

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2009, or tax year beginning _____, 2009, and ending _____, 20_____

2009

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization
Trustees of Tufts College

Employer identification number
04 : 2103634

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>619,527,385</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

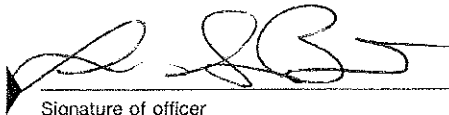
Part II Declaration of Officer

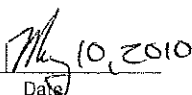
6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here



Signature of officer


Date

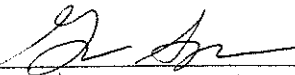
PRESIDENT OF THE UNIVERSITY
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____				EIN _____ Phone no. () _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ PRICEWATERHOUSECOOPERS LLP 125 High Street, Boston, MA 02110	5-10-10		700641463 EIN 13 : 4008324 Phone no. (617) 530-5000



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: March 29, 2010

Taxpayer Identification Number:
04-2103634
Tax Form: 990
Tax Period: June 30, 2009

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|||.....

TRUSTEES OF TUFTS COLLEGE
% TAX DEPARTMENT
169 HOLLAND ST
SOMERVILLE MA 02144



005244

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **May 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TRUSTEES OF TUFTS COLLEGE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 169 HOLLAND STREET, ATTN: TAX DEPT. City or town, state or country, and ZIP + 4 SOMERVILLE, MA 02144 F Name and address of principal officer: LAWRENCE S. BACOW 169 HOLLAND STREET, SOMERVILLE, MA 02144	D Employer identification number 04-2103634 E Telephone number 617-627-3816 G Gross receipts \$ 1,372,701,372. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.TUFTS.EDU	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>EDUCATION AND RESEARCH</u>			
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	48	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44	
	5	Total number of employees (Part V, line 2a)	5	10934	
	6	Total number of volunteers (estimate if necessary)	6	1910	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-702,327.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,427,854.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	254,633,550.	236,809,515.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	447,261,837.	477,339,048.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	253,679,501.	-99,187,821.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,448,059.	4,566,643.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	959,022,947.	619,527,385.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	77,395,597.	98,402,916.	
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	348,926,213.	387,437,939.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,539,435.	1,383,095.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,648,607.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	244,854,684.	240,957,285.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	672,715,929.	728,181,235.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	286,307,018.	-108,653,850.	
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	2,651,661,441.	2,332,036,860.	
	22	Net assets or fund balances. Subtract line 21 from line 20	573,615,934.	655,545,942.	
			2,078,045,507.	1,676,490,918.	

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 THOMAS S. MCGURTY, VP FIN/TREASURER Type or print name and title	Date 5/17/10	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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

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 [X] 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 [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 359,467,002. including grants of \$ 81,891,653.) (Revenue \$ 345,289,102.) INSTRUCTION - DURING THE 2008-2009 ACADEMIC YEAR, THE FOLLOWING DEGREES WERE CONFERRED: 1,371 UNDERGRADUATE, 1,462 GRADUATE AND 449 PROFESSIONAL.

4b (Code:) (Expenses \$ 232,097,606. including grants of \$ 16,511,263.) (Revenue \$ 87,483,805.) RESEARCH - THERE WERE 1,136 GOVERNMENT AND 589 NON-GOVERNMENT GRANTS ACTIVE IN FISCAL YEAR 2009. 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.

4c (Code:) (Expenses \$ 47,727,994. including grants of \$) (Revenue \$ 44,566,141.) AUXILLIARY ENTERPRISES - ACTIVITIES PRIMARILY CONSIST OF SERVICES FOR STUDENTS, INCLUDING STUDENT HOUSING, DINING SERVICES AND HEALTH SERVICES. DURING THE 2008 TAX YEAR THERE WERE 42 RESIDENCE HALLS HOUSING 3,324 STUDENTS. APPROXIMATELY 4,605 MEAL PLANS WERE SOLD TO STUDENTS EACH SEMESTER.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 639,292,602. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	2069		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	10934		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ THOMAS MCGURTY, TUFTS UNIVERSITY GENERAL ACCOUNTING - 617-627-3816 TAB, 169 HOLLAND STREET, SOMERVILLE, MA 02144-2401

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE S. BACOW PRESIDENT	35.00	X		X			622,090.	0.	101,390.	
JAMES A. STERN CHAIR	4.00	X					0.	0.	0.	
JOSEPH NEUBAUER VICE CHAIR	4.00	X					0.	0.	0.	
PETER R. DOLAN VICE CHAIR	4.00	X					0.	0.	0.	
WILLIAM R. O'REILLY, JR. VICE CHAIR	4.00	X					0.	0.	0.	
THOMAS M. ALPERIN TRUSTEE	3.00	X					0.	0.	0.	
ROBERT R. BENDETSON TRUSTEE	3.00	X					0.	0.	0.	
A. DANA CALLOW, JR. TRUSTEE	3.00	X					0.	0.	0.	
KATHRYN CHENAULT TRUSTEE	3.00	X					0.	0.	0.	
CLAIRE M. DAVIS TRUSTEE	3.00	X					0.	0.	0.	
JEANNIE H. DIEFENDERFER TRUSTEE	3.00	X					0.	0.	0.	
DANIEL J. DOHERTY III TRUSTEE	3.00	X					0.	0.	0.	
STEPHEN B. EPSTEIN TRUSTEE	3.00	X					0.	0.	0.	
FARES I. FARES TRUSTEE	3.00	X					0.	0.	0.	
STEVEN A. GOLDSTEIN TRUSTEE	3.00	X					0.	0.	0.	
JOANNE S. GOWA TRUSTEE	3.00	X					0.	0.	0.	
MARTIN GRANOFF TRUSTEE	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON M. HALVERSON TRUSTEE	3.00	X						0.	0.	0.
IRWIN M. HELLER TRUSTEE	3.00	X						0.	0.	0.
VARNEY J. HINTLIAN TRUSTEE	3.00	X						0.	0.	0.
JANE C.I. HIRSH TRUSTEE	3.00	X						0.	0.	0.
DEBORAH R. JOSPIN TRUSTEE	3.00	X						0.	0.	0.
BRIAN H. KAVOOGIAN TRUSTEE	3.00	X						0.	0.	0.
JEFFREY B. KINDLER TRUSTEE	3.00	X						0.	0.	0.
DEBRA S. KNEZ TRUSTEE	3.00	X						0.	0.	0.
ABBY KOHNSTAMM TRUSTEE	3.00	X						0.	0.	0.
DANIEL A. KRAFT TRUSTEE	3.00	X						0.	0.	0.
1b Total								7,720,472.	0.	1,202,768.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 564

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SHAWMUT DESIGN & CONSTRUCTION 560 HARRISON AVENUE, BOSTON, MA 02118	CONSTRUCTION	24,520,041.
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY, PROVIDENCE, RI 02903	CONSTRUCTION	18,768,617.
BARR & BARR, INC. 260 COCHITUATE ROAD, FRAMINGHAM, MA 01701	CONSTRUCTION	14,487,220.
ABM INDUSTRIES, INC. (FORMERLY ONESOURCE) P.O. BOX 1534, NEW YORK, NY 10008	CLEANING	7,837,273.
BOWDOIN CONSTRUCTION CORP., 220-1 RESEVOIR STREET, NEEDHAM HEIGHTS, MA 02494	CONSTRUCTION	5,567,014.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 138

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	142,015,265.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	94,794,250.				
	g	Noncash contributions included in lines 1a-1f: \$		4,139,859.				
	h	Total. Add lines 1a-1f		236,809,515.				
	Program Service Revenue	2 a	INSTRUCTION	Business Code	900099	345,289,102.	345,289,102.	
		b	CLINICAL AND OTHER EDU		541900	87,483,805.	85,836,719.	1,647,086.
c		AUXILLIARY ENTERPRISES		900099	44,566,141.	44,565,346.	795.	
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			477,339,048.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			16,524,887.		16,524,887.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			3,592,844.		3,592,844.	
	6 a	Gross Rents	(i) Real	(ii) Personal				
					2,597,158.			
					1,623,359.			
					973,799.			
	d	Net rental income or (loss)			973,799.		973,799.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					635,837,920.			
					751,550,628.			
					-115712708.			
	d	Net gain or (loss)			-115,712,708.	-2,350,208.	-113,362,500.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			619,527,385.	475,691,167.	-702,327.	-92,270,970.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,263,699.	15,263,699.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	81,311,331.	81,311,331.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,827,886.	1,827,886.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,400,650.	2,197,272.	3,358,734.	844,644.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	156,354.		126,354.	30,000.
7 Other salaries and wages	308,153,368.	267,107,353.	30,696,699.	10,349,316.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,020,874.	18,535,527.	2,677,440.	807,907.
9 Other employee benefits	30,793,075.	26,987,754.	2,613,675.	1,191,646.
10 Payroll taxes	19,913,618.	16,551,193.	2,606,731.	755,694.
11 Fees for services (non-employees):				
a Management				
b Legal	3,207,387.	2,285,601.	921,690.	96.
c Accounting	458,585.		458,585.	
d Lobbying	329,730.		329,730.	
e Professional fundraising services. See Part IV, line 17	1,383,095.			1,383,095.
f Investment management fees	1,046,610.		1,046,610.	
g Other	37,426,986.	34,476,570.	2,917,670.	32,746.
12 Advertising and promotion	23,254.			23,254.
13 Office expenses	54,338,079.	42,036,055.	10,616,935.	1,685,089.
14 Information technology	5,065,860.	2,858,416.	2,094,491.	112,953.
15 Royalties	3,555,082.	3,555,082.		
16 Occupancy	34,113,028.	30,862,578.	3,111,834.	138,616.
17 Travel	10,253,307.	9,260,462.	525,256.	467,589.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,899,288.	2,797,484.	711,458.	390,346.
20 Interest	13,929,219.	12,618,764.	1,252,775.	57,680.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,029,811.	38,937,475.	3,915,079.	177,257.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT PURCHASES	8,291,033.	8,285,895.	5,138.	
b SUBSIDIARY EXPENSE-TVET	6,087,175.	6,087,175.		
c GOODS AND SERVICES	5,628,926.	5,622,694.	895.	5,337.
d BOOKS	3,963,332.	3,741,293.	29,847.	192,192.
e HONORARIA PAYMENTS	1,683,332.	1,672,782.	7,400.	3,150.
f All other expenses	4,627,261.	4,412,261.	215,000.	
25 Total functional expenses. Add lines 1 through 24f	728,181,235.	639,292,602.	70,240,026.	18,648,607.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	56,921,392.	2	113,654,859.
	3 Pledges and grants receivable, net	88,431,277.	3	85,375,127.
	4 Accounts receivable, net	37,149,640.	4	20,693,696.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	59,338,512.	7	59,567,356.
	8 Inventories for sale or use	613,057.	8	549,355.
	9 Prepaid expenses and deferred charges	5,259,463.	9	5,368,161.
	10a Land, buildings, and equipment: cost basis ... 10a 1,103,114,828.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 432,302,225.	587,202,980.	10c	670,812,603.
	11 Investments - publicly traded securities	319,786,880.	11	182,023,728.
	12 Investments - other securities. See Part IV, line 11	1,368,778,186.	12	1,002,750,529.
	13 Investments - program-related. See Part IV, line 11		13	22,480,291.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	128,180,054.	15	168,761,155.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,651,661,441.	16	2,332,036,860.	
Liabilities	17 Accounts payable and accrued expenses	118,788,594.	17	109,432,377.
	18 Grants payable		18	
	19 Deferred revenue	61,911,105.	19	61,250,604.
	20 Tax-exempt bond liabilities	340,348,190.	20	420,932,812.
	21 Escrow account liability. Complete Part IV of Schedule D	827,153.	21	864,808.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	51,740,892.	25	63,065,341.
	26 Total liabilities. Add lines 17 through 25	573,615,934.	26	655,545,942.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,217,572,998.	27	831,513,373.
	28 Temporarily restricted net assets	395,704,274.	28	368,059,797.
	29 Permanently restricted net assets	464,768,235.	29	476,917,748.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,078,045,507.	33	1,676,490,918.
34 Total liabilities and net assets/fund balances	2,651,661,441.	34	2,332,036,860.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to lines 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?		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <p align="center">TRUSTEES OF TUFTS COLLEGE</p>	Employer identification number <p align="center">04-2103634</p>
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	0.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		329,730.	329,730.												
c Total lobbying expenditures (add lines 1a and 1b)		329,730.	329,730.												
d Other exempt purpose expenditures		709,202,898.	743,815,289.												
e Total exempt purpose expenditures (add lines 1c and 1d)		709,532,628.	744,145,019.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.												
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a		0.	0.												
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	402,765.	321,931.	401,557.	329,730.	1,455,983.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II - A**

Name of Affiliated Group Member
TRUSTEES OF TUFTS COLLEGE

Employer ID Number
04-2103634

Affiliated Group Member Address
169 HOLLAND STREET, ATTN. TAX DEPT.
SOMERVILLE, MA 02144

Electing Member
YES

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	329,730.	b												
Total lobbying expenditures (add lines 1a and 1b)	329,730.	c												
Other exempt purpose expenditures	709,202,898.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	709,532,628.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II -A**

Name of Affiliated Group Member
TUFTS SHARED SERVICES, INC.

Employer ID Number
23-7000827

Affiliated Group Member Address
171 HARRISON AVENUE
BOSTON, MA 02111

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	23,036,950.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	23,036,950.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II - A**

Name of Affiliated Group Member
THE OMIDYAR-TUFTS MICROFINANCE FUND

Employer ID Number
04-3828582

Affiliated Group Member Address
169 HOLLAND STREET, ATTN. TAX DEPT.
SOMERVILLE, MA 02144

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	1,425,100.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	1,425,100.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	217,510.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	54,378.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II - A**

Name of Affiliated Group Member
TUFTS VETERINARY EMERGENCY TREATMENT SPECIALTIES, INC.

Employer ID Number
04-3430674

Affiliated Group Member Address
200 WESTBORO ROAD
NORTH GRAFTON, MA 01536

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	5,418,807.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	5,418,807.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	420,940.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	105,235.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II -A**

Name of Affiliated Group Member
WALNUT HILL PROPERTIES CORP

Employer ID Number
04-3419100

Affiliated Group Member Address
P.O. BOX 53, TUFTS UNIVERSITY BRANCH
MEDFORD, MA 02155

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	3,072,682.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	3,072,682.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	303,634.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	75,909.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C

**Affiliated Group Lobbying Expenditures
Part II - A**

Name of Affiliated Group Member
TUFTS HEALTH CARE INSTITUTE

Employer ID Number
04-3289926

Affiliated Group Member Address
136 HARRISON AVENUE
BOSTON, MA 02111

Electing Member
NO

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	1,658,852.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	1,658,852.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	232,943.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	58,236.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ 362,456.

(ii) Assets included in Form 990, Part X

▶ \$ 5,343,073.

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 relating to these items:

a Revenues included in 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 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,492,298,121.				
b Contributions	15,551,217.				
c Investment earnings or losses	-326,872,018.				
d Grants or scholarships	9,676,147.				
e Other expenditures for facilities and programs	26,139,694.				
f Administrative expenses	3,054,476.				
g End of year balance	1,142,107,003.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 36.00 %
 - b Permanent endowment 40.00 %
 - c Term endowment 24.00 %

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		36,083,500.		36,083,500.
b Buildings		936,146,265.	345,306,835.	590,839,430.
c Leasehold improvements				
d Equipment		130,885,063.	86,995,390.	43,889,673.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				670,812,603.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	619,527,385.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	728,181,235.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-108,653,850.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-292,900,739.
9	Total adjustments (net). Add lines 4-8	9	-292,900,739.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-401,554,589.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	254,657,881.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-76,474,664.
e	Add lines 2a through 2d	2e	-76,474,664.
3	Subtract line 2e from line 1	3	331,132,545.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	288,394,840.
c	Add lines 4a and 4b	4c	288,394,840.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	619,527,385.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	656,212,472.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	14,365,930.
e	Add lines 2a through 2d	2e	14,365,930.
3	Subtract line 2e from line 1	3	641,846,542.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	86,334,693.
c	Add lines 4a and 4b	4c	86,334,693.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	728,181,235.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART III, LINE 4: THE TRUSTEES OF TUFTS COLLEGE'S COLLECTIONS INCLUDE

PRIMARILY ART, BOOKS AND ARTIFACTS WHICH ARE PUT TO USE IN THE

ORGANIZATION'S INSTRUCTION AND ACADEMIC RESEARCH.

PART IV, LINE 2B: THE UNIVERSITY MAINTAINS AGENCY ACCOUNTS AND ACTS AS A

FISCAL AGENT FOR THE FUNDS.

PART V, LINE 4: THE TRUSTEES OF TUFTS COLLEGE INTEND TO USE THE

Part XIV Supplemental Information (continued)

ORGANIZATION'S ENDOWMENT FUNDS TO PROVIDE FUTURE RESOURCES TO SUPPORT THE
UNIVERSITY'S ACTIVITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATED ENTITIES REVENUES: 9062368.

CUMULATIVE EFFECT OF ACCOUNTING CHANGE SFAS 158: -10004000.

CHANGE IN SPLIT INTEREST AGREEMENT: 1073970.

INTER-DEPARTMENTAL REQUISITION REVENUE: 2701574.

INVESTMENT IN TUFTS SHARED SERVICES, INC F/K/A T-NEMC: 372456.

TUITION DISCOUNT: -86119693.

UNAMORTIZED LOAN COSTS FOR RECALLED LOANS: -3049032.

CHANGE IN FAIR VALUE OF INTEREST RATE AGREEMENTS: -10188242.

TUDC - SALE OF RIGHTS: 19890935.

RETIREMENT PLAN SUBSIDY ADJUSTMENT: -215000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET DISPOSITIONS: -505011.

RENTAL EXPENSE NETTED WITH RENTAL INCOME: -1623359.

NET UNREALIZED LOSS ON INVESTMENTS : 290523210.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE NETTED WITH RENTAL INCOME: 1623359.

INTERDEPARTMENTAL REQUISITION REVENUE: 2701574.

CONSOLIDATED ENTITIES EXPENSES: 9535984.

LOSS ON FIXED ASSET DISPOSITIONS: 505013.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TUITION DISCOUNT: 86119693.

Part XIV Supplemental Information (continued)

RETIREMENT PLAN SUBSIDY ADJUSTMENT: 215000.

PART XI - XIII, THE TRUSTEES OF TUFTS COLLEGE FINANCIAL STATEMENTS WERE

AUDITED ON A CONSOLIDATED BASIS.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.

2008

Open to Public Inspection

Name of the organization **TRUSTEES OF TUFTS COLLEGE** Employer identification number **04-2103634**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule E (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR LINE 6 STATEMENT

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

TRUSTEES OF TUFTS COLLEGE

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 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
EUROPE	5	8	PROGRAM SERVICES	STUDY-ABROAD EDUCATION PROGRAM	0.
EAST ASIA & PACIFIC	3	2	PROGRAM SERVICES	STUDY-ABROAD EDUCATION PROGRAM	0.
S. AMERICA	1	1	PROGRAM SERVICES	STUDY-ABROAD EDUCATION PROGRAM	0.
SUB SAHARAN AFRICA	1	0	PROGRAM SERVICES	STUDY-ABROAD EDUCATION PROGRAM	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT-MAKING		0.
EAST ASIA AND THE PACIFIC	0	0	GRANT-MAKING		0.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANT-MAKING		0.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT-MAKING		0.
Totals	10	11			

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

Schedule F (Form 990) 2008

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SUBCONTRACT RESEARCH GRANT	17,656.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SUBCONTRACT RESEARCH GRANT	73,175.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUBCONTRACT RESEARCH GRANT	33,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUBCONTRACT RESEARCH GRANT	9,243.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUBCONTRACT RESEARCH GRANT	29,997.	CHECK	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	11,000.	WIRE TRANSFER	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	20,740.	CHECK	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	71,870.	CHECK	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 27

3 Enter total number of other organizations or entities 2

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.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INTERNATIONAL PROJECT ADVANCES	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	32,939.	WIRE PAYMENT	0.		
INTERNATIONAL PROJECT ADVANCES	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	3,100.	CHECK	0.		
INTERNATIONAL PROJECT ADVANCES	SUB-SAHARAN AFRICA	5	115,024.	WIRE PAYMENT	0.		
INTERNATIONAL PROJECT ADVANCES	SUB-SAHARAN AFRICA	3	28,270.	EFT	0.		
INTERNATIONAL PROJECT ADVANCES	SUB-SAHARAN AFRICA	1	4,890.	CHECK	0.		
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	4	18,256.	CHECK	0.		
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	27	49,563.	CHECK	0.		
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	24	59,010.	CHECK	0.		
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	14,196.	WIRE	0.		

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: 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.

FIRST, 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. A MAJORITY OF PAYMENTS ARE MADE VIA CHECK. HOWEVER, THERE ARE

SOME INSTANCES WHERE MONIES ARE WIRED TO A DESIGNATED CHECKING ACCOUNT.

SECOND, 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. AFTER COMPLETION OF THE

FOREIGN PROJECT AND UPON RETURN OF PRINCIPAL INVESTIGATORS FROM THE

FOREIGN LOCATION, RECEIPTS ARE SUBMITTED TO FINANCIAL SERVICES AND A

RECONCILIATION IS PERFORMED TO SUPPORT THE VARIOUS GRANT ACTIVITIES.

THIRD, 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.

FOURTH, REGARDING SUBCONTRACT RESEARCH GRANTS, A PRINCIPAL INVESTIGATOR

(PI) IS RESPONSIBLE FOR ALL ASPECTS OF A GRANT ALONG WITH THE COMPLIANCE

ACTIVITIES. ALSO, THE UNIVERSITY MAINTAINS A SPONSORED RESEARCH

ACCOUNTING (SPA) DEPARTMENT WHICH HAS FINANCIAL OVERSIGHT FOR THESE

GRANTS. SPECIFIC GRANT-RELATED EXPENDITURE ACTIVITIES ARE PROCESSED BY

OUR INTERNAL ACCOUNTS PAYABLE DEPARTMENT.

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

IN SUMMARY, DEPENDING ON THE TYPE OF GRANT OR ASSISTANCE, THE PROCEDURES
 FOR MONITORING THE GRANT ACTIVITY ARE DETERMINED BY THE LEVEL OF INTERNAL
 CONTROL PROCESSES THAT ARE REQUIRED. IN ALL CASES, THE FINANCIAL
 SERVICES OFFICE FOLLOWS THE REQUIRED FINANCIAL CONTROL GUIDELINES. THE
 SPONSORED RESEARCH OFFICE MAINTAINS FINANCIAL OVERSIGHT AND THE PRINCIPAL
 INVESTIGATORS COLLABORATE AND REPORT FINANCIAL RESULTS WITH INTERNAL
 DEPARTMENTS AS WELL AS EXTERNAL REGULATORY AGENCIES AS REQUIRED BY
 SPECIFIC GRANTS.

SCHEDULE F, PART I, LINE 3: THE COLLEGE DOES NOT CURRENTLY TRACK FOREIGN
 EXPENDITURES FOR EACH PROGRAM SEPARATELY. THEREFORE, PURSUANT TO IRS
 GUIDANCE, DISCLOSURE IN THIS COLUMN IS NOT REQUIRED IN THE CURRENT YEAR.

**SCHEDULE F-1
(Form 990)**

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part I, line 3; Part II, line 1; or Part III.**

Name of the organization TRUSTEES OF TUFTS COLLEGE	Employer identification number 04-2103634
--	---

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	0	0	GRANT-MAKING		0.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANT-MAKING		0.
SOUTH AMERICA	0	0	GRANT-MAKING		0.
SOUTH ASIA	0	0	GRANT-MAKING		0.
SUB-SAHARAN AFRICA	0	0	GRANT-MAKING		0.
EAST ASIA & PACIFIC	0	0	FUNDRAISING		0.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		0.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	FUNDRAISING		0.
Totals					

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	136,366.	WIRE TRANSFER	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	5,000.	WIRE TRANSFER	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	91,798.	CHECK	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	43,906.	WIRE TRANSFER	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	24,322.	CHECK	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	53,916.	CHECK	0.		
		EUROPE (ICELAND & GREENLAND)	SUBCONTRACT RESEARCH GRANT	37,791.	WIRE TRANSFER	0.		
		NORTH AMERICA	SUBCONTRACT RESEARCH GRANT	16,500.	WIRE TRANSFER	0.		
		NORTH AMERICA	SUBCONTRACT RESEARCH GRANT	7,585.	CHECK	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUBCONTRACT RESEARCH GRANT	20,462.	WIRE TRANSFER	0.		
		NORTH AMERICA	SUBCONTRACT RESEARCH GRANT	22,284.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUBCONTRACT RESEARCH GRANT	25,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBCONTRACT RESEARCH GRANT	20,046.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBCONTRACT RESEARCH GRANT	4,870.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBCONTRACT RESEARCH GRANT	274,151.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBCONTRACT RESEARCH GRANT	67,487.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUBCONTRACT RESEARCH GRANT	68,641.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUBCONTRACT RESEARCH GRANT	9,708.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBCONTRACT RESEARCH GRANT	10,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUBCONTRACT RESEARCH GRANT	9,489.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUBCONTRACT RESEARCH GRANT	31,162.	WIRE TRANSFER	0.		

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(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	MIDDLE EAST AND NORTH AFRICA	2	7,223.	CHECK	0.		
SCHOLARSHIPS	NORTH AMERICA	5	6,100.	CHECK	0.		
SCHOLARSHIPS	RUSSIA AND THE NEWLY INDEPENDENT STATES	6	13,719.	CHECK	0.		
SCHOLARSHIPS	SOUTH AMERICA	6	12,795.	CHECK	0.		
SCHOLARSHIPS	SOUTH ASIA	36	148,477.	CHECK	0.		
SCHOLARSHIPS	SUB-SAHARAN AFRICA	14	54,936.	CHECK	0.		
FELLOWSHIPS	MIDDLE EAST AND NORTH AFRICA	1	1,000.	CHECK	0.		
STUDENT PRIZES	CENTRAL AMERICA AND THE CARIBBEAN	1	50.	CHECK	0.		
STUDENT PRIZES	EAST ASIA AND THE PACIFIC	2	2,707.	CHECK	0.		

Schedule F-1 (Form 990) 2008

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(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)	1	2,759.	CHECK	0.		
STUDENT PRIZES	MIDDLE EAST AND NORTH AFRICA	2	1,754.	CHECK	0.		
STUDENT PRIZES	NORTH AMERICA	1	250.	CHECK	0.		
STUDENT PRIZES	SOUTH ASIA	1	50.	CHECK	0.		
STUDENT PRIZES	SUB-SAHARAN AFRICA	2	1,254.	CHECK	0.		
STUDENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	50.	CHECK	0.		
STUDENT STIPENDS	RUSSIA AND THE NEWLY INDEPENDENT STATES	1	1,950.	CHECK	0.		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				()
	9	Net income summary. Combine lines 3 and 8 in column (d)				()

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide 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?

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:

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?

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 ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKHAVEN NATIONAL LABORATORY ATTN:ACCOUNTS RECEIVABLE UPTON, NY 11973	116003330	501(C)(3)	9,951.	0.			SUBCONTRACT GRANT AWARD
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229-3039	310833936	501(C)(3)	28,134.	0.			SUBCONTRACT GRANT AWARD
HAITIAN COALITION SOMERVILLE HAITIAN COALITION SOMERVILLE, MA 02145	043324363	501(C)(3)	52,539.	0.			SUBCONTRACT GRANT AWARD
HEBREW REHABILITATION CENTER 300 FIRST AVE NEWTON, MA 02495	042104298	501(C)(3)	8,619.	0.			SUBCONTRACT GRANT AWARD
HEBREW REHABILITATION CENTER THE AGED - 1200 CENTRE ST - BOSTON, MA 02131-1097	042104298	501(C)(3)	15,084.	0.			SUBCONTRACT GRANT AWARD
NATIONAL INSTITUTE OF INFECTIOUS DISEASE - TREASURY DEPT - SOMERVILLE, MA 02144	911608978	501(C)(3)	110,495.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of section 501(c)(3) and government organizations ▶ 87.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
SCHOLARSHIPS	5538	79,118,020.	0.		
FELLOWSHIPS	318	1,597,011.	0.		
STUDENT PRIZES	438	355,750.	0.		
STUDENT STIPENDS	379	240,550.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: 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.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SPAULDING REHABILITATION HOSPITAL RESEARCH FINANCE BOSTON, MA 02114-3903	042551124	501(C)(3)	267,253.	0.			SUBCONTRACT GRANT AWARD
SUFFOLK UNIVERSITY 8 ASHBURTON PL BOSTON, MA 02108	042133255	501(C)(3)	11,176.	0.			SUBCONTRACT GRANT AWARD
AHURA SCIENTIFIC INC 46 JONSPIN RD WILMINGTON, MA 01887	010650031	501(C)(3)	1,031,911.	0.			SUBCONTRACT GRANT AWARD
DARTMOUTH COLLEGE 11 ROPE FERRY RD #6210 HANOVER, NH 03755-1404	020222111	501(C)(3)	162,026.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF NEW HAMPSHIRE OFFICE OF SPONSORED RESEARCH DURHAM, NH 03824-3585	026000937	501(C)(3)	36,453.	0.			SUBCONTRACT GRANT AWARD
NORTHEASTERN UNIVERSITY 251 RICHARDS HALL BOSTON, MA 02115	041679980	501(C)(3)	162,053.	0.			SUBCONTRACT GRANT AWARD
BOSTON COLLEGE, TRUSTEES OF 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	042103545	501(C)(3)	39,681.	0.			SUBCONTRACT GRANT AWARD
BOSTON UNIVERSITY 25 BUICK ST 2ND FL BOSTON, MA 02215	042103547	501(C)(3)	1,319,357.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM, MA 02454-9110	042103552	501(C)(3)	6,625.	0.			SUBCONTRACT GRANT AWARD
HARVARD UNIVERSITY 953 HOLYOKE CTR CAMBRIDGE, MA 02138	042103580	501(C)(3)	5,009.	0.			SUBCONTRACT GRANT AWARD
MASS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139-4307	042103594	501(C)(3)	40,130.	0.			SUBCONTRACT GRANT AWARD
MUSEUM OF SCIENCE ATTN:LAURA HIGGINS-GRANT ACCT BOSTON, MA 02114-1099	042103916	501(C)(3)	166,774.	0.			SUBCONTRACT GRANT AWARD
FORSYTH INSTITUTE, THE 140 THE FENWAY BOSTON, MA 02115	042104230	501(C)(3)	112,895.	0.			SUBCONTRACT GRANT AWARD
BRIGHAM & WOMEN'S HOSPITAL BWH - RESEARCH FINANCE BOSTON, MA 02241-3887	042312909	501(C)(3)	420,524.	0.			SUBCONTRACT GRANT AWARD
MASS COALITION FOR OCCUP SAFETY & HEALTH - 42 CHARLES ST - DORCHESTER, MA 02122	042614458	501(C)(3)	28,798.	0.			SUBCONTRACT GRANT AWARD
MASS GENERAL HOSPITAL RESEARCH FINANCE BOSTON, MA 02241-3829	042697983	501(C)(3)	90,571.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY ACTION AGENCY OF SOMERVILLE - 67-70 UNION SQ #10 - SOMERVILLE, MA 02143	042740838	501(C)(3)	45,290.	0.			SUBCONTRACT GRANT AWARD
BAYSTATE MEDICAL CENTER 2 MORRISSEY BLVD DORCHESTER, MA 02241	042790311	501(C)(3)	36,925.	0.			SUBCONTRACT GRANT AWARD
INTERCULTURAL CTR RESEARCH IN EDUCATION - 366 MASSACHUSETTS AVE - ARLINGTON, MA 02474	043108268	501(C)(3)	66,904.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF MASSACHUSETTS 405 GOODELL BLDG AMHERST, MA 01003-9272	043167352	501(C)(3)	304,005.	0.			SUBCONTRACT GRANT AWARD
CTR FOR COMM HEALTH EDUC RES AND SERVICE - 716 COLUMBUS AVE STE 398 - BOSTON, MA 02120	043286409	501(C)(3)	16,471.	0.			SUBCONTRACT GRANT AWARD
BOSTON MEDICAL CENTER PO BOX 845700 BOSTON, MA 02284	043314093	501(C)(3)	265,984.	0.			SUBCONTRACT GRANT AWARD
PARLANCE CORP SUITE 1500 MEDFORD, MA 02155	043334185	501(C)(3)	17,700.	0.			SUBCONTRACT GRANT AWARD
TUFTS MEDICAL CENTER 750 WASHINGTON ST BOSTON, MA 02111	043400617	501(C)(3)	2,424,290.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

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Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ABSOLUTE SCIENCE INC PO BOX 382366 CAMBRIDGE, MA 02238	043508411	501(C)(3)	385,577.	0.			SUBCONTRACT GRANT AWARD
BRAZILIAN WOMEN'S GROUP 569 CAMBRIDGE ST ALLSTON, MA 02134	043549382	501(C)(3)	62,400.	0.			SUBCONTRACT GRANT AWARD
FALL RIVER, CITY OF 1 GOVERNMENT CENTER FALL RIVER, MA 02722	046001387	501(C)(3)	225,000.	0.			SUBCONTRACT GRANT AWARD
BUNKER HILL COMMUNITY COLLEGE 250 NEW RUTHERFORD AVE BOSTON, MA 02129-2925	046002284	501(C)(3)	7,238.	0.			SUBCONTRACT GRANT AWARD
TECHNICAL EDUCATION RESEARCH CENTER INC - 2067 MASSACHUSETTS AVE - CAMBRIDGE, MA 02140	046134355	501(C)(3)	434,823.	0.			SUBCONTRACT GRANT AWARD
MIRIAM HOSPITAL, THE RES ADMIN-ALDRICH 3 PROVIDENCE, RI 02903	050258905	501(C)(3)	129,813.	0.			SUBCONTRACT GRANT AWARD
SAVE THE CHILDREN 54 WILTON RD WESTPORT, CT 06880	060726487	501(C)(3)	44,110.	0.			SUBCONTRACT GRANT AWARD
YESHIVA UNIVERSITY RESNICK CAMPUS / BELFER BLDG-RM 11 BRONX, NY 10461	131624225	501(C)(3)	90,303.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ONESOURCE PO BOX 198352 ATLANTA, GA 30384-8352	133083344	501(C)(3)	511,430.	0.			SUBCONTRACT GRANT AWARD
COLUMBIA UNIVERSITY RESTRICTED FUNDS DIVISION NEW YORK, NY 10027	135598093	501(C)(3)	700,580.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF ROCHESTER SUITE 260 TOWNE HOUSE ROCHESTER, NY 14620	160743209	501(C)(3)	274,365.	0.			SUBCONTRACT GRANT AWARD
UNIV OF MEDICINE&DENTISTRY OF NEW JERSEY - 335 GEORGE ST - NEW BRUNSWICK, NJ 08903-2685	221980408	501(C)(3)	366,655.	0.			SUBCONTRACT GRANT AWARD
JEFFERSON UNIVERSITY, THOMAS RM 525 SCOTT BLDG PHILADELPHIA, PA 19107	231352651	501(C)(3)	112,236.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF PENNSYLVANIA, TRUSTEES - PO BOX 785541 - PHILADELPHIA, PA 19178-5541	231352685	501(C)(3)	48,281.	0.			SUBCONTRACT GRANT AWARD
BRISTOL TOWNSHIP SCHOOL DISTRICT 6401 MILL CREEK RD LEVITTOWN, PA 19057	236003550	501(C)(3)	150,000.	0.			SUBCONTRACT GRANT AWARD
LA ALIANZA HISPANA 409 DUDLEY ST ROXBURY, MA 02119	237121158	501(C)(3)	7,189.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUTCHINSON CANCER RESEARCH CENTER, FRED - 1100 FAIRVIEW AVE N - SEATTLE, WA 98109-1024	237156071	501(C)(3)	10,272.	0.			SUBCONTRACT GRANT AWARD
SOMERVILLE COMMUNITY CORP 337 SOMERVILLE AVE-2ND FL UNION SQ SOMERVILLE, MA 02143	237293380	501(C)(3)	43,913.	0.			SUBCONTRACT GRANT AWARD
PENNSYLVANIA STATE UNIVERSITY, THE 401 RIDER II BLDG STATE COLLEGE, PA 16801-4819	246000376	501(C)(3)	17,881.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF PITTSBURGH 3109 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	250965591	501(C)(3)	156,047.	0.			SUBCONTRACT GRANT AWARD
FOOD ECONOMY GROUP LLC, THE PO BOX 976 MUSTANG, OK 73064	251834930	501(C)(3)	237,621.	0.			SUBCONTRACT GRANT AWARD
SCRIPPS RESEARCH INSTITUTE, THE 10550 N TORREY PINES RD LA JOLLA, CA 92037	330435954	501(C)(3)	223,853.	0.			SUBCONTRACT GRANT AWARD
INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266-6057	356001673	501(C)(3)	183,893.	0.			SUBCONTRACT GRANT AWARD
PURDUE UNIVERSITY 23510 NETWORK PL CHICAGO, IL 60673-1235	356002041	501(C)(3)	22,859.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **52**

3 Enter total number of other organizations **2**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTHWESTERN UNIVERSITY RESEARCH & SPONSORED PROGRAMS EVANSTON, IL 60208-1112	362167817	501(C)(3)	44,482.	0.			SUBCONTRACT GRANT AWARD
YMCA OF THE GREATER ELGIN AREA 50 N MCLEAN BLVD ELGIN, IL 60123	362169193	501(C)(3)	5,000.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708-0787	376000511	501(C)(3)	146,304.	0.			SUBCONTRACT GRANT AWARD
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241-4413	431987409	501(C)(3)	51,011.	0.			SUBCONTRACT GRANT AWARD
JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX CHICAGO, IL 60693	520595110	501(C)(3)	23,345.	0.			SUBCONTRACT GRANT AWARD
NATIONAL CONFERENCE ON CITIZENSHIP 1816 JEFFERSON PLACE WASHINGTON, DC 20036	520698385	501(C)(3)	21,000.	0.			SUBCONTRACT GRANT AWARD
SHARED TECHNOLOGIES FAIRCHILD PO BOX 4869 HOUSTON, TX 77210-4869	521192851	501(C)(3)	222,124.	0.			SUBCONTRACT GRANT AWARD
GLOBAL FOOD & NUTRITION INC 1300 L ST NW #920 WASHINGTON, DC 20005	521931539	501(C)(3)	5,590.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **5**

3 Enter total number of other organizations **3**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHEMONICS INTERNATIONAL INC 1717 H ST NW WASHINGTON, DC 20006	522145827	501(C)(3)	541,725.	0.			SUBCONTRACT GRANT AWARD
POPULATION REFERENCE BUREAU 1875 CONNECTICUT AVE NW WASHINGTON, DC 20009	530214030	501(C)(3)	19,310.	0.			SUBCONTRACT GRANT AWARD
VIRGINIA COMMONWEALTH UNIVERSITY BOX 843039 RICHMOND, VA 23284-3039	546001758	501(C)(3)	214,718.	0.			SUBCONTRACT GRANT AWARD
DUKE UNIVERSITY BOX 104135 DURHAM, NC 27708	560532129	501(C)(3)	11,514.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF NORTH CAROLINA WILMINGTON - 601 S COLLEGE RD - H0155 - WILMINGTON, NC 28403-5934	561258660	501(C)(3)	5,000.	0.			SUBCONTRACT GRANT AWARD
UNIV OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR SUITE 2200 / CB1350 - CHAPEL HILL, NC 27588-1350	566001393	501(C)(3)	266,007.	0.			SUBCONTRACT GRANT AWARD
GEORGIA TECH RESEARCH CORP PO BOX 100117 ATLANTA, GA 30384	580603146	501(C)(3)	231,052.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF GEORGIA CONTRACTS & GRANTS DIVISION ATHENS, GA 30602-5333	586001998	501(C)(3)	71,011.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **54**

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PINELLAS COUNTY HEALTH DEPT 205 MARTIN LUTHER KING ST N ST PETERSBURG, FL 33701	593502843	501(C)(3)	150,000.	0.			SUBCONTRACT GRANT AWARD
TBMS 1600 BOSTON-PROVIDENCE HWY WALPOLE, MA 02081	593828470	501(C)(3)	34,200.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33620	596001874	501(C)(3)	14,299.	0.			SUBCONTRACT GRANT AWARD
VANDERBILT UNIVERSITY BOX 351591 STATION B NASHVILLE, TN 37235	620476822	501(C)(3)	25,180.	0.			SUBCONTRACT GRANT AWARD
JOHNSON CITY, CITY OF ATT: SARAH PIERCE, FINANCE OFFICER JOHNSON CITY, TN 37605	626000320	501(C)(3)	5,000.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF MISSISSIPPI PO BOX 1848 UNIVERSITY, MS 38677	646008520	501(C)(3)	9,950.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF PUERTO RICO, THE INTERNAL MEDICINE DEPT SAN JUAN, PR 00936-5067	660433762	501(C)(3)	10,000.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF TEXAS OFFICE OF POST AWARD ADMINISTRATION - DALLAS, TX 75284-1765	741761309	501(C)(3)	22,977.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **5**

3 Enter total number of other organizations **5**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Inspection**

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF COLORADO ATTN: PATRICIA LIBHART DENVER, CO 80291-0220	846000555	501(C)(3)	303,147.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	916001537	501(C)(3)	27,255.	0.			SUBCONTRACT GRANT AWARD
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144-4253	941156365	501(C)(3)	179,465.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF CALIFORNIA REGENTS ACCOUNTING OFFICE-EMF BOX 0897 SAN FRANCISCO, CA 94143-0897	946002123	501(C)(3)	287,297.	0.			SUBCONTRACT GRANT AWARD
SAN JOSE STATE UNIVERSITY 210 N FOURTH ST SAN JOSE, CA 95112	946017638	501(C)(3)	79,523.	0.			SUBCONTRACT GRANT AWARD
LOSANGELES BIOMEDICAL RESEARCH INSTITUTE - PO BOX 60637 - TERMINAL ANNEX - LOS ANGELES, CA 90060	952138184	501(C)(3)	175,790.	0.			SUBCONTRACT GRANT AWARD
UNIVERSITY OF CALIFORNIA LOS ANGELES - 10920 WILSHIRE BLVD SUITE #107 - LOS ANGELES, CA 90024-6503	956006143	501(C)(3)	46,281.	0.			SUBCONTRACT GRANT AWARD
REGENTS OF THE UNIV OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 92093-0009	956006144	501(C)(3)	24,618.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2008

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Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF HAWAII 2530 DOLE ST D200 SAKAMAKI HONOLULU, HI 96822-9081	996000354	501(C)(3)	239,559.	0.			SUBCONTRACT GRANT AWARD

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

Part IV Supplemental Information

REGARDING 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

7 For persons listed in 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

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

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAWRENCE S. BACOW	(i)	594,090.	0.	28,000.	43,790.	57,600.	723,480.	308,958.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMSHED J. BHARUCHA	(i)	412,278.	0.	20,522.	44,436.	15,429.	492,665.	213,019.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA L. CAMPBELL	(i)	354,997.	7,820.	20,500.	43,790.	8,945.	436,052.	187,737.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN CRONIN	(i)	149,188.	0.	35,500.	24,112.	20,236.	229,036.	93,439.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY R. JEKA	(i)	249,512.	0.	29,500.	34,290.	6,776.	320,078.	135,304.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DARLEEN PATRICIA KARP	(i)	131,462.	7,000.	20,500.	18,103.	7,845.	184,910.	82,952.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN K. LEE	(i)	292,428.	0.	23,250.	41,040.	76,312.	433,030.	157,866.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS S. MCGURTY	(i)	291,929.	36,630.	6,000.	38,790.	17,709.	391,058.	187,275.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN M. ROBERTO	(i)	190,075.	0.	42,350.	28,290.	12,997.	273,712.	116,876.
	(ii)	0.	0.	0.	0.	0.	0.	0.
AMELIA A. TYNAN	(i)	283,559.	0.	71,332.	40,184.	19,471.	414,546.	158,939.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID J. KAHLE	(i)	147,914.	0.	12,898.	21,166.	23,520.	205,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL BAENEN	(i)	118,681.	0.	15,500.	15,016.	6,234.	155,431.	65,077.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LINDA A. ABRIOLA	(i)	238,283.	0.	18,924.	28,290.	8,255.	293,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH T. KOICHEVAR	(i)	217,653.	8,000.	0.	28,290.	18,893.	272,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DR. LONNIE NORRIS	(i)	295,120.	14,064.	18,000.	28,290.	13,765.	369,239.	170,538.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NAOMI ROSENBERG	(i)	176,002.	0.	35,980.	27,748.	59,155.	298,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 1A: FIRST-CLASS TRAVEL :

VARIOUS OFFICERS AND SENIOR STAFF TRAVEL ABROAD PERIODICALLY ON SCHOOL

BUSINESS. THE AIRLINE ACCOMODATIONS MAY INCLUDE FIRST-CLASS SEATING WHEN

THE TRAVEL IS FOR A PERIOD OF SIX HOURS OR MORE. THIS BENEFIT IS NOT

TAXABLE.

TRAVEL FOR COMPANIONS:

THE PRESIDENT TRAVELS FOR UNIVERSITY BUSINESS WITH HIS SPOUSE ON A LIMITED

BASIS. SPOUSAL TRAVEL EXPENSES ARE FOR A BONA FIDE BUSINESS PURPOSE AND ARE

NOT INCLUDED IN TAXABLE COMPENSATION.

THE DEAN OF THE FLETCHER SCHOOL TRAVELS FREQUENTLY WITH HIS SPOUSE AS PART

OF THE FOREIGN RELATIONS WORK FOR THE UNIVERSITY. THE SPOUSAL PORTION IS

TAXED TO THE EMPLOYEE.

TAX INDEMNIFICATION & 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.

Part III Supplemental Information

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

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF TUFTS UNIVERSITY,

THE UNIVERSITY PRESIDENT, LAWRENCE BACOW, IS REQUIRED TO RESIDE ON CAMPUS.

THE VALUE OF HOUSING IS NOT INCLUDED IN TAXABLE COMPENSATION.

AS A CONDITION OF EMPLOYMENT, DR. PHILIP HAYDON, CHAIRMAN & PROFESSOR OF

THE NEUROSCIENCE DEPARTMENT RECEIVED A TEMPORARY HOUSING ALLOWANCE. THIS

BENEFIT WAS TREATED AS TAXABLE COMPENSATION.

PERSONAL SERVICES (E.G. MAID, CHAUFFEUR, CHEF):

THE UNIVERSITY PROVIDED HOUSECLEANING SERVICES TO THE PRESIDENT. THE

PRESIDENT SUBSEQUENTLY REPAID THE UNIVERSITY FOR THE MARKET VALUE OF

PERSONAL HOUSECLEANING SERVICES. AS A RESULT, NO AMOUNT OF THIS BENEFIT WAS

TREATED AS TAXABLE COMPENSATION.

PART I, LINE 4A: STEVEN MANOS, THE FORMER EXECUTIVE VICE PRESIDENT, WAS PAID

COMPENSATION RESULTING FROM A PREVIOUS-YEAR SEVERANCE PAY AGREEMENT PLAN

DATED JUNE 10, 1997 AND AMENDED IN 2003. THE TRUSTEES OF TUFTS COLLEGE

PROVIDED A TOTAL SEVERANCE BENEFIT OF \$368,408. PAYMENT WAS MADE IN EQUAL

Part III Supplemental Information

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

AMOUNTS. ONE HALF, \$182,204 WAS PAID IN 2007 AND THE REMAINING \$182,204

WAS PAID IN JANUARY 2008.

PART I, LINE 5: 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 2008, INCENTIVE

PAYMENTS TOTALED \$372,122 AND WERE BASED ON NET COLLECTIONS FOR HER

PRACTICE.

PART I, LINE 6: SALLY DUNGAN, CHIEF INVESTMENT OFFICER PARTICIPATES IN AN

ANNUAL INCENTIVE PROGRAM FOR MANAGING THE UNIVERSITY ENDOWMENT FUND ASSETS

AND WAS PAID \$154,875 IN 2008. THE INCENTIVE PROGRAM IS BASED ON THE

PORTFOLIO RETURNS, MINIMIZING INVESTMENT EXPENSES, AS WELL AS MANAGING

INVESTMENT AND OPERATIONAL RISK.

DR. NAUSHIRWAN R. MEHTA, IS A FULL-TIME FACULTY MEMBER OF TUFTS UNIVERSITY

SCHOOL OF DENTAL MEDICINE AND PARTICIPATES IN THE GROUP DENTAL PRACTICE

Part III Supplemental Information

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

CALLED TUFTS DENTAL ASSOCIATES (TDA). AS A MEMBER OF TDA, HE MANAGES THE

DENTAL CLINIC AND IS ENTITLED TO AN INCENTIVE CONTRACT THAT IS PAID OVER 24

PAY PERIODS. DURING 2008, HE RECEIVED AN INCENTIVE PAYMENT TOTALING

\$160,000 BASED ON NET EARNINGS FOR HIS PRACTICE.

DR. LONNIE NORRIS, 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). AS A MEMBER OF TDA, HE RECEIVED AN

INCENTIVE PAYMENT TOTALING \$14,064 BASED ON NET EARNINGS FOR HIS PRACTICE.

990, PART VII AND SCH J-2, PART I

KATHLEEN O'LOUGHLIN IS COMPENSATED FOR CONSULTING SERVICES PROVIDED TO THE

UNIVERSITY AND NOT IN HER ROLE AS TRUSTEE.

990, PART VII, AND SCH. J-1, PART I

STEVE MANOS' SALARY INCLUDES \$3,000 OF COMPENSATION PAID FOR WORK AS A

PART-TIME LECTURER.

990, SCH J-2, PART I

Part III Supplemental Information

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

AMELIA A. TYNAN WORKED AS TRUSTEES OF TUFTS COLLEGE'S VP-INFO. TECH AND CIO

UNTIL 11/29/08. DAVID J. KAHLE'S TENURE AS VP-INFO. TECH AND CIO STARTED

ON 5/19/09.

990, SCH J, PART II, CLM. D NONTAXABLE BENEFITS

NONTAXABLE BENEFIT AMOUNTS INCLUDE THE VALUE OF HOUSING FOR PERSONAL USE

FOR PRESIDENT BACOW AND TUITION REMISSION FOR BRIAN LEE, NAOMI ROSENBERG

AND DR. MARIA PAPAGEORGE.

Name of the organization TRUSTEES OF TUFTS COLLEGE	Employer identification number 04-2103634
--	---

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
DR. MICHAEL ROSENBLATT	(i)	384,944.	0.	35,500.	28,290.	18,152.	466,886.	208,441.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT STERNBERG	(i)	262,952.	0.	36,701.	28,290.	11,568.	339,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DR. MARIA PAPAGEORGE	(i)	114,330.	372,122.	36,000.	19,124.	37,609.	579,185.	179,355.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SALLY DUNGAN	(i)	277,473.	154,875.	35,980.	28,290.	22,801.	519,419.	155,174.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILIP G. HAYDON	(i)	174,194.	0.	233,607.	21,509.	8,382.	437,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DR. NAUSHIRWAN MEHTA	(i)	150,614.	160,000.	36,000.	24,884.	18,645.	390,143.	165,311.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN W. BOSWORTH	(i)	264,978.	0.	63,440.	28,290.	1,502.	358,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN S. MANOS	(i)	3,000.	0.	184,204.	5,812.	0.	193,016.	184,204.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

TRUSTEES OF TUFTS COLLEGE

Employer Identification number

04-2103634

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN J. KULLMAN TRUSTEE	3.00	X						0.	0.	0.
ANDREW LIVERIS TRUSTEE	3.00	X						0.	0.	0.
KATHLEEN A. MCCARTNEY TRUSTEE	3.00	X						0.	0.	0.
DAVID J. MCGRATH III TRUSTEE	3.00	X						0.	0.	0.
SETH I. MERRIN TRUSTEE	3.00	X						0.	0.	0.
IOANNIS MIAOULIS TRUSTEE	3.00	X						0.	0.	0.
KATHLEEN O'LOUGHLIN TRUSTEE	3.00	X					4,125.	0.	0.	0.
PIERRE M. OMIDYAR TRUSTEE	3.00	X						0.	0.	0.
KAREN M. PRITZKER TRUSTEE	3.00	X						0.	0.	0.
HON BILL RICHARDSON TRUSTEE	3.00	X						0.	0.	0.
ANDREW SAFRAN TRUSTEE	3.00	X						0.	0.	0.
NEAL B. SHAPIRO TRUSTEE	3.00	X						0.	0.	0.
ALAN D. SOLOMONT TRUSTEE	3.00	X						0.	0.	0.
EDWARD M. SWAN, JR. TRUSTEE	3.00	X						0.	0.	0.
ALFRED I. TAUBER TRUSTEE	3.00	X						0.	0.	0.
WILLIAM C. THOMPSON, JR. TRUSTEE	3.00	X						0.	0.	0.
JONATHAN M. TISCH TRUSTEE	3.00	X						0.	0.	0.
JUDITH L. VAITUKAITIS TRUSTEE	3.00	X						0.	0.	0.
AGNES VARIS TRUSTEE	3.00	X						0.	0.	0.
GLORIA WHITE-HAMMOND TRUSTEE	3.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

TRUSTEES OF TUFTS COLLEGE

Employer Identification number

04-2103634

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS F. WINKLER III TRUSTEE	3.00	X						0.	0.	0.
JAMSHED J. BHARUCHA SR VP & PROVOST	35.00			X				432,800.	0.	59,865.
PATRICIA L. CAMPBELL EXEC. VP	35.00			X				383,317.	0.	52,735.
KATHLEEN CRONIN VP FOR HR	35.00			X				184,688.	0.	44,348.
LINDA J. DIXON SECRETARY OF CORP	35.00			X				119,992.	0.	20,853.
MARY R. JEKA VP UNIV RELATIONS	35.00			X				279,012.	0.	41,066.
DARLEEN PATRICIA KARP ASSOC. TREAS.	35.00			X				158,962.	0.	25,948.
BRIAN K. LEE VP UNIV ADVANCEMENT	35.00			X				315,678.	0.	117,352.
THOMAS S. MCGURTY VP FOR FINANCE AND TREAS	35.00			X				334,559.	0.	56,499.
JOHN M. ROBERTO VP FOR OPERATIONS	35.00			X				232,425.	0.	41,287.
AMELIA A. TYNAN VP FOR INFO. TECH & CIO	35.00			X				354,891.	0.	59,655.
DAVID J. KAHLE VP FOR INFO. TECH & CIO	35.00			X				160,812.	0.	44,686.
MICHAEL BAENEN ASST. SECR. OF CORP.	35.00			X				134,181.	0.	21,250.
LINDA A. ABRIOLO DEAN, ENGINEERING	35.00				X			257,207.	0.	36,545.
DEBORAH T. KOICHEVAR DEAN, CUMMINGS SCHOOL	35.00				X			225,653.	0.	47,183.
DR. LONNIE NORRIS DEAN, DENTAL SCHOOL	35.00				X			327,184.	0.	42,055.
NAOMI ROSENBERG DEAN, SACKLER SCHOOL	35.00				X			211,982.	0.	86,903.
DR. MICHAEL ROSENBLATT DEAN, MEDICAL SCHOOL	35.00				X			420,444.	0.	46,442.
ROBERT STERNBERG DEAN, ARTS AND SCIENCES	35.00				X			299,653.	0.	39,858.
DR. MARIA PAPAGEORGE PROFESSOR	35.00					X		522,452.	0.	56,733.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

Part I	Bond Issues (Required for 2008)									
	(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	
							Yes	No	Yes	No
A	MHEFA SERIES N	04-2456011	57586CV36	03/27/08	140,600,000	REFUNDED AUG-04; JAN-06		X		X
B	MHEFA SERIES O	04-2456011	57586EBG5	11/13/08	83,752,144	CONST & EQUIP FACILITY		X		X
C	MHEFA SERIES M	04-2456011	57586EJT9	06/11/09	66,548,467	REFUNDED MAY-98		X		X
D										
E										

Part II	Proceeds (Optional for 2008)									
	A		B		C		D		E	
1	Total proceeds of issue									
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds									
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds									
8	Year of substantial completion									
9	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III	Private Business Use (Optional for 2008)									
	A		B		C		D		E	
1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	5	329,900	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		32,556	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	122	2,861,844	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	109,976	FMV
20 Drugs and medical supplies	X	8	500,761	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEDICAL EQUIP</u>)	X	4	304,022	FMV
26 Other ▶ (<u>GIFT CARDS</u>)	X	1	800	COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE UNIVERSITY IS REPORTING THE NUMBER

OF NON-CASH FISCAL-YEAR CONTRIBUTIONS BASED ON EACH GIFT RECEIVED.

SCHEDULE M, LINE 32B: THE UNIVERSITY USES BROKERS TO SELL ALL DONATED

PUBLICLY TRADED SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UNITED KINGDOM, FRANCE, GERMANY, SPAIN,

GHANA, CANADA, CHILE, HONG KONG,

BAHAMAS, BERMUDA, BRITISH VIRGIN IS, CAYMAN ISLANDS,

GUERNSEY, JERSEY, ENGLAND, LUXEMBOURG

FORM 990, PART VI, SECTION A, LINE 2: LAWRENCE S. BACOW

JAMES A. STERN

SETH I. MERRIN

PIERRE M. OMI DYAR

BUSINESS RELATIONSHIP

THOMAS S. MCGURTY

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

JOHN M. ROBERTO

BUSINESS RELATIONSHIPS

DEBORAH T. KOCHEVAR

PATRICIA L. CAMPBELL

BUSINESS RELATIONSHIP

THOMAS S. MCGURTY

DANIEL J. DOHERTY III

VARNEY J. HINTLIAN

BUSINESS RELATIONSHIP

LAWRENCE S. BACOW

THOMAS S. MCGURTY

MICHAEL ROSENBLATT

BUSINESS RELATIONSHIP

THOMAS M. ALPERIN

ALAN D. SOLOMONT

BUSINESS RELATIONSHIP

THOMAS M. ALPERIN

DANIEL J. DOHERTY III

BUSINESS RELATIONSHIP

THOMAS M. ALPERIN

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

BRIAN KAVOOGIAN

BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 10: THE UNIVERSITY'S IN-HOUSE TAX

DEPARTMENT PREPARED THE TAX RETURN WHICH WAS REVIEWED AND SIGNED AS PAID

PREPARER BY PRICEWATERHOUSECOOPERS LLP. A COMPREHENSIVE DRAFT FORM 990 WAS

REVIEWED BY MANAGEMENT, THE COMPENSATION COMMITTEE, AND THE TRUSTEES OF

TUFTS COLLEGE AUDIT COMMITTEE BEFORE THE RETURN WAS FILED. THE RETURN WAS

ALSO PROVIDED TO THE FULL GOVERNING BODY PRIOR TO FILING THE RETURN WITH

THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICE OF THE CORPORATE

SECRETARY AT TUFTS UNIVERSITY MAINTAINS AN ANNUAL STATEMENT OF COMPLIANCE

AND DISCLOSURE FORM WHICH IS USED TO REVEAL CONFLICTS OF INTEREST FOR

OFFICERS, KEY EMPLOYEES AND GOVERNING BOARD MEMBERS. THIS DOCUMENT IS SENT

OUT AT OR NEAR YEAR-END. AFTER READING THE CONFLICT OF INTEREST POLICY,

EACH MEMBER IS REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS IN A STATEMENT

THAT IS SIGNED AND DATED, ANNUALLY. FURTHER, AS PART OF THE ANNUAL

MONITORING PROCESS, FOR ANY SUBSEQUENT CONFLICTS OF INTEREST DISCLOSURES,

THE AUDIT COMMITTEE, THROUGH THE SECRETARY OF THE BOARD, IS NOTIFIED AND

THE INDIVIDUAL BOARD MEMBER CONFIRMS THAT THEY WILL NOT PARTICIPATE IN ANY

DECISION RELATING TO THE SPECIFIC DISCLOSED CONFLICT TRANSACTION.

ADDITIONALLY, AS PART OF THE ANNUAL FORM 990 FILING PROCESS, A SECOND

CONFLICT OF INTEREST QUESTIONNAIRE IS PROVIDED FROM THE CENTRAL FINANCE

OFFICE TO ALL INTERESTED PERSONS INCLUDING CURRENT TRUSTEES, OFFICERS,

KEY-EMPLOYEES, CERTAIN HIGHLY-COMPENSATED EMPLOYEES AND CERTAIN FORMER

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

INTERESTED PERSONS, WHERE REQUIRED DISCLOSURE IS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVES IS DONE SO BY THE TRUSTEE COMPENSATION COMMITTEE USING A MULTITUDE OF RESOURCES AND INFORMATION. THE COMPENSATION COMMITTEE CONSISTS OF THE CHAIRMAN OF THE BOARD OF TRUSTEES, ALSO SERVING AS THE CHAIR, ALONG WITH FOUR OTHER MEMBERS, EACH SERVING A TERM OF 3 YEARS. THESE INDIVIDUALS ARE CHOSEN FOR THEIR PARTICULAR EXPERTISE WITH COMPENSATION ISSUES. THE COMMITTEE MEETS AT THE END OF EACH FISCAL YEAR AND RELIES ON THE DATA AND MATERIALS PROVIDED FROM HUMAN RESOURCES WHICH INCLUDE COMPARABLE LOCAL MARKET DATA AS WELL AS PEER INSTITUTIONS DATA IN THE LARGER COMPETITIVE MARKETPLACE. ALSO, AN EXTERNAL CONSULTANT SURVEY OF TOTAL EXECUTIVE COMPENSATION, BY TOWERS PERRIN, IS GATHERED AMONG SELECT UNIVERSITIES OR, WHERE DATA IS NOT AVAILABLE, FROM THE CUPA ADMINISTRATIVE COMPENSATION ANNUAL SURVEY. FURTHER, DATA FROM A SUBSET OF SURVEY PARTICIPANTS WHO HAVE BEEN IDENTIFIED AS A COMPARABLE GROUP OF INSTITUTIONS IS USED. 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 REGARDING COMPENSATION IN THE MINUTES.

REGARDING THE COLLEGE PRESIDENT, THE CHAIRMAN OF THE COMPENSATION COMMITTEE THEN CONDUCTED AN ANNUAL PERFORMANCE REVIEW IN JUNE, 2009, AFTER HAVING COLLECTED FEEDBACK FROM TRUSTEES IN THE APRIL-MAY, 2009, TIMEFRAME. FOR OTHER EXECUTIVES, INCLUDING SENIOR OFFICERS AND KEY EMPLOYEES, THE COMPENSATION COMMITTEE ALSO RECEIVED WRITTEN PERFORMANCE EVALUATIONS DURING

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TRUSTEES OF TUFTS COLLEGE

Employer identification number

04-2103634

THE SAME TIME PERIOD ALONG WITH RECOMMENDATIONS FROM THE PRESIDENT AND

PROVOST.

FORM 990, PART VI, SECTION C, LINE 19: TRUSTEES OF TUFTS COLLEGE MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC. ALL ARE AVAILABLE UPON REQUEST. IN ADDITION,

AUDITED FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST/BUSINESS CONDUCT

POLICIES ARE AVAILABLE ON THE TUFTS UNIVERSITY WEBSITE AT WWW.TUFTS.EDU.

SCHEDULE E, LINE 6: THE TRUSTEES OF TUFTS UNIVERSITY RECEIVES

ASSISTANCE IN THE FORM OF FEDERAL PERKINS LOANS, HEALTH PROFESSIONS

LOAN AND SCHOLARSHIP FUNDS, PELL GRANTS, ACG GRANTS, SMART GRANTS,

SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS, AND FEDERAL WORK STUDY

FUNDS. STUDENTS ENROLLED AT THE TRUSTEES OF TUFTS COLLEGE ALSO RECEIVE

LOAN FUNDS THROUGH THE FFEL LOAN PROGRAM AND RECEIVE GRANTS AND

FELLOWSHIPS FROM A VARIETY OF FEDERAL AGENCIES SUCH AS THE NSF, THE NIH

AND NASA.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BARBARA G RUBEL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER OFFICER'S SPOUSE

(C) AMOUNT OF TRANSACTION \$ 126354.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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(A) NAME OF PERSON: ARAMARK, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE IS CEO

(C) AMOUNT OF TRANSACTION \$ 35331.

(D) DESCRIPTION OF TRANSACTION: UNIFORM & FACILITY SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHARLES RIVER LABORATORIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEE IS BD MEMBER

(C) AMOUNT OF TRANSACTION \$ 490145.

(D) DESCRIPTION OF TRANSACTION: LAB SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID EPSTEIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 30000.

(D) DESCRIPTION OF TRANSACTION: BUSINESS TRANSACTION INCLUDED FEE

RECEIVED AS AN INDEPENDENT CONTRACTOR TO CREATE VIDEO FOR FUNDRAISING

PURPOSES

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART V., LINE 2A

EXPLANATION OF NUMBER OF EMPLOYEES PER W-3

THE UNIVERSITY PAYROLL DEPARTMENT HAS ISSUED 10,934 W-2'S FOR THE

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

04-2103634

CALENDAR-YEAR 2008. THIS AMOUNT INCLUDES FULL-TIME STAFF, FACULTY AS

WELL AS STUDENTS WHO MAY WORK PART-TIME AND/OR ON A SHORT-TERM BASIS,

ALL OF WHICH WILL RECEIVE A W-2.

FORM 990, PART VII., SECTION A, COLUMN B

ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

THE FOLLOWING LISTED OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES OR

HIGHEST COMPENSATED EMPLOYEES SPENT AN ESTIMATED AVERAGE NUMBER OF

HOURS PER WEEK WORKING ON RELATED ORGANIZATIONS OF TRUSTEES OF TUFTS

COLLEGE:

LAWRENCE S. BACOW 1.0

SALLY DUNGAN 4.0

THOMAS S. MCGURTY 2.5

JOHN M. ROBERTO 3.0

DEBORAH T. KOCHVAR 1.0

SCHEDULE G, PART I, LINE 2B

HIGHEST PAID VENDORS COMPENSATED AT LEAST \$5,000 BY THE ORGANIZATION

THE FOLLOWING VENDORS DID NOT PROVIDE SERVICES TO ONE SPECIFIC

FUNDRAISING EVENT:

CORE GROUP STRATEGY CONSULTING \$ 200,357

REEHER GROUP LLC STRATEGY CONSULTING 82,932

NEPTUNE WEB ONLINE WEBSITE DEVELOPER 66,300

NEW CITY MEDIA INC WEB DEVELOPMENT 54,087

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Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization TRUSTEES OF TUFTS COLLEGE	Employer identification number 04-2103634
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Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
TUDC LLC - 04-3056113 169 HOLLAND STREET SOMERVILLE, MA 02144	REAL ESTATE DEVELOPMENT	MASSACHUSETTS	19,890,935.	1,416,416.	N/A
TUFTS MEDIA LLC - 04-2103634 169 HOLLAND STREET SOMERVILLE, MA 02144	CONSUMER PUBLISHING & MEDIA	DELAWARE	5,217,240.	4,028,806.	N/A
AZULUNA BRANDS, LLC - 04-2103634 169 HOLLAND STREET SOMERVILLE, MA 02144	AGRICULTURE	MASSACHUSETTS	49,253.	0.	N/A

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
THE OMIDYAR-TUFTS MICROFINANCE FUND - 04-3828582, 169 HOLLAND STREET, SOMERVILLE, MA 02144	RELIEF OF POOR & EDUCATION GRANTS	MASSACHUSETTS	501(C)(3)	11A - TYPE I	N/A
WALNUT HILL PROPERTIES CORP. - 04-3419100 P.O. BOX 53, TRUSTEES OF TUFTS COLLEGE MEDFORD, MA 02153	REAL ESTATE MANAGEMENT	MASSACHUSETTS	501(C)(3)	11A - TYPE I	N/A
TUFTS SHARED SERVICES, INC. - 23-7000827 171 HARRISON AVE, P.O. BOX 634 BOSTON, MA 02111	COORDINATE HEALTH & EDUCATIONAL SVC'S.	MASSACHUSETTS	501(C)(3)	11C - TYPE III	N/A
TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES, INC. - 04-3430674, 200 WESTBOROUGH ROAD, NORTH GRAFTON, MA 02158	VETERINARY EMERGENCY TREATMENT & CARE	MASSACHUSETTS	501(C)(3)	9	N/A

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Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) WALNUT HILL PROPERTIES CORP.	A	216,651.
(2) TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES	B	1,025,000.
(3) OMIDYAR-TUFTS MICROFINANCE FUND	C	3,940,390.
(4) TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES	D	2,260,620.
(5) WALNUT HILL PROPERTIES CORP.	D	12,761,806.
(6) WALNUT HILL PROPERTIES CORP.	J	515,232.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES	K	403,407.
(8) WALNUT HILL PROPERTIES CORP.	K	153,717.
(9) TUFTS HEALTH CARE INSTITUTE	L	150,000.
(10) TUFTS SHARED SERVICES, INC.	L	8,187,000.
(11) OMIDYAR-TUFTS MICROFINANCE FUND	P	461,763.
(12) JM HOLDINGS, INC.	Q	100,000.
(13) TUFTS VETERINARY EMERGENCY TREATMENT & SPECIALTIES	R	191,411.
(14) WALNUT HILL PROPERTIES CORP.	R	517,311.
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

SCHEDULE E

SCHOOLS - LINE 3

STATEMENT 1

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."