				SUBCONTRACT GRANT AWARD
Johns Hopkins University 12529 Collections Center Dr Chicago, IL 60693	52-0595110	501(C)(3)	661,596				SUBCONTRACT GRANT AWARD

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KUMC Research Institute Inc 3901 Rainbow Blvd Kansas City, KS 66160	48-1108830	501(C)(3)	25,336				SUBCONTRACT GRANT AWARD
Maine Medical Center 22 Bramhall St Portland, ME 04102	01-0238552	501(C)(3)	243,414				SUBCONTRACT GRANT AWARD

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Mass Eye and Ear Infirmary 243 Charles St Boston, MA 02114	04-2103591	501(C)(3)	235,196				SUBCONTRACT GRANT AWARD
Mass General Hospital PO Box 3829 Boston, MA 02241	04-2697983	501(C)(3)	355,089				SUBCONTRACT GRANT AWARD

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Mass Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(C)(3)	722,932				SUBCONTRACT GRANT AWARD
Medical College of Wisconsin 8701 Watertown Plank Rd Milwaukee, WI 53226	39-0806261	501(C)(3)	145,915				SUBCONTRACT GRANT AWARD

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Metropolitan Area Planning Council 60 Temple Place Boston, MA 02111	04-2472296	501(C)(3)	8,372				SUBCONTRACT GRANT AWARD
Montana State University PO Box 172470 Bozeman, MT 597172470	81-6010045	501(C)(3)	50,149				SUBCONTRACT GRANT AWARD

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New York Academy of Medicine 1216 Fifth Ave New York, NY 10029	13-1656674	501(C)(3)	18,385				SUBCONTRACT GRANT AWARD
New York Medical College 40 Sunshine Cottage Rd Valhalla, NY 10595	13-1099420	501(C)(3)	37,116				SUBCONTRACT GRANT AWARD

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New York University PO Box 415026 Boston, MA 022415026	13-5562308	501(C)(3)	72,752				SUBCONTRACT GRANT AWARD
Nobis Engineering Inc 18 Chenell Drive Concord, NH 03301	02-0433409	FOR PROFIT	59,029				SUBCONTRACT GRANT AWARD



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North Carolina State University Campus Box 7214 Raleigh, NC 27695	56-6000756	501(C)(3)	13,496				SUBCONTRACT GRANT AWARD
Northeastern University 360 Huntington Ave Boston, MA 02115	04-1679980	501(C)(3)	139,677				SUBCONTRACT GRANT AWARD

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Northwestern University 633 Clark St Rm G-547 Evanston, IL 602081112	36-2167817	501(C)(3)	75,116				SUBCONTRACT GRANT AWARD
Ohio State University Research Foundation 1960 Kenny Rd Columbus, OH 432101063	31-6401599	501(C)(3)	11,861				SUBCONTRACT GRANT AWARD

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Oracle America Inc PO Box 203448 Dallas, TX 753203448	94-2805249	FOR PROFIT	21,407				SUBCONTRACT GRANT AWARD
Oregon State University 312 Kerr Administration Bldg Corvallis, OR 973312140	93-6001786	501(C)(3)	9,095				SUBCONTRACT GRANT AWARD

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Parlance Corp 400 W Cummings Pk Ste 200 Woburn, MA 01801	04-3334185	FOR PROFIT	39,600				SUBCONTRACT GRANT AWARD
Pine Manor College 400 Heath St Chestnut Hill, MA 02467	04-2321292	501(C)(3)	14,840				SUBCONTRACT GRANT AWARD

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Princeton University 701 Carnegie Center Ste 443 Princeton, NJ 08540	21-0634501	501(C)(3)	44,211				SUBCONTRACT GRANT AWARD
Purdue University 23510 Network Pl Chicago, IL 60673	35-6002041	501(C)(3)	57,999				SUBCONTRACT GRANT AWARD

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RAND Corporation PO Box 2138 Santa Monica, CA 904072138	95-1958142	501(C)(3)	117,820				SUBCONTRACT GRANT AWARD
Regents of the University of Michigan Box 223131 Pittsburgh, PA 152512131	38-6006309	501(C)(3)	132,979				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rensselaer Polytechnic Institute 110 8th St Troy, NY 121803500	14-1340095	501(C)(3)	490,468				SUBCONTRACT GRANT AWARD
Research Foundation for the State University of New York PO Box 9 Albany, NY 122010009	14-1368361	501(C)(3)	8,451				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Rowan University 201 Mullica Hill Rd Glassboro, NJ 08028	22-2764819	501(C)(3)	18,965				SUBCONTRACT GRANT AWARD
Save the Children 54 Wilton Rd Westport, CT 06880	06-0726487	501(C)(3)	58,214				SUBCONTRACT GRANT AWARD



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Seven Hills Foundation 81 Hope Ave Worcester, MA 01603	04-3293659	501(C)(3)	8,600				SUBCONTRACT GRANT AWARD
Somerville Trans Equity Partnership Inc 51 Mt Vernon Street Somerville, MA 02145	20-1875025	501(C)(3)	27,341				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
St Jude Children's Research Hospital PO Box 1000 Dept 949 Memphis, TN 38148	62-0646012	501(C)(3)	25,878				SUBCONTRACT GRANT AWARD
Stanford University PO Box 44253 San Francisco, CA 94144253	94-1156365	501(C)(3)	35,731				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Synaptic Research LLC 1448 South Rolling Road Baltimore, MD 21227	20-5487221	FOR PROFIT	137,543				SUBCONTRACT GRANT AWARD
TBMS 1600 Boston-Providence Hwy Walpole, MA 02081	59-3828470	FOR PROFIT	34,200				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Technical Education Research Center Inc 2067 Massachusetts Ave Cambridge, MA 02140	04-6134355	501(C)(3)	176,746				SUBCONTRACT GRANT AWARD
Texas A&M University 400 Harvey Mitchell Pkwy S Ste 300 College Station, TX 77845	74-6000531	501(C)(3)	107,400				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Think3d 3 Barrymore Road Hanover, NH 03755	46-1019559	FOR PROFIT	94,071				SUBCONTRACT GRANT AWARD
Tufts Medical Center 750 Washington St Boston, MA 02111	04-3400617	501(C)(3)	4,233,537				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Tunxis Community College 271 Scott Swamp Rd Farmington, CT 06032	06-6268897	501(C)(3)	186,338				SUBCONTRACT GRANT AWARD
Tuskegee University 1200 W Montgomery Rd Tuskegee Inst, AL 36088	63-0288878	501(C)(3)	11,224				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UMass Memorial Medical Center Inc 55 Lake Ave North Worcester, MA 01655	04-3358564	501(C)(3)	27,286				SUBCONTRACT GRANT AWARD
UMDC Diagnostic Clinic PO Box 405803 Atlanta, GA 30384	59-2695890	501(C)(3)	122,295				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California Davis PO Box 989062 West Sacramento, CA 957989062	94-6036494	501(C)(3)	311,368				SUBCONTRACT GRANT AWARD
University of North Carolina at Chapel Hill 104 Airport Dr Suite 2200 / CB1350 Chapel Hill, NC 275881350	56-6001393	501(C)(3)	59,513				SUBCONTRACT GRANT AWARD



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of California Regents SAASB Bldg Rm 1212 Santa Barbara, CA 931062003	95-6006145	501(C)(3)	189,484				SUBCONTRACT GRANT AWARD
University of Cape Town 509 Madison Ave New York, NY 100225501	98-0599465	501(C)(3)	5,542				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Connecticut 438 Whitney Rd Ext Unit 1133 Storrs, CT 062691133	06-0772160	501(C)(3)	6,262				SUBCONTRACT GRANT AWARD
University of Connecticut Health Center 263 Farmington Ave MC 5325 Farmington, CT 06030	52-1725543	501(C)(3)	11,005				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Florida PO Box 113001 Gainesville, FL 326113001	59-6002052	501(C)(3)	58,074				SUBCONTRACT GRANT AWARD
University of Georgia 310 E Campus Road Athens, GA 30602	58-6001998	501(C)(3)	69,218				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Illinois 28392 Network Place Chicago, IL 606731283	37-6000511	501(C)(3)	80,144				SUBCONTRACT GRANT AWARD
University of Massachusetts 100 Morrissey Blvd Boston, MA 02125	04-3167352	501(C)(3)	63,225				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Missouri PO Box 806010 Kansas City, MO 64106	43-6003859	501(C)(3)	45,026				SUBCONTRACT GRANT AWARD
University of Northern Iowa Office of Business Operations Cedar Falls, IA 50614	42-6004333	501(C)(3)	5,324				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Trustees of the University of Pennsylvania PO Box 785541 Philadelphia, PA 19178	23-1352685	501(C)(3)	5,070				SUBCONTRACT GRANT AWARD
University of Pittsburgh PO Box 371220 Pittsburgh, PA 152517220	25-0965591	501(C)(3)	75,579				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Southern California Sponsored Projects Accounting Los Angeles, CA 90089	95-1642394	501(C)(3)	6,492				SUBCONTRACT GRANT AWARD
University of Texas PO Box 301418 Dallas, TX 753031418	74-1761309	501(C)(3)	61,255				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of Washington 12455 Collections Dr Chicago, IL 60693	91-6001537	501(C)(3)	108,013				SUBCONTRACT GRANT AWARD
Washington State University PO Box 641025 Pullman, WA 991641025	91-6001108	501(C)(3)	26,359				SUBCONTRACT GRANT AWARD



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Washington University 700 Rosedale Ave St Louis, MO 63112	43-0653611	501(C)(3)	169,709				SUBCONTRACT GRANT AWARD
Weill Medical College of Cornell University 575 Lexington Ave 9th Fl New York, NY 10022	13-1623978	501(C)(3)	48,156				SUBCONTRACT GRANT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Yeshiva University 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501(C)(3)	25,867				SUBCONTRACT GRANT AWARD

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization Trustees of Tufts College	Employer identification number 04-2103634
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input 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 type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input 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 type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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.	<b>1b</b> Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes									
<b>c</b> 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.	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b> Yes									
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b> Yes									
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b> Yes									
<b>8</b> 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.	<b>8</b> Yes									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b> Yes									

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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.

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 04-2103634  
**Name:** Trustees of Tufts College

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	VARIOUS OFFICERS AND SENIOR STAFF TRAVEL ABROAD PERIODICALLY ON SCHOOL BUSINESS THE AIRLINE ACCOMMODATIONS MAY INCLUDE FIRST-CLASS SEATING WHEN THE TRAVEL IS FOR A PERIOD OF SIX HOURS OR MORE DURING CALENDAR YEAR 2016, TWO OFFICERS, ONE KEY-EMPLOYEE, AND ONE OF THE TOP-5 HIGH- COMPENSATED EMPLOYEES TRAVELED USING SUCH AIRLINE ACCOMODATIONS, THE VALUE OF WHICH WAS NOT INCLUDED IN THEIR TAXABLE COMPENSATION AS THIS ACTIVITY WAS A BUSINESS EXPENSE

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	THE PRESIDENT AND THE DEAN OF THE FLETCHER SCHOOL TRAVEL FOR UNIVERSITY BUSINESS WITH THEIR SPOUSES ON A LIMITED BASIS SPOUSAL TRAVEL EXPENSES ARE FOR A BONA FIDE BUSINESS PURPOSE AND ARE NOT INCLUDED IN TAXABLE COMPENSATION

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	THE UNIVERSITY MAY INDEMNIFY AND PROVIDE TAX GROSS-UP AMOUNTS TO REIMBURSE OFFICERS AND SENIOR MANAGEMENT EMPLOYEES WHERE ADDITIONAL PERSONAL INCOME TAXES ARE INCURRED FROM AN INCLUSION OF A TAXABLE FRINGE BENEFIT DURING THE CALENDAR YEAR 2016, THREE OFFICERS RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, ALL OF WHICH WERE INCLUDED IN TAXABLE COMPENSATION TO THE EMPLOYEES



## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF TUFTS UNIVERSITY, THE UNIVERSITY PRESIDENT IS REQUIRED TO RESIDE ON CAMPUS. THE VALUE OF ON-CAMPUS HOUSING IS NOT INCLUDED IN TAXABLE COMPENSATION, BUT IS REFLECTED IN SCHEDULE J, PART II, COLUMN (D)

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Personal services	THE UNIVERSITY PROVIDES HOUSECLEANING SERVICES TO THE PRESIDENT OF WHICH THE PRESIDENT REIMBURSES THE UNIVERSITY FOR THE MARKET VALUE OF PERSONAL HOUSECLEANING SERVICES AS A RESULT, NO AMOUNT OF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION IN ADDITION, THE UNIVERSITY PROVIDES A DRIVER AND VEHICLE FOR THE PRESIDENT FOR CERTAIN UNIVERSITY EVENTS NO AMOUNT OF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION

**Part III, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	SALLY DUNGAN, CHIEF INVESTMENT OFFICER, PARTICIPATED IN AN EMPLOYEE INCENTIVE COMPENSATION PLAN THAT IS BASED OFF OF JOB AND PORTFOLIO PERFORMANCE AND ALLOWS FOR UP TO 100% OF BASE SALARY EARNINGS SHE RECEIVED A PAYOUT AMOUNT OF \$190,456 IN 2016 RENEE NADLER, DIRECTOR OF INVESTMENTS, PARTICIPATED IN AN EMPLOYEE INCENTIVE COMPENSATION PLAN THAT IS BASED OFF OF JOB AND PORTFOLIO PERFORMANCE AND ALLOWS FOR UP TO 80% OF BASE SALARY EARNINGS SHE RECEIVED A PAYOUT AMOUNT OF \$111,686 IN 2016 FOR ALL INDIVIDUALS PARTICIPATING IN THE INCENTIVE COMPENSATION PLAN THE TERMS OF THE INCENTIVE PAYOUTS INCLUDE A VESTING SCHEDULE COVERING THREE YEARS WHICH ALLOW FOR 50% IN YEAR ONE AND 25% FOR YEARS TWO AND THREE THE ACTUAL INCENTIVE PAYOUTS ARE MADE IN THE QUARTER FOLLOWING THE CLOSE OF THE FISCAL YEAR TO WHICH THE INCENTIVE PAYMENT APPLIES TOTAL CURRENT-YEAR EARNED INCOME DEFERRAL AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN C AND AMOUNTS PAID TO THESE INDIVIDUALS ARE FURTHER EXPLAINED ON SCHEDULE J, PART I, LINE 6(a) AND LINE 7

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	DR MARIA PAPAGEORGE IS A FULL-TIME FACULTY MEMBER OF TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE AND PARTICIPATES IN THE GROUP DENTAL PRACTICE, CALLED TUFTS DENTAL ASSOCIATES (TDA), WHERE SHE PRACTICES DENTISTRY AS A MEMBER OF TDA, SHE HAS A NON-FIXED PAYMENT INCENTIVE CONTRACT THAT IS PAID ANNUALLY OVER 24 PAY PERIODS DURING 2016, INCENTIVE PAYMENTS TOTALED \$382,392 AND WERE BASED ON NET COLLECTIONS FOR HER PRACTICE

**Part III, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	SALLY DUNGAN, CHIEF INVESTMENT OFFICER, PARTICIPATES IN AN ANNUAL INCENTIVE PROGRAM FOR MANAGING THE UNIVERSITY ENDOWMENT FUND ASSETS PURSUANT TO THE PLAN DESCRIBED ON LINE 4(B) ABOVE, A CURRENT YEAR FIXED-PORTION PAYOUT OF \$113,169 WAS MADE IN AUGUST 2016 THE INCENTIVE PROGRAM IS BASED ON THE PORTFOLIO RETURNS, MINIMIZING INVESTMENT EXPENSES, AS WELL AS MANAGING INVESTMENT AND OPERATIONAL RISK THIS AMOUNT IS A COMPONENT OF THE TOTAL REPORTABLE AMOUNT AS EXPLAINED ON SCHEDULE J, LINE 4(B) AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(II) RENEE NADLER, DIRECTOR OF INVESTMENTS, PARTICIPATES IN AN ANNUAL INCENTIVE PROGRAM FOR MANAGING THE UNIVERSITY ENDOWMENT FUND ASSETS PURSUANT TO THE PLAN DESCRIBED ON LINE 4(B) ABOVE, A CURRENT YEAR FIXED-PORTION PAYOUT OF \$66,416 WAS MADE IN AUGUST 2016 THE INCENTIVE PROGRAM IS BASED ON THE PORTFOLIO RETURNS, MINIMIZING INVESTMENT EXPENSES, AS WELL AS MANAGING INVESTMENT AND OPERATIONAL RISK THIS AMOUNT IS A COMPONENT OF THE TOTAL REPORTABLE AMOUNT AS EXPLAINED ON SCHEDULE J, LINE 4(B) AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(II)

**Part III, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 7 Non-fixed payments	SALLY DUNGAN, CHIEF INVESTMENT OFFICER, PARTICIPATES IN A NONDISCRETIONARY INCENTIVE PLAN AND RECEIVED A NON-FIXED PAYMENT OF \$76,705 FOR HER INDIVIDUAL JOB PERFORMANCE AND ACHIEVING CERTAIN GOALS AND OBJECTIVES THIS AMOUNT IS A COMPONENT OF THE TOTAL REPORTABLE AMOUNT AS EXPLAINED ON SCHEDULE J, LINE 4 (B) AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(II) RENEE NADLER, DIRECTOR OF INVESTMENTS, PARTICIPATES IN A NONDISCRETIONARY INCENTIVE PLAN AND RECEIVED A NON-FIXED PAYMENT OF \$44,925 FOR HER INDIVIDUAL JOB PERFORMANCE AND ACHIEVING CERTAIN GOALS AND OBJECTIVES THIS AMOUNT IS A COMPONENT OF THE TOTAL REPORTABLE AMOUNT AS EXPLAINED ON SCHEDULE J, LINE 4(B) AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(II)

## Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 8 Payments on contract that is subject to the initial contract exception	The Provost is serving under his initial contract

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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 Anthony P Monaco Trustee & University President	(i)	848,509	0	132,680	51,825	93,234	1,126,248	0
	(ii)	0	0	0	0	0	0	0
1 Patricia L Campbell Executive VP	(i)	513,980	0	7,125	51,825	9,306	582,235	0
	(ii)	0	0	0	0	0	0	0
2 Mary R Jeka VP - University Relations	(i)	370,201	0	5,739	48,718	9,198	433,855	0
	(ii)	0	0	0	0	0	0	0
3 David R Harris Provost & Sr VP	(i)	543,457	0	906	51,825	50,610	646,798	0
	(ii)	0	0	0	0	0	0	0
4 Thomas S McGurty VP - Finance & Treasurer	(i)	392,422	0	2,800	51,825	23,300	470,347	0
	(ii)	0	0	0	0	0	0	0
5 David J Kahle VP - Information Technology, CIO	(i)	311,877	0	640	42,275	26,928	381,720	0
	(ii)	0	0	0	0	0	0	0
6 Julien C Carter VP - Human Resources	(i)	284,855	0	12,476	40,065	27,332	364,729	0
	(ii)	0	0	0	0	0	0	0
7 Christine C Sanni VP - Communications & Marketing	(i)	233,773	0	27,630	33,825	24,172	319,400	0
	(ii)	0	0	0	0	0	0	0
8 Michael A Baenen See Schedule O for Title	(i)	176,901	0	689	21,517	12,576	211,682	0
	(ii)	0	0	0	0	0	0	0
9 Paul J Tringale Secretary of Corporation	(i)	150,979	0	560	17,772	7,112	176,423	0
	(ii)	0	0	0	0	0	0	0
10 Eric C Johnson VP - University Advancement	(i)	413,063	0	1,920	51,825	20,794	487,601	0
	(ii)	0	0	0	0	0	0	0
11 Linda Snyder VP - Operations - End Date 6/30/17	(i)	281,329	0	16,598	39,075	20,821	357,822	0
	(ii)	0	0	0	0	0	0	0
12 Barbara Stein Director of Capital Programs End date 5/21/17, Interim VP Operations Start Date 5/22/17	(i)	207,031	0	301	26,567	25,283	259,182	0
	(ii)	0	0	0	0	0	0	0
13 George A Hibbard Associate Treasurer - End Date 6/12/17	(i)	174,505	0	4,848	20,805	126	200,284	0
	(ii)	0	0	0	0	0	0	0
14 Linda M Abiola Professor of Engineering	(i)	277,214	0	1,898	33,825	83,513	396,450	0
	(ii)	0	0	0	0	0	0	0
15 Harns A Berman Dean Medical School	(i)	463,221	0	4,079	33,825	25,983	527,107	0
	(ii)	0	0	0	0	0	0	0
16 James M Glaser Dean Arts & Sciences	(i)	349,189	0	1,605	33,825	76,691	461,310	0
	(ii)	0	0	0	0	0	0	0
17 Naomi Rosenberg Dean Sackler School	(i)	269,805	0	3,460	33,825	18,928	326,017	0
	(ii)	0	0	0	0	0	0	0
18 Deborah T Kochevar Dean Cummings School	(i)	269,610	0	1,806	33,825	20,443	325,684	0
	(ii)	0	0	0	0	0	0	0
19 Jianmin Qu Dean of Engineering	(i)	374,401	0	1,721	33,825	20,582	430,529	0
	(ii)	0	0	0	0	0	0	0



**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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				
<b>21</b> Huw Thomas Dean Dental School	(i)	406,131	0	5,555	33,825	14,277	459,787	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> Sally Dungan Chief Investment Officer	(i)	378,065	190,456	2,693	72,807	77,272	721,292	150,892
	(ii)	0	0	0	0	0	0	0
<b>2</b> Darush Mozaffarian Dean Friedman School	(i)	401,687	0	652	33,825	26,022	462,186	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> James Stavndis Dean Fletcher School	(i)	367,433	0	2,526	33,825	2,135	405,920	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Maria Papageorge Professor & Chair	(i)	247,954	382,392	1,580	31,476	25,205	688,607	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Renee R Nadler Director of Investments	(i)	276,743	111,686	1,223	56,611	22,789	469,052	88,555
	(ii)	0	0	0	0	0	0	0

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Trustees of Tufts College

**Employer identification number**  
 04-2103634

**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) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHEFA Series N	04-2456011	57586CV36	03-27-2008	140,600,000	REFUND ISSUE DATED 08/05/2004 & 01/12/2006		X		X		X
<b>B</b> MHEFA Series O	04-2456011	57586EBG5	11-13-2008	83,752,144	CONSTRUCT & Equip Facility	X			X		X
<b>C</b> MHEFA Series M	04-2456011	57586ejt9	06-11-2009	66,548,467	REFUND ISSUE DATED 04/01/1998		X		X		X
<b>D</b> MHEFA SERIES G	04-2456011	57586EKD2	07-01-2009	27,900,000	REFUND ISSUES DATED 6/14/1995 & 6/07/2001		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		2,200,000		16,265,000		2,200,000		3,600,000
<b>2</b> Amount of bonds legally defeased . . . . .		0		63,110,000		0		
<b>3</b> Total proceeds of issue . . . . .		140,600,000		83,830,604		66,548,467		27,900,000
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0		0		
<b>5</b> Capitalized interest from proceeds . . . . .		0		0		0		
<b>6</b> Proceeds in refunding escrows . . . . .		0		0		0		
<b>7</b> Issuance costs from proceeds . . . . .		600,000		731,604		538,881		
<b>8</b> Credit enhancement from proceeds . . . . .		0		0		0		
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0		0		
<b>10</b> Capital expenditures from proceeds . . . . .		0		83,099,000		0		
<b>11</b> Other spent proceeds . . . . .		140,000,000		0		66,009,586		27,900,000
<b>12</b> Other unspent proceeds . . . . .		0		0		0		
<b>13</b> Year of substantial completion . . . . .	2010							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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					
<b>4</b> 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 . . . . . ▶		0 %		0 %				
<b>5</b> 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 . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X		X	X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider . . . . .	DEUTSCHE BANK AND B							
<b>c</b> Term of hedge . . . . .	1000 %							
<b>d</b> Was the hedge superintegrated? . . . . .	X							
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	Deutsche Bank and Bank of America							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part I SEVEN DEBT ISSUES ARE LISTED ON SCHEDULE K	MULTIPLE SCHEDULES ARE ATTACHED

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 3 MDFA SERIES (MASTER LEASE AGREEMENT)	RATE IS VARIABLE FOR YEARS(S) 1 & 2 AND CONVERTS TO A FIXED RATE FOR THE REMAINDER OF THE TERM

Return Reference	Explanation
Schedule K, Part I, Column (c) CUSIP #	MDFA SERIES (MASTER LEASE AGREEMENT) DOES NOT HAVE A CUSIP

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 3 COLUMN B	THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part II, Line 11 ALL COLUMNS THAT ARE FROM REFUNDINGS	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW



**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service  
 Name of the organization  
 Trustees of Tufts College

Employer identification number  
 04-2103634

**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) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MDFA Series P	04-3431814	57583r7I3	02-08-2011	50,532,192	REFUND ISSUE DATED 04/03/2001		X		X		X
<b>B</b> MDFA SERIES Q	04-3431814	57583U4K1	02-26-2015	78,544,431	REFUND ISSUE DATED 11/13/2008 & CONSTRUCT FACILITY		X		X		X
<b>C</b> MDFA SERIES (MASTER LEASE AGRMNT)	04-3431814		03-17-2015	28,000,000	CONSTRUCT FACILITY		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .				
<b>2</b> Amount of bonds legally defeased . . . . .				
<b>3</b> Total proceeds of issue . . . . .	50,532,192	78,544,431	28,000,000	
<b>4</b> Gross proceeds in reserve funds . . . . .				
<b>5</b> Capitalized interest from proceeds . . . . .				
<b>6</b> Proceeds in refunding escrows . . . . .		65,527,552		
<b>7</b> Issuance costs from proceeds . . . . .	532,192	728,677	66,569	
<b>8</b> Credit enhancement from proceeds . . . . .				
<b>9</b> Working capital expenditures from proceeds . . . . .				
<b>10</b> Capital expenditures from proceeds . . . . .		5,700,580	27,933,431	
<b>11</b> Other spent proceeds . . . . .	50,000,000	6,587,622		
<b>12</b> Other unspent proceeds . . . . .				
<b>13</b> Year of substantial completion . . . . .		2016	2016	
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X	X	
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .			X			X		
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X			X		
<b>d</b> 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					
<b>4</b> 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 . . . . . ▶				0 %		0 %		
<b>5</b> 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 . . . . . ▶				0 %		0 %		
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .				X		X		
<b>8a</b> 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		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X	X		X			
<b>b</b> Exception to rebate? . . . . .	X			X		X		
<b>c</b> No rebate due? . . . . .		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X	X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
<b>b</b> Name of provider . . . . .	BNY MELLON							
<b>c</b> Term of hedge . . . . .	2500 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Trustees of Tufts College

Employer identification number

04-2103634

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

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MORTON B ROSENBERG	SPOUSE OF CURRENT KEY EMPLOYEE	217,381	EMPLOYMENT		No
(2) ADAGE CAPITAL MANAGEMENT	PARTNER IS SPOUSE OF CURRENT TRUSTEE	638,397	INVESTMENT MANAGEMENT SERVICES		No
(3) ZOIA MONACO	SPOUSE OF PRESIDENT	11,843	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Tufts College

Employer identification number  
04-2103634

**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
<b>1</b> Art—Works of art . . . . .	X	16	521,270	Market value
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		4,992	Market value
<b>5</b> Clothing and household goods . . . . .	X		23,151	Market value
<b>6</b> Cars and other vehicles . . . . .	X	1	31,882	Market value
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	206	9,590,012	Market value
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .	X	14	68,970	Market value
<b>20</b> Drugs and medical supplies . . . . .	X	5	34,744	Market value
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ See Additional Data				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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 21

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

**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.

Return Reference	Explanation
Schedule M, Part I NON-CASH CONTRIBUTIONS	THE UNIVERSITY IS REPORTING THE NUMBER OF NON-CASH FISCAL YEAR CONTRIBUTIONS BASED ON EACH GIFT RECEIVED

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 04-2103634

**Name:** Trustees of Tufts College

### Part I, Lines 25-28

	(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
<u>Other ▶ ( Equipment )</u>	X	9	375,419	Market value
<u>Other ▶ ( Gift Certificate )</u>	X	1	80	Market value
<u>Other ▶ ( Dinner Events and Meetings )</u>	X	18	171,115	Market value
<u>Other ▶ ( Software )</u>	X	1	3,398	Market value
<u>Other ▶ ( Contribution Portion from the SMFA Art Sale )</u>	X	425	470,547	Market value



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Trustees of Tufts College**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

04-2103634

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 6 NUMBER OF VOLUNTEERS	TUFTS UNIVERSITY HAS NUMEROUS VOLUNTEERS INCLUDING ITS TRUSTEES AND ALUMNI WHO DEDICATE THEIR TIME, EXPERIENCE, AND EFFORTS TO THE UNIVERSITY AS A RESULT OF HAVING SUCH A LARGE AUDIENCE OF VOLUNTEERS ACROSS OUR 3 CAMPUSES THE ACCOUNTING PROCESS FOR VOLUNTEERS IS QUITE FRAGMENTED AT THIS TIME, WITHOUT A CENTRALIZED COUNTING MECHANISM TO TRACK ALL OF OUR VOLUNTEERS, THERE IS NO WAY TO ACCURATELY TRACK OR ESTIMATE THE ACTUAL NUMBER OF UNIVERSITY VOLUNTEERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 1	<p>Tufts University is a student-centered research university dedicated to the creation and application of knowledge. With over 11,000 full-time students from 115 countries we are committed to providing transformative experiences for students and faculty in an inclusive and collaborative environment where creative scholars generate bold ideas, innovate in the face of complex challenges and distinguish themselves as active citizens of the world. TUFTS UNIVERSITY'S FOCUS ON INNOVATION AND PROGRESSIVE THINKING TOOK ROOT AT ITS FOUNDING AS A LIBERAL ARTS COLLEGE IN 1852. TODAY, TUFTS UNDERGRADUATE, GRADUATE AND PROFESSIONAL SCHOOLS ARE RECOGNIZED FOR THEIR DEDICATION TO EDUCATING NEW LEADERS FOR OUR CHANGING WORLD, AND TUFTS IS RECOGNIZED AMONG THE MOST SELECTIVE ACADEMIC AND RESEARCH UNIVERSITIES IN THE UNITED STATES. SUPERB TEACHING AND WORLD-CLASS RESEARCH EQUIP TUFTS GRADUATES TO ADDRESS MULTI-FACETED CHALLENGES AROUND THE GLOBE. CREATIVE CROSS-SCHOOL COLLABORATIONS AND MULTIDISCIPLINARY CENTERS ENGAGE STUDENTS IN SEEKING SOLUTIONS TO COMPLEX ECONOMIC, HEALTH, POLITICAL AND ENVIRONMENTAL ISSUES EVEN BEFORE THEY GRADUATE. A GROWING NUMBER OF INNOVATIVE RESEARCH INITIATIVES AND JOINT DEGREE PROGRAMS ARE AVAILABLE FOR BOTH UNDERGRADUATE AND GRADUATE STUDENTS IN LIBERAL ARTS, SCIENCES AND ENGINEERING AND THE UNIVERSITY'S GRADUATE AND PROFESSIONAL SCHOOLS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part V, Line 2a NUMBER OF EMPLOYEES PER W-3	THE UNIVERSITY PAYROLL DEPARTMENT HAS REPORTED 12,311 EMPLOYEES ON FORM W-3 FOR THE CALENDAR-YEAR 2016 THIS AMOUNT INCLUDES FULL-TIME STAFF, FACULTY, AS WELL AS STUDENTS WHO MAY WORK PART-TIME AND/OR ON A SHORT-TERM BASIS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOHN BELLO AND DANIEL J DOHERTY III - Business relationship, BRIAN KAVOOGIAN AND THOMAS M ALPERIN - Business relationship, THOMAS M ALPERIN, BRIAN KAVOOGIAN AND DANIEL J DOHERTY III - Business relationship

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE UNIVERSITY'S IN-HOUSE TAX DEPARTMENT PREPARED THE ANNUAL INFORMATION TAX FILING AS PART OF THAT EFFORT IT INCLUDED A LIMITED-SCOPE TAX ENGAGEMENT WITH PRICEWATERHOUSECOOPERS, LLP AS A CONSULTANT TO REVIEW SPECIFIC AREAS OF THE TAX RETURN A COMPREHENSIVE DRAFT FORM 990 WAS THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE BEFORE THE RETURN WAS FINALIZED A FINAL COPY OF THE FORM 990, AS FILED, WAS PROVIDED TO THE FULL GOVERNING BODY PRIOR TO IT BEING FILED TO THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	THE TRUSTEES OFFICE AT TUFTS UNIVERSITY MAINTAINS A STATEMENT OF COMPLIANCE AND A DISCLOSURE FORM WHICH IS USED TO DISCLOSE ANY CONFLICTS OF INTEREST FOR OFFICERS, KEY EMPLOYEES, AND GOVERNING BOARD MEMBERS ON AN ANNUAL BASIS THESE INDIVIDUALS ARE ASKED TO READ THE CONFLICT OF INTEREST POLICY AND COMPLETE AN INTERNET-BASED QUESTIONNAIRE EACH INDIVIDUAL IS REQUIRED TO DISCLOSE ANY POTENTIAL OR REAL CONFLICTS IN A STATEMENT THAT IS SIGNED, DATED, AND SUBMITTED ELECTRONICALLY TO THE TRUSTEES OFFICE IN ADDITION, AS PART OF THE ANNUAL MONITORING PROCESS, CONFLICT DISCLOSURES ARE REPORTED TO THE AUDIT COMMITTEE, VIA THE EXECUTIVE VP OR SECRETARY OF THE CORPORATION THE AUDIT COMMITTEE IS NOTIFIED AND REVIEWS SUCH DISCLOSURES AND ADVISES ANY ACTIONS THEREAFTER, IF A DISCLOSURE IS DEEMED TO BE A CONFLICT, THE INDIVIDUAL WOULD THEN CONFIRM THAT THEY WILL NOT PARTICIPATE IN ANY DECISIONS RELATING TO THE SPECIFIC DISCLOSED CONFLICT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	EXECUTIVE COMPENSATION IS DETERMINED BY THE TRUSTEE COMPENSATION COMMITTEE WHICH USES A MULTITUDE OF RESOURCES AND INFORMATION THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD OF TRUSTEES WHO MAY SERVE AS THE CHAIR, ALONG WITH ADDITIONAL MEMBERS, EACH SERVING WITH NO TERM LIMITS THESE INDIVIDUALS ARE CHOSEN FOR THEIR PARTICULAR EXPERIENCE WITH COMPENSATION MATTERS THE COMMITTEE MEETS AT LEAST ANNUALLY AND USES SURVEY DATA FROM HUMAN RESOURCES THAT HAVE BEEN GATHERED FROM AN EXTERNAL GLOBAL PROFESSIONAL SERVICES COMPANY, CALLED WILLIS TOWERS WATSON THE EXECUTIVE COMPENSATION SURVEY INCLUDES SELECT PEER INSTITUTIONAL DATA IN THE LARGER COMPETITIVE MARKETPLACE ALSO, WHEN CERTAIN DATA IS UNAVAILABLE, HUMAN RESOURCES ASSEMBLES INFORMATION FROM THE CUPA HIGHER EDUCATION SALARY SURVEY ADDITIONALLY, SALARY RECOMMENDATIONS AND PERFORMANCE REVIEWS ARE PROVIDED TO THE COMPENSATION COMMITTEE TO ASSIST THEM IN THE DECISION MAKING PROCESS THE COMPENSATION COMMITTEE DELIBERATES AND VOTES WHILE CONTEMPORANEOUSLY DOCUMENTING ITS DECISIONS RELATING TO COMPENSATION REGARDING THE COLLEGE PRESIDENT, AFTER HAVING COLLECTED FEEDBACK FROM TRUSTEES IN THE APRIL-MAY, 2017 TIMEFRAME, THE CHAIRMAN OF THE COMPENSATION COMMITTEE CONDUCTED AN ANNUAL PERFORMANCE REVIEW BEFORE THE CLOSE OF THE FISCAL YEAR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	FOR OTHER EXECUTIVES, INCLUDING SENIOR OFFICERS, KEY EMPLOYEES AND DEANS OUR HUMAN RESOURCES OFFICE USED COMPENSATION SURVEYS TO BENCHMARK EACH INDIVIDUAL'S JOB TO THE RELEVANT MARKET TO ENSURE PROPER PAY. ADDITIONALLY, THE COMPENSATION COMMITTEE ALSO RECEIVED WRITTEN PERFORMANCE EVALUATIONS DURING THE SAME TIME PERIOD ALONG WITH RECOMMENDATIONS FROM THE PRESIDENT, PROVOST AND EXECUTIVE V.P. FOR THEIR RESPECTIVE DIRECT REPORTS.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	TRUSTEES OF TUFTS COLLEGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ALL INFORMATION IS AVAILABLE UPON REQUEST IN ADDITION, AUDITED FINANCIAL STATEMENTS are included as an attachment to the MASSACHUSETTS Form PC, which is a public document AND can also be found with THE CONFLICT OF INTEREST/BUSINESS CONDUCT POLICIES ON THE TUFTS UNIVERSITY WEBSITE, AT WWW TUFTS EDU

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A, Line 1a, Column (A) NAMES & TITLES	MICHAEL BAENEN - SERVES AS CHIEF OF STAFF IN THE OFFICE OF THE PRESIDENT AND ASSISTANT SECRETARY OF THE CORPORATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Consolidated Entities Revenue - 1227840, Cumulative Effect of Accounting Change SFAS 158 - 15760740, Change in split Interest Agreement - 1317866, Change in fair value of interest rate agreements - 21190307, Investment in Tufts Shared Services, Inc F/K/A T-NEMC - -1006230,

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Trustees of Tufts College

Employer identification number  
04-2103634

**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
<b>(1)</b> TUDC LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3056113	REAL ESTATE DEVELOPMENT	MA	0	0	TRUSTEES OF TUFTS COLLEGE
<b>(2)</b> TUFTS MEDIA LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-2103634	CONSUMER PUBLISHING & MEDIA	DE	3,758,577	2,896,888	TRUSTEES OF TUFTS COLLEGE
<b>(3)</b> AZULUNA BRANDS LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-2103634	AGRICULTURE	MA	-30,583	0	TRUSTEES OF TUFTS COLLEGE
<b>(4)</b> TUFTS HEALTH AND WELLNESS SERVICES LLC 169 HOLLAND STREET SOMERVILLE, MA 02144 80-0754011	HEALTH AND WELLNESS SERVICES	MA	0	0	TRUSTEES OF TUFTS COLLEGE
<b>(5)</b> TAS Operations LLC 149 New Sweden Road Woodstock, CT 06281 04-2103634	Veterinary Services	CT	145,896	0	Trustees of Tufts College

**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
<b>(1)</b> THE OMIDYAR-TUFTS MICROFINANCE FUND 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3828582	RELIEF OF POOR & EDUCATION GRANTS	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(2)</b> WALNUT HILL PROPERTIES CORP PO BOX 53 TRUSTEES OF TUFTS COLLEGE MEDFORD, MA 02153 04-3419100	REAL ESTATE MANAGEMENT	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(3)</b> TUFTS SHARED SERVICES INC 171 HARRISON AVE PO BOX 634 BOSTON, MA 02111 23-7000827	COORDINATE HEALTH & EDUCATIONAL SERVICES	MA	501(c)(3)	Type III-FI	TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(4)</b> TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES INC 200 WESTBOROUGH ROAD NORTH GRAFTON, MA 02158 04-3430674	VETERINARY EMERGENCY TREATMENT & CARE	MA	501(c)(3)	10	TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(5)</b> TUFTS HEALTH CARE INSTITUTE 136 HARRISON AVENUE BOSTON, MA 02111 04-3289926	DEVELOPS ACCREDITED EDUCATIONAL ACTIVITIES & WORKSHOPS FOR HEALTH CARE PROFESSIONALS	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(6)</b> TUFTS UNIVERSITY POST-RETIREMENT PLAN 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3236078	VEBA	MA	501(c)(9)		TRUSTEES OF TUFTS COLLEGE	Yes	
<b>(7)</b> TUFTS GLOBAL INC 169 HOLLAND STREET SOMERVILLE, MA 02144 47-4543971	FOREIGN OPERATIONS SUPPORT ORGANIZATION	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	

**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	

**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
<b>(1)</b> JM HOLDINGS INC 169 HOLLAND STREET SOMERVILLE, MA 02144 04-3184043	REAL ESTATE DEVELOPMENT	MA	TRUSTEES OF TUFTS COLLEGE	C Corporation	-2,057	48,198	100 %	Yes	
<b>(2)</b> PERPETUAL TRUSTS - 8	SUPPORT	MA	TRUSTEES OF TUFTS COLLEGE	Trust					
<b>(3)</b> CHARITABLE REMAINDER UNITRUSTS - 31	SUPPORT	MA	TRUSTEES OF TUFTS COLLEGE	Trust					

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

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

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

**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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**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	

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

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

<b>Return Reference</b>	<b>Explanation</b>
Schedule R, Part IV, Column (a) TRUSTS	THE PERPETUAL AND CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN FLORIDA, INDIANA, MASSACHUSETTS, AND NEW JERSEY



Schedule Form 2016

# Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 04-2103634  
**Name:** Trustees of Tufts College

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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)  169 HOLLAND STREET SOMERVILLE, MA 02144 04-3828582	RELIEF OF POOR & EDUCATION GRANTS	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
(1)  PO BOX 53 TRUSTEES OF TUFTS COLLEGE MEDFORD, MA 02153 04-3419100	REAL ESTATE MANAGEMENT	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
(2)  171 HARRISON AVE PO BOX 634 BOSTON, MA 02111 23-7000827	COORDINATE HEALTH & EDUCATIONAL SERVICES	MA	501(c)(3)	Type III-FI	TRUSTEES OF TUFTS COLLEGE	Yes	
(3)  200 WESTBOROUGH ROAD NORTH GRAFTON, MA 02158 04-3430674	VETERINARY EMERGENCY TREATMENT & CARE	MA	501(c)(3)	10	TRUSTEES OF TUFTS COLLEGE	Yes	
(4)  136 HARRISON AVENUE BOSTON, MA 02111 04-3289926	DEVELOPS ACCREDITED EDUCATIONAL ACTIVITIES & WORKSHOPS FOR HEALTH CARE PROFESSIONALS	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	
(5)  169 HOLLAND STREET SOMERVILLE, MA 02144 04-3236078	VEBA	MA	501(c)(9)		TRUSTEES OF TUFTS COLLEGE	Yes	
(6)  169 HOLLAND STREET SOMERVILLE, MA 02144 47-4543971	FOREIGN OPERATIONS SUPPORT ORGANIZATION	MA	501(c)(3)	Type I	TRUSTEES OF TUFTS COLLEGE	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	WALNUT HILL PROPERTIES CORP	D	10,200,000	FAIR MARKET VALUE
(1)	WALNUT HILL PROPERTIES CORP	K	1,106,458	FAIR MARKET VALUE
(2)	WALNUT HILL PROPERTIES CORP	L	158,260	FAIR MARKET VALUE
(3)	TUFTS VETERINARY TREATMENT & SPECIALTIES INC	D	308,977	FAIR MARKET VALUE
(4)	TUFTS VETERINARY TREATMENT & SPECIALTIES INC	L	459,411	FAIR MARKET VALUE
(5)	TUFTS VETERINARY TREATMENT & SPECIALTIES INC	S	639,722	FAIR MARKET VALUE
(6)	OMIDYAR-TUFTS MICROFINANCE FUND	Q	459,000	FAIR MARKET VALUE
(7)	TUFTS SHARED SERVICES	M	5,420,000	FAIR MARKET VALUE
(8)	TUFTS GLOBAL INC	R	602,307	FAIR MARKET VALUE
(9)	TUFTS UNIVERSITY POST-RETIREMENT PLAN	R	223,125	FAIR MARKET VALUE