D Employer identification number

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

Form **990** 匆

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

В	Check if ar	If applicable Please C Name of organization Branders University						DE	D Employer identification number				
_	Address ch		use IRS	Brandeis University				0	04-2103552				
	Name char	nae	label or print or		box if mail is not delivered to	street addre	ss) Room/	suite E To	elephone	number			
_	Initial retur	-	type. See Specific	PO BOX 9110				(7	781)736	5-2000			
_	Final return		Instruc-	City or town, state or coun				F Ac	counting m	ethod Cash 🔽 Accrual			
_	_						Other (sp	pecify) 🕨					
_	Amended r	_											
	Application	pending					H and	Tare notan	nlicable to	section 527 organizations			
					nd 4947(a)(1) nonexempt o hedule A (Form 990 or 990			,		or affiliates? Yes V No			
_	Wah aika	- - \^/\^/	W BRANDE	TC EDII			Н(Б)	If "Yes" ente	er number	of affiliates 🟲			
<u> </u>	W ed site	e: p - vv vv	W DRANDE	15 EDU			H(c)	Are all affılıa	tes ınclude	d?			
J	Organiza	tion type	check only	one) 🕨 🔽 🕏 501(c) (3) 🖥	(Insert no)	or 5 27		(If "No," att	ach a list s	See instructions)			
ĸ	Check her	e ► □ ıf	the organizat	ion is not a 509(a)(3) suppor	ting organization and its gross	receipts are				n filed by an organization			
	normally r	not more	than 25,000		the organization chooses to file			covered by		· · · · · · · · · · · · · · · · · · ·			
	be sure to	nie a con	nplete return					Group Exe					
L	Gross re	ceipts	Add lines 6	b, 8b, 9b, and 10b to lir	e 12 🕨 439,143,090					ganization is not required to 90, 990-EZ, or 990-PF)			
F	art I	Reve	nue, Exp	enses, and Change	es in Net Assets or I	und Ba	lances	(See the	e instru	uctions.)			
	1	Contrib	utıons, gıft:	s, grants, and sımılar am	ounts received	_							
	a	Contrib	utions to de	onor advised funds .		1a							
	ь	Direct p	oublic supp	ort (not included on line	1a)	1b	7	2,728,59	4				
	c	Indirect	t public sup	port (not included on lin	e 1a) [1c							
	d	Governi	ment contri	ibutions (grants) (not inc	cluded on line 1a)	1d		571,24	8				
	e	Total (a	ıdd lınes 1a	through 1d) (cash \$ ⁶²	,332,984 noncash \$ 1	0,966,85	8)		1e	73,299,842			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							2	233,277,606			
	3	Membership dues and assessments							3	795,613			
	4	Interest on savings and temporary cash investments							4				
	5	Dividends and interest from securities							5	18,627,303			
	6a	Gross r	ents			6a		1,688,35	0				
	ь	Less re	ental expenses 6b										
	c	Net ren	tal ıncome	or (loss) subtract line 6	b from line 6a				6с	1,688,350			
当	7	Otherin	nvestment	ıncome (describe 🕨)					7				
Reven	8a	Gross a	mount from	n sales of assets	(A) Securities		(B) O	ther					
ď		other th	ian invento	ry	111,136,000	8a							
	b	Less cos	t or other bas	is and sales expenses	76,302,640	8b							
	c	Gain or	(loss) (atta	ach schedule)	34,833,360	8c							
	d	Net gan	n or (loss) (Combine line 8c, columr	s (A) and (B)				8d	34,833,360			
	9	Special	events and	d activities (attach sche	dule) If any amount is fro	m gaming	, check h	ere ► 🦳					
	а			t including \$	of								
			•	rted on line 1b)	-	9a							
	Ь		-	ses other than fundraisi	- · .	9b			_				
	c		•	•	ubtract line 9b from line 9	1			9с				
	10a			entory, less returns and	ŀ	10a			4				
			-	s sold	ı	10b			-				
	C	•		, ,	schedule) Subtract line 10b fro			•	10c	24.0.276			
	11				7 2d 0a 10a and 11				11	318,376			
	12				7,8d,9c,10c,and11 .				12	362,840,450			
ø	13))				13	266,711,314			
Expenses	14	Management and general (from line 44, column (C))							14 15	26,434,719			
¥.	15 16	Fundraising (from line 44, column (D))							16	11,088,029			
لك		Payments to affiliates (attach schedule)								304,234,062			
_	18				e 17 from line 12				17 18	58,606,388			
2 198 198	19		• •	•	of year (from line 73, colur				19	787,418,765			
3	20				ces (attach explanation) \S	_			20	66,036,308			
Net o	21		-		Combine lines 18, 19, ar				21	912,061,461			
				,	, ,		-			, , –			

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ 0	22a				
22b	· _	224				
220	Other grants and allocations (attach schedule) $^{\bullet}$ (cash \$ 58,025,087 noncash \$ 0)					
	If this amount includes foreign grants, check here	22b	58,025,087	58,025,087		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	2,193,826		2,193,826	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	1,138,891		1,138,891	
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	105,323,413	91,795,242	7,905,011	5,623,160
27	Pension plan contributions not included on lines 25a, b and c	27	7,952,724	6,931,243	596,889	424,592
28	Employee benefits not included on lines 25a - 27	28	9,752,723	8,500,043	731,987	520,693
29	Payroll taxes	29	7,630,302	6,645,758	565,763	418,781
30	Professional fundraising fees	30				
31	Accounting fees	31	216,750	6,500	210,250	
32	Legal fees	32	455,393	266,464	188,929	
33	Supplies	33	8,280,036	7,696,391	447,466	136,179
34	Telephone	34	137,507	67,559	23,070	46,878
35	Postage and shipping	35	1,046,860	556,801	232,052	258,007
36	Occupancy	36	19,237,041	17,133,507	2,070,649	32,885
37	Equipment rental and maintenance	37	216,958	168,247	27,875	20,836
38	Printing and publications	38	2,772,425	1,472,035	736,224	564,166
39	Travel	39	4,547,083	4,003,467	257,336	286,280
40	Conferences, conventions, and meetings	40	2,856,267	256,908	1,163,713	1,435,646
41	Interest	41	7,495,890	6,994,109	501,781	
42	Depreciation, depletion, etc (attach schedule)	42	14,275,428	13,226,314	1,049,114	
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	304,234,062	266,711,314	26,434,719	11,088,029

Joint Costs. Check ► ☐ If you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$0 _______, (ii) the amount allocated to Program services \$0 _______, (iii) the amount allocated to Fundraising \$0

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose		UNDERGRADUATE AND GRADUATE LEVEL EDUCATION	Program Service Expenses
pub	organizations must describe their exempt purpose achievem lications issued, etc. Discuss achievements that are not me ritable trusts must also enter the amount of grants and allo	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)		
а	178716149+5INSTRUCTIONAL PROGRAMS FOR UNDERGRADUATE AND GRADUATE ST		LUDING ACADEMIC AND STUDENT SUPPORT SERVICES NTS AND SPONSORED PROGRAMS	
	(Grants and allocations \$)		If this amount includes foreign grants, check here 🕨 🦵	178,716,149
b	SCHOLARSHIPS AND FELLOWSHIPS FINAN GRADUATE AND UNDERGRADUATE STUDEN		L AID TO STUDENTS, TUITION REMISSION TO BOTH	
	(Grants and allocations \$ 58,025,087)		If this amount includes foreign grants, check here 🕨 🦵	58,025,087
c	AUXILIARY ENTERPRISES THE UNIVERSIT GRADUATE AND UNDERGRADUATE STUDEN		SIDENCE HALLS AND DINING SERVICES FOR	
d	(Grants and allocations \$)		If this amount includes foreign grants, check here 🕨 🦵	29,970,078
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should equ	al lın	ne 44, column (B), Program services)	266,711,314

For	n 990	(2006)					Page 4
Pa	rt I\	Balance Sheets (See the instru	ctions	·.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			45		
	46	Savings and temporary cash investments			47,690,132	46	50,557,471
	47a	Accounts receivable	47a	3,357,246			
	ь	Less allowance for doubtful accounts	47b	520,768	5,047,603	47c	2,836,478
	48a	Pledges receivable	48a	94,277,300			
	b	Less allowance for doubtful accounts	48b	3,825,000	92,635,281	48c	90,452,300
	49	Grants receivable			5,834,262	49	6,813,014
	50a	Receivables from current and former officer key employees (attach schedule)		· · · · · · · · · · · · · · · · · · ·		50a	
	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)		50b			
	51a	Other notes and loans receivable (attach schedule)	tach				
øj	ь	b Less allowance for doubtful accounts		1,482,909	12.998.192	51c	12,957,807
Assets	52			· · ·	492,958	52	506,943
ď	53	Prepaid expenses and deferred charges .			6,217,553	53	7,305,310
	54a	Investments—publicly-traded securities		Cost FMV	616,258,102	54a	734,709,000
		·	010,230,102		734,703,000		
		Investments—other securities (attach sch	edule)	F Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	Ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .				56	
	57a	Land, buildings, and equipment basis	57a	428,878,042			
	b	Less accumulated depreciation (attach schedule)	57b	205,171,511	192,691,777	57c	223,706,531
	58	Other assets, including program-related in					
		(describe ▶ -	16,917,667	58	67,963,231		
	59	Total assets (must equal line 74) Add lines	c 45 th	rough 58	996,783,527	59	1,197,808,085
	60	Accounts payable and accrued expenses			27,859,874	60	35,399,958
	61	Grants payable			6,763,355	61	6,264,046
	62	Deferred revenue		F	12,994,981	62	13,062,239
	63	Loans from officers, directors, trustees, and		F	<u> </u>		<u> </u>
ν <u>η</u> 1		schedule)	•	· ' ' ' I		63	
L i	64a	Tax-exempt bond liabilities (attach schedu		F	130,410,446		190,641,000
	Ь	Mortgages and other notes payable (attach	-	- F	3,823,214	64b	10,860,393
	65	Other liablilities (describe)	27,512,892	65	29,518,988
	66	Total liabilities Add lines 60 through 65 .			209,364,762	66	285,746,624
		anizations that follow SFAS 117, check here			200,00 1,1 02	- 00	255,7 15,62 1
Š	67	67 through 69 and lines 73 and 74 Unrestricted			140,985,373	67	169,346,257
ĕ	68	Temporarily restricted		F	223,956,796	68	286,463,614
Balanc	69	Permanently restricted			422,476,596	69	456,251,590
Fund B	Orga	anizations that do not follow SFAS 117, chec					
	70	complete lines 70 through 74 Capital stock, trust principal, or current fur			70		
ŏ	70	Paid-in or capital surplus, or land, building,		70			
Assets	72	Retained earnings, endowment, accumulate		71			
	73	Total net assets or fund balances Add line	'		12		
S	,,	through 72 (Column (A) must equal line 19		-	787,418,765	73	912,061,461
	74	Total liabilities and net assets / fund balances	996,783,527	74	1,197,808,085		
_		iviai napiniles and net assets / Tunu Daldnee	• ∩uu IIII€	.5 50 ana 75 1 1	555,755,527		Form 990 (2006)

Part	t IV-A	Reconciliation of Reven the instructions.)	ue per Audited Fina	ncial Sta	tements \	With Reven	ue per F	Return (See
а	Total	revenue, gains, and other suppo	rt per audited financial sta	tements .			а	370,851,671
b	A mot	ints included on line a but not on	Part I, line 12					
1	Netu	nrealized gains on investments		b1		66,843,759		
2	Dona	ted services and use of facilities		b2			1	
3	Reco	veries of prior year grants		b3			1	
4	Othe	r (specify) 🕏					1	
		ines b1 through b4		_ b4		58,832,538	[0.011.221
		-					Ь	8,011,221
с		act line b from line a					С	362,840,450
d		ints included on Part I, line 12, b		1 1				
1		tment expenses not included on	Part I, line	d1				
2		r (specify)					1	
				_ d2				
	Addl	ınes d1 and d2 .] d	8,011,221
е		revenue (Part I, line 12) Add lir					e	362,840,450
Part		Reconciliation of Expen		ancial Sta	atements	With Expe		r Return
а		expenses and losses per audited					а	246,208,975
b	A mot	ints included on line a but not on	Part I, line 17					
1	Dona	ted services and use of facilities		b1				
2		year adjustments reported on Pa	rt I, line	b2			1	
3		es reported on Part I, line		D2			1	
	20			b3				
4	Othe	r (specify)		b4				
	A dd I	ınes b1 through b4					Ь	
c	Subtr	act line b from line a					С	246,208,975
d	A mou	ints included on Part I, line 17, b	ut not on line a:					
1		tment expenses not included on						
			,	d1				
2	Othe	r (specify)		d2		58,025,087		
	 A dd I	nes d1 and d2		_ <u>uz</u>			d	58,025,087
e	Total	expenses (Part I, line 17) Add I	ines c and					304,234,062
							e	,
Part	t V-A	Current Officers, Directo director, trustee, or key em instructions.)					not compe	
	(A)	Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	employee bendered complans	efit plans & pensation	(E) Expense account and other allowances
See A	dditiona	l Data Table						
			1					

orm 990 (2006)						Page (
Part V-A Current Officers, Director	rs, Trustees, and Key	y Employees (conti	nued)		Yes	No		
75a Enter the total number of officers, directo	rs, and trustees permitted	l to vote on organizatioi	n business at board					
meetings		<u>▶</u> 48						
b Are any officers, directors, trustees, or k	ey employees listed in For	m 990, Part V-A, or high	jhest compensated					
employees listed in Schedule A , Part I , o	r highest compensated pro	ofessional and other ind	ependent					
contractors listed in Schedule A, Part II-	-A or II-B, related to each	other through family or	business					
relationships? If "Yes," attach a stateme	nt that identifies the indivi	duals and explains the	relationship(s) 🕏 .	75b	Yes			
c Do any officers, directors, trustees, or ke	y employees listed in Fori	n 990, Part V-A, or hig	hest compensated					
employees listed in Schedule A , Part I , o	r highest compensated pro	ofessional and other ind	ependent					
contractors listed in Schedule A , Part II-	-A or II-B, receive compe	nsation from any other o	organizations, whether					
tax exempt or taxable, that are related to organization"			finition of "related	75c No				
If "Yes," attach a statement that includes								
d Does the organization have a written con				75d	Yes	<u></u>		
Part V-B Former Officers, Directo Benefits (If any former off (described below) during the benefits in the appropriate of	icer, director, trustee, e year, list that person	or key employee red below and enter the	eived compensation	or oth	her bei	nefits		
		(C) Compensation	(D) Contributions to employee benefit plans	(F) Evi	pense acc	count and		
(A) Name and address	(B) Loans and Advances	(If not paid enter -0-)	and deferred compensation plans		ner allowa			
TUART ALTMAN 15 SOUTH STREET	0	265,875	24,621			C		
ALTHAM, MA 02454			,					
RV EPSTEIN		204.666	22.011					
15 SOUTH STREET /ALTHAM, MA 02454	0	204,666	22,011			C		
AMES LACKNER								
15 SOUTH STREET	0	212,911	25,828			C		
/ALTHAM, MA 02454 OBERT SEKULER								
15 SOUTH STREET	0	208,419	31,211			C		
/ALTHAM, MA 02454								
ICHAEL SWARTZ 15 SOUTH STREET	0	103,039	15,156			25,154		
ALTHAM,MA 02454		,	,			,		
				-				
	(Ĺ,				
art VI Other Information (See the					Yes	No		
5 Did the organization make a change in its activitie	s or methods of conducting activ	ities? If "Yes," attach a				l		
detailed statement of each change				76		No		
Were any changes made in the organizing		but not reported to the .	IRS/	77		No		
If "Yes," attach a conformed copy of the	_		_		.,			
Did the organization have unrelated business gros	, ,	,		78a	Yes			
b If "Yes," has it filed a tax return on Form Was there a liquidation, dissolution, termination, or				78b	Yes			
,,	n substantial contraction during 1	me year ii Yes, attach		70		KI -		
a statement Oa. Is the organization related (other than by associate	ion with a statewide or nation	de organization) through cor	nmon membership	79		No		
Oa Is the organization related (other than by associat		, ,	• •	60-		KI -		
governing bodies, trustees, officers, etc , to any o		mizativii ^r , , ,		80a		No		
b If "Yes," enter the name of the organizati								
		is exempt or no	nexempt					
1a Enter direct or indirect political expendit			0	_				
b Did the organization file Form 1120-POL f	or this year?			81b	Į	No		

_				l age 7
Par	t VI Other Information (continued)		Yes	No
32a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gıfts were not tax deductible?	84b		
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
С	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0	55		
	Gross receipts, included on line 12, for public use of club facilities 86b 0	1		
57	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
38a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		N o
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
39a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter A mount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
e	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	096		IN O
ī	All organizations. Did the organization acquire direct of indirect interest in any applicable insurance contract?	89f		Νο
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		89g		No
90a	List the states with which a copy of this return is filed - CA,MA	- 9		
	Number of employees employed in the pay period that includes March 12, 2006 (See 90b			4,161
91a	The books are in care of MAUREEN MURPHYVPTREASURER Telephone no (781)	736-2	000	
	415 SOUTH STREET			
	Located at ► WALTHAM, MA ZIP + 4 ► 024549110			
ь	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		Yes	Νo
	account)?	91b	Yes	
	If "Yes," enter the name of the foreign country 🕨 IS			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

	0 (2006)								Page
Part V	*					T		Yes	No
c At	any time during the calendar yea	r, dıd the organızatı	on maintain	an office outside (of the United	States?	91c		No
If`	"Yes," enter the name of the foreig	ın country ▶							
2 Sec	ction 4947(a)(1) nonexempt charita	ble trusts filing Forn	n 990 ın lıeu	<i>of Form 1041—</i> Ch	eck here .				-
an	d enter the amount of tax-exempt	interest received o	or accrued d	uring the tax year		. ▶ 92			
art V	Analysis of Income-Pr	oducing Activit	ties <i>(See</i>	the instruction	ns.)	•			
ote: <i>Er</i>	nter gross amounts unless otherwis	se indicated.		business income	 	ction 512, 513, or 5	14	(E) Related	
			(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	6	exempt fu Incom	ınctıon
3 P	rogram service revenue								
a S	ee Additional Data Table								
ь_									
c _									
d		_							
e _									
f M	edicare/Medicaid payments .								
g F	ees and contracts from governme	nt agencies							
. м	embership dues and assessment	s							795,61
5 In	terest on savings and temporary cash in	vestments							
5 D	ıvıdends and ınterest from securi	ties			14	18,627,30	3		
7 N	et rental income or (loss) from re	al estate							
a de	ebt-financed property								
b no	on debt-financed property				16	1,688,35	0		
B Ne	et rental income or (loss) from personal j	property							
9 0	ther investment income								
	ain or (loss) from sales of assets other th	· ·			18	34,833,36	0		
	et income or (loss) from special e								
	ross profit or (loss) from sales of	inventory							
	ther revenue a <u>FEES</u>								353,26
ь ∪	NRELATED INCOME								
c FI	ROM INVESTMENTS		525990	-34,885					
d _									
e _									
	ubtotal (add columns (B), (D), and	· · · ·		649,244		55,225,53	2	233	,665,83
	tal (add line 104, columns (B), (D					· · · • <u>-</u>		289,5	40,60
	ne 105 plus line 1e, Part I, should e	<u> </u>							
	Relationship of Active Explain how each activity for wh								
me No. ▼	of the organization's exempt pur					iportaintly to the	accor	11611311111	ent
93 &	EDUCATIONAL REVENUE ENT	ITLES STUDENTS	TO ATTEN	D CLASSES AND					
103	UTILIZE THE UNIVERSITY'S F	ACILITIES WHICH	H RELATES	TO THE					
0	UNIVERSITY'S EDUCATIONA		SORED PRO	OGRAMS,					
0	GOVERNMENT FEES, OTHER 8								
art I	X Information Regardin (A)	g Taxable Subs	sidiaries a	and Disregard	ed Entities	s (See the ins	struc	<u>tions.</u> (E)	
	ie, address, and EIN of corporation,	Percentage of		(C) Nature of activities		(D) Total income		End-of-	year
p	artnership, or disregarded entity	ownership interest		ratare or detivities		Total medite	+	asse	ts
		9/6	+				+		
		9/6	0						
		9/0							
Part 2	_	g Transfers As	sociated	with Personal	Benefit Co	ontracts <i>(See</i>	the		
1 5.4	instructions.)	o any funda di	undura ethi. += =	au promitima	roonal ban-fit	intract?		Yes	V N≏
	the organization, during the year, received		., .					Yes	
-	d the organization, during the year		•	rectiy, on a perso	nai penefit co	ontract/	• 1	res)* NO
OTE:	If "Yes" to (b), file Form 8870 and	i Form 4720 (see ins	structions).						

Part		formation Reg controlling organ			rom Controlled 512(b)(13)	Entities Comp	lete only if the or	ganizati	on is
106		e reporting organiza ode? if "Yes," comp			trolled entity as defir controlled entity	ned in section 512	?(b)(13) of	Yes	No
	ı	(A) Name and address o controlled entit		Employer Id	B) dentification mber	(C) Description of transfer		(D) of transf	er
		Totals							
								Yes	No
107		e reporting organiza ode? if "Yes," comp	•		controlled entity as controlled entity	defined in section	512(b)(13) of		
	(A) Name and address of each controlled entity		(B) Employer Identification Number		(C) Description of transfer		(D) A mount of transf		
		Totals							
				_					
108		e organization have ies and annuities de	-		ct on August 17, 200)6 covering the in	terests, rents,	Yes	No
Pleas	and				rn, including accompanyii (other than officer) is ba		of which preparer has a		
Sign Here	Signature of officer Date								
Paid	arer's	Preparer's signature			Date	Check if self-empolyed	Preparer's SSN or PTIN	(See Gen	Inst W)
Use Only		Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP				EIN Þ		
			99 High Street Boston, MA 021102	371			Phone no 🕨		

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

JAMES HARBER

415 SOUTH STREET

WALTHAM, MA 02454

Total number of other employees paid over

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization Brandeis University **Employer identification number**

31,876

0

04-2103552

215,056

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None."] (d) Contributions (e) Expense (a) Name and address of each employee (b) Title and average hours to employee benefit (c) Compensation account and other paid more than \$50,000 per week devoted to position plans & deferred allowances compensation NANCY WINSHIP SENIOR VP 274,260 25,576 106,197 415 SOUTH STREET 35 0 WALTHAM, MA 02454 JEAN EDDY SENIOR VP 249,087 1,000 34.190 415 SOUTH STREET WALTHAM, MA 92454 EVE MARDER PROFESSOR 224,062 27,393 0 415 SOUTH STREET 35.0 WALTHAM, MA 02454 DEBORAH KUENSTNER VP OF INVEST MGMT 771 218.021 0 415 SOUTH STREET 35.0 WALTHAM, MA 02454

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter
"None.")

779

FACULTY

35 0

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PAYETTE ASSOCIATES INC		
285 SUMMER STREET BOSTON, MA 02210	DESIGN	1,698,981
WILLIAM RAWN ASSOCIATES ARCHITECTS		
10 POST OFFICE SQUARE BOSTON, MA 02109	ARCHITECT	1,194,716
SEBESTA BLOMBERG AND ASSOCIATES INC		
PO BOX 842561 BOSTON, MA 02284	DESIGN	1,012,157
CAMBRIDGE ASSOCIATES LLC		
100 SUMMER STREET BOSTON, MA 021102112	INVESTMENT ADVISOR	406,703
SILCHESTER		
780 THIRD AVENUE 42ND FLOOR NEW YORK, NY 10017	INVESTMENT ADVISOR	297,910
Total number of others receiving over \$50,000 for		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation ARAMARK CORPORATION **DINING SERVICES** 10,193,238 1101 MARKET STREET PHILADELPHIA, PA 19107 LEGGAT MACCALL PROPERTIES 10 POST OFFICE SQUARE CONSTRUCTION MNGMT 1,014,882 BOSTON, MA 02109 KEVIN MONTUORI CONSTRUCTION CONSLTN 150,000 33 CORNWALL STREET JAMAICA PLAIN, MA 02130 **EQUIASSOCIATES** COMPUTER CONSULTANT 125,770 119 HICKORY HILL ROAD NORTH ANDOVER, MA 01845 CIBER INC 100 CONIFER HILL DRIVE SUITE 410 COMPUTER CONSULTANT 163,268 DANVERS, MA 01923 Total number of other contractors receiving over 1.5 \$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	connection with the lobbying activities ► \$ 272,664 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing property?	2a		Νo
b	Lending of money or other extension of credit?	2b	Yes	
С	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments) 🕏	3а	Yes	
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νο
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		Νo
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year ▶17			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	,294		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

P	art I	V Reason for Non-Private F	oundation Status	(See pages 4 th	rough 7 of the	instructions.))
cer	ify th	at the organization is not a private foun	dation because it is (Pl	ease check only O	NE applicable bo	x)	
5	Ė	A church, convention of churches, or a	association of churches	Section 170(b)(1)(A)(ı)	ŕ	
6	<u></u>	A school Section 170(b)(1)(A)(ii) (A	lso complete Part V)				
7		A hospital or a cooperative hospital s	ervice organization Sec	tion 170(b)(1)(A)((111)		
8		A federal, state, or local government of	or governmental unit Se	ction 170(b)(1)(A)(v)		
9		A medical research organization opera) Enter the ho	spital's name, city
		and state 🕨					
10	Γ	An organization operated for the bene	fit of a college or univer	sity owned or opera	ated by a govern	mental unit	
		Section 170(b)(1)(A)(iv) (Also comp	ete the Support Schedu	le ın Part IV-A)			
11a	Γ	An organization that normally receive	s a substantial part of it	s support from a g	overnmental unit	or from the ge	neral public
		Section 170(b)(1)(A)(vi) (Also comp	ete the Support Schedu	le ın Part IV-A)			
11b	Γ	A community trust Section 170(b)(1)	(A)(vı) (Also complete	the Support Sched	l ule in Part IV-A)	
12	Γ	An organization that normally receive	(1) more than 33 _{1/3}	% of its support fro	m contributions,	membership fe	ees, and gross
		receipts from activities related to its	harıtable, etc , function	s—subject to certa	aın exceptions, a	nd (2) no more	than 331/3% of
		its support from gross investment inc	ome and unrelated busir	ness taxable incom	ne (less section 5	511 tax) from b	ousinesses
		acquired by the organization after Jun	e 30, 1975 See section	1509(a)(2) (Also	complete the Su l	pport Schedule	ın Part IV-A)
13	Γ	An organization that is not controlled		•	•	•	se meets the
		requirements of section 509(a)(3) Ch	neck the box that descri	bes the type of sup	oporting organiza	tion	
		Type I Type II Type	e III - Functionally Inte	arated \Box T	ype III - Other		
		, , ,		<u> </u>	•	:tti\	
		Provide the following informa	tion about the supporte	(c)		instructions.)	Τ
				Type of	(d) Is the sup		
		(-)	(b)	organization	organization lis		(e)
	lame	(a) (s) of supported organization(s)	Employer ident if icat ion	(described in	supporting org		A mount of
•	·	(3) or supported organization(3)	number	lines 5 through	governing do	cuments?	support?
				12 above or IRC section)	Yes	No	
Гotа				ı		•	
						<u> </u>	ı
14	\sqcap	An organization organized and operate	ed to test for public safe	ty Section 509(a)	(4) (See page 7	of the instruct	ions)

	TV-A Support Schedule (Complete only You may use the worksheet in the instructions for cor					ethod	of accountin
alen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d)	2002	(e) Total
	Gifts, grants, and contributions received (Do not						
	include unusual grants See line 28)						
	Membership fees received						
	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of facilities in any activity that is related to the						
	organization's charitable, etc., purpose						
	Gross income from interest, dividends, amounts						
	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
	Net income from unrelated business activities						
	not included in line 18						
	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						
	behalf The value of services or facilities furnished to						
•	the organization by a governmental unit without						
	charge Do not include the value of services or						
	facilities generally furnished to the public without						
	charge						
_	Other income Attach a schedule Do not include						
	gain or (loss) from sale of capital assets						
	Total of lines 15 through 22						
	Line 23 minus line 17						
	Enter 1% of line 23 Organizations described on lines 10 or 11: a En				26a		
c d	of all these excess amounts Total support for section 509(a)(1) test Enter line Add Amounts from column (e) for lines 18 22 Bubble support (line 265 minus line 264 tests)	24, column (e)	19 26b	; :	26b 26c 26d		
	Public support (line 26c minus line 26d total)				26e	+	
	Public support percentage (line 26e (numerator) di	<u>-</u>		<u>P</u>	26f		
	Organizations described on line 12: a For amou						
	prepare a list for your records to show the name of,			ch year from, each	ı "dısqu	alıfıed pe	erson "
	Do not file this list with your return. Enter the sum	of such amounts	s for each year				
	(2005)(2004)		_(2003)		(2002) -		
b	For any amount included in line 17 that was receive	ed from each pers	son (other than "c	disqualified persoi	ns"), pre	pare a l	st for your
	records to show the name of, and amount received	for each year, tha	at was more than	the larger of (1) t	he amoı	ınt on lır	ne 25 for the ye
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as ındıvıdual	s) Do n	ot file t	his list with you
-	return. After computing the difference between the	amount received	l and the larger ar	mount described i	n (1) or	(2), ent	er the sum of
1	these differences (the excess amounts) for each ye	ar					
	(2005) (2004)		(2003)		(2002)		
		-	_		=		
c ·	Add Amounts from column (e) for lines 15		16				
Ī	17 20					27c	
. ام	Add Line 27a total	and line 27b tot			-	27d	
_	Public support (line 27c total minus line 27d total)				_	27e	
			a a lumani / - V 🌬	1 275	_	2/6	
	Total support for section 509(a)(2) test Enter amo			27f	1	۱ ۲	
g	Public support percentage (line 27e (numerator) di				27g	+	
_	Investment income percentage (line 18, column (e				27h		

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

Pa	Private School Questionnaire (See page 7 of the instructions.)			
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	Yes	-110
30	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?	30	Yes	
31	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?	31		Νo
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	THE UNIVERSITY IS EXEMPT UNDER REVENUE PROC #75-50 SEC 4 03 2(B) DUE ITS GOOD FAITH			
	COMPLIANCE WITH SEC #4 02			
32				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Yes	
I	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
•	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
33	Does the organization discriminate by face in any way with respect to			
	Students' rights or privileges?	33a		Νo
•	Totalents rights of privileges	334		110
	Admissions policies?	33b		Νo
	,			
	Employment of faculty or administrative staff?	33c		No
	, =,,,,			
	Scholarships or other financial assistance?	33d		Νo
`				
	Educational policies?	33e		Νo
	Use of facilities?	33f		Νo
	Athletic programs?	33g		Νo
,				
	Other extracurricular activities?	33h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34	Does the organization receive any financial aid or assistance from a governmental agency? 🕏	34a	Yes	
ı	Has the organization's right to such aid ever been revoked or suspended?	34b		Νo
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	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 CB 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	

Schedule A (Form 990 or 990-EZ) 2006 Page 5 Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check > a if the organization belongs to an affiliated group Check 🕨 **b** If you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is-The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 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 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 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 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2006 2005 2004 2003 fiscal year beginning in) Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures 50 Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) 🕏 During the year, did the organization attempt to influence national, state or local legislation, including any Yes No A mount attempt to influence public opinion on a legislative matter or referendum, through the use of Νo Volunteers Yes Paid staff or management (Include compensation in expenses reported on lines c through h.) Media advertisements Νo Mailings to members, legislators, or the public Yes Publications, or published or broadcast statements Nο Grants to other organizations for lobbying purposes Νo Direct contact with legislators, their staffs, government officials, or a legislative body Yes 272,664

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Total lobbying expenditures (Add lines c through h.)

272,664

Νo

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

		g organization to a no	ncharitable exempt organization	of		Yes	No
(i)	Cash				51a(i)		Νo
	O ther assets				a(ii)		Νo
_	r transactions					ļ	
			narıtable exempt organızatıon		b(i)		Νo
	Purchases of assets		· · · · · · · · · · · · · · · · · · ·		b(ii)		Νo
	Rental of facilities, ed		sets		b(iii)		Νo
	Reimbursement arrar	-			b(iv)		Νο
	Loans or loan guaran				b(v)		No
			r fundraising solicitations		b(vi)		No
			er assets, or paid employees lete the following schedule Colu				No
transa	action or sharing arran		oorting organization If the organ imn (d) the value of the goods, of			e in a	ny
(a) ine no	(b) A mount involved	Name of nonch	(c) arıtable exempt organizatıon	Description of transfers, tra		and s	harır
				arrangem	ents		
				_			
				_			
				_			
				_			
				_			
				_			
				_			
				_			
				+			
				+			
				+			
Ic the	organization directly	or indirectly offiliated	I with, or related to, one or more	tov evernt ergonizations			
			nan section 501(c)(3)) or in sect		v	·	굣
	es," complete the follow		ian section 501(c)(5)) or in sect	1011 527	- , ,	es	Į.
, II Ie		willy scriedule					
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of re	lationshin		
	Nume of organiza		Type of organization	Description of te	- Ideloliship		
				İ			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490136030418

OMB No 1545-0172

Department of the Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Attachment

Service	-	•			-				ı	Sequence No 67
Name(s) shown on return			Business or a	activity to which	thıs fo	rm rela	ates	Iden	tifyin	g number
Brandeis University			GENERAL DE	PRECIATION				04-2	1035	52
Part I Election	To Expense (Certain F			179			1 0 7 2	1033	32
	ou have any li					и соп	plete	e Part I.		
1 Maxımum amount See	the instructions	for a high	er limit for cer	taın busınesses					1	\$ 108,000
2 Total cost of section 1	79 property plac	ed in serv	ıce (see ınstru	ıctıons) .		•			2	
3 Threshold cost of sect	ion 179 property	/ before re	duction in limit	tation					3	\$ 430,000
4 Reduction in limitation	Subtract line 3	from line 2	2 Ifzero or les	s, enter - 0 -					4	
5 Dollar limitation for tax	year Subtract	lıne 4 from	ılıne 1 Ifzero	or less, enter -0)- If m	arried	filing			
separately, see instruc	tions						•		5	
				ı						
(a) D	escription of pro	perty		(b) Cost ((busine only)	ss use	• (c) Elected	cost	
6				•	3111y)					=
										1
7 Listed property Enter	the amount from	line 29				7				Γ
8 Total elected cost of s	ection 179 prop	erty Adda	amounts ın col	umn (c), lines 6	and 7				8	
9 Tentative deduction E	nter the smaller	of line 5 o	rline 8 .						9	
10 Carryover of disallowed	d deduction from	line 13 of	your 2005 Fo	rm 4562 .					10	
11 Business income limitation	Enter the smaller of	business inco	ome (not less tha	n zero) or line 5 (se	ee instru	ctions)			11	
12 Section 179 expense of	deduction Add li	nes 9 and	10, but do not	enter more thai	n line 1	1 .			12	
13 Carryover of disallowed	d deduction to 2	007 Add I	lines 9 and 10	, less line 12	.▶	13				
Note: Do not use Part.	II or Part III b	elow for	listed proper	rty. Instead, u	se Pai	rt V.	I			<u> </u>
							inclu	de listed pr	operty	y) (See instructions)
14 Special allowance for q property) placed in ser					rty (ot	her tha	an list	ed	14	
15 Property subject to see	ction 168(f)(1) e	election							15	
16 Other depreciation (inc	luding ACRS)								16	
Part IIII MACRS De	preciation ([Do not in	clude listed	property.) (Se	e inst	ructio	ns.)			
				ection A						г
17 MACRS deductions for	assets placed ii	n service i	n tax years be	ginning before 2	006	•	•		17	46,343
18 If you are electing t general asset accou	. ,			e during the to	•		one	or more . ▶		
(a) Classification of property	(b) Month and year placed in service	depr (busines:	Basis for reciation s/investment use	(d) Recovery period	(e) C	onvent	ion	(f) Metho	d	(g)Depreciation deduction
19a 3-year property										
b 5-year property										
c 7 - year property										
d 10-year property										
e 15-year property										
f 20-year property g 25-year property				25 yrs				S/L	-+	
h Residential rental				25 yrs 27 5 yrs		4 M		S/L S/L	-+	
property				27 5 yrs		<u>им</u>				
i Nonresidential real				39 yrs	 	<u>им</u>		S/L		
property						И М		S/L		
Sect io	n C—Assets Plac	ed in Serv	ice During 200	6 Tax Year Using	the A	lterna	tive D	epreciat ion	Syste	em
20a Class life								S/L		
b 12-year				12 yrs				S/L		
c 40-year	 	tions)		40 yrs		ММ		S/L		
Part IV Summar 21 Listed property Enter	y (see instruc								21	
			h 17 lines 10	and 20 in salies	• vn /a\ =	nd lie	. 21	Enter hear	Z1	
22 Total. Add amounts fro and on the appropriate	lines of your ret	urn Partne	erships and S	corporations—se	ee instr			Enter nere	22	46,343
23 For assets shown abov portion of the basis att			-	nt year, enter the	•	23				
										- 4-4-

Form 4562 (2006) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes Vo (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis period use use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax 25 year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (b) (c) (d) (e) (a) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No Yes Yes No No Yes Yes No Yes Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? . Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vechicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year percentage

begins 42 A mortization of costs that begins during your 2006 tax year (see instructions) 43 A mortization of costs that began before your 2006 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Additional Data

Software ID:

Software Version:

EIN: 04-2103552

Name: Brandeis University

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a AMORTIZATION	43a	230,613	213,665	16,948	
b INVESTMENT FEES	43b	2,079,679		2,079,679	
c DUES	43c	675,393	312,996	327,394	35,003
d OUTSIDE SERVICES	43d	23,670,642	20,949,403	2,557,115	164,124
e BANK FEES	43e	179,444	42,038	127,545	9,861
f LIBRARY	43f	3,459,718	3,443,299	8,122	8,297
g NON-CAPITAL EQUIPMENT	43g	1,916,456	1,548,726	367,730	
h SCHOLARSHIPS	43h	14,318,979	14,148,914	170,065	
i MISCELLANEOUS	43i	4,148,534	2,306,598	739,295	1,102,641

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

		<u> </u>	· · ·	
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JEHUDA REINHARZ 415 SOUTH STREET WALTHAM,MA 02454	PRESIDENT 35 0	367,744	225,055	115,565
PETER FRENCH 415 SOUTH STREET WALTHAM,MA 02454	EXECUTIVE VP & COO 35 0	321,009	271,696	131,533
MARTY KRAUSS 415 SOUTH STREET WALTHAM,MA 02454	PROVOST & SENIOR VP 35 0	245,137	33,939	0
MAUREEN MURPHY 415 SOUTH STREET WALTHAM,MA 02454	VP FISCAL AFF-TREAS 35 0	220,402	22,813	39,115
JOHN HOSE 415 SOUTH STREET WALTHAM,MA 02454	ASST SECRETARY OF THE CORP 35 0	171,082	27,736	1,000
STEPHEN B KAY 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE-CHAIR 1 0	0	0	0
GERSHON KEKST 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE-VICE CHAIR 1 0	0	0	0
MALCOLM L SHERMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE-VICE CHAIR 1 0	0	0	0
DANIEL J ELKAIM 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE-TREASURER 1 0	0	0	0
RONALD A RATNER 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE-SECRETARY 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

			<u> </u>	
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ALEX BARKAS 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
CHARLES BRONFMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JACK M CONNORS JR 415 SOUTH STREET WALTHAM, MA 02454	TRUSTEE 1 0	0	0	0
D RONALD DANIEL 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JONATHAN G DAVIS 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
STUART EIZENSTAT 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
HENRY L FOSTER 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
THOMAS L FRIEDMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
WILLIAM S FRIEDMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
MORTON GINSBERG 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS P GLYNN PHD 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
CHARLES H GOODMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
MARTIN J GROSS 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
SYLVIA HASSENFELD 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JONATHON S JACOBSON 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
DANIEL J JICK 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
KENNETH S KAISERMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
DARLENE G KAMINE 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
RICHARD H KAUFMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
ROSALIND F KAUFMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SUK WON KIM 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
MEYER KOPLOW 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
MYRA H KRAFT 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
GLENN R LANGBERG 415 SOUTH STREET WALTHAM, MA 02454	TRUSTEE 1 0	0	0	0
THOMAS H LEE 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JEANETTE LERMAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
BARBARA A MANDEL 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
LOUIS PERLMUTTER 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
DOROTHY PIERCE 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
PHYLLIS REDSTONE 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEPHEN R REINER 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
ROBERT S RIFKIND 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
BARBARA ROSENBERG 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
E JOHN ROSENWALD JR 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
CAROL R SAIVETZ 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
ROBERT SHAPIRO 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
MICHAEL H STEINHARDT 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
PERRY TRAQUINA 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JOHN USDAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
LINDA WHITLOCK 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BARTON J WINOKUR 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
RHONDA ZINNER 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
DONALD G DRAPKIN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
VARTAN GREGORIAN 415 SOUTH STREET WALTHAM,MA 02454	TRUSTEE 1 0	0	0	0
JEHUDA REINHARZ 415 SOUTH STREET WALTHAM,MA 02454	PRESIDENT 35 0	0		
PETER FRENCH 415 SOUTH STREET WALTHAM,MA 02454	EXEUTIVE VP & COO 35 0	0		

Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter grees amounts unless oth amilia	Unrelated business income		Excluded by section 512, 513, or 514		(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) A mount	(C) Exclusion code	(D) A mount	Related or exempt function income
a TUITION & FEES					149,256,344
b AUXILIARIES	721000	365,789	03	76,519	24,293,929
c SPONSORED PROGRAMS					53,267,804
d GOVERNMENT FEES					157,122
e ANIMAL CARE	621500	318,340			
f OTHER					5,541,759

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TY 2006 Cash Grants Paid Schedule

Name: Brandeis University

Class of Activity	Recipient's name	Address	Amount	Relationship
	STUDENT SCHOLARSHIPS AND FINANCIAL	PO BOX 9110 MS 110 WALTHAM, MA 02454	58,025,087	STUDENTS OF THE UNIVERSITY

TY 2006 General Explanation Attachment

Name: Brandeis University

ldentifier	Return Reference	Explanation
DETAIL OF DEPRECIATION EXPENSE AND PROPERTY, PLANT AND EQUIPMENT	FORM 990, PART II, LINE 42 AND PART IV, LINE 57	BEGINNING OF YEAR END OF YEAR

ldentifier	Return Reference	Explanation
DETAIL OF TAX- EXEMPT BOND LIABILITIES AND MORTGAGES & OTHER NOTES PAYABLE	FORM 990, PART IV, LINES 64A AND 64B	OUTSTANDING DEBT AS OF JUNE 30 CONSISTS OF THE FOLLOWING (ALL AMOUNTS IN THOUSANDS) 6/30/07 6/30/06

ldentifier	Return Reference	Explanation
DETAIL OF SALES OF SECURITIES	FORM 990, PART I, LINE 8	AMOUNT GROSS AMOUNT FROM SALES OF SECURITIES (LINE 8A) 111,136,000 LESS COST OR OT HER BASIS AND SALES EXPENSES (LINE 8B) 76,302,640 GAIN OR (LOSS) (LINE 8C) 34, 833,360 ============

ldentifier	Return Reference	Explanation
DETAIL OF BUSINESS RELATIONSHIPS	FORM 990, PART V-A, LINE 75B	PRESIDENT JEHUDA REINHARZ AND VICE PRESIDENT NANCY WINSHIP HAD PERSONAL INVESTMENTS IN BUS INESS OR INVESTMENT ENTITIES IN WHICH TRUSTEES JONATHAN G DAVIS AND MARTIN J GROSS WERE FINANCIALLY INVOLVED THE INVESTMENT RELATING TO JONATHAN G DAVIS ENDED ON JUNE 29, 2007

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TY 2006 Other Assets Schedule

Name: Brandeis University

Description	Beginning of Year Amount	End of Year Amount
CASH SURRENDER VALUE	452,682	459,964
FUNDS HELD IN TRUST BY OTHERS	10,090,637	10,686,831
FUNDS HELD UNDER BOND AGRMTS	6,339,699	55,671,344
OTHER ASSETS	34,649	1,145,092

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TY 2006 Other Changes in Net Assets Schedule

Name: Brandeis University

Description	Amount
NET CHANGE IN UNREALIZED APPRECIATION OF	66,843,759
BY OTHERS	599,324
AGREEMENTS	1,406,775

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TY 2006 Other Expenses Not Included Schedule

Name: Brandeis University

Description	Amount
TUITION DISCOUNT	58,025,087

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TY 2006 Other Liabilities Schedule

Name: Brandeis University

Description	Beginning of Year Amount	End of Year Amount
ESTIMATED LIAB. TO ANNUITANTS	12,644,197	16,341,902
ACCRUED INTEREST	14,868,695	13,177,086

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TY 2006 Other Notes/Loans Receivable Short Schedule

Name: Brandeis University

Category/Name	Amount
PERKINS LOAN PROGRAM	6,855,805
UNIVERSITY LOAN PROGRAMS	7,584,911

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TY 2006 Other Revenues Included Schedule

Name: Brandeis University

Description	Amount
CHANGE IN VALUE OF FUNDS HELD	599,324
NET CHANGE IN VALUE OF SPLIT	-1,406,775
TUITION DISCOUNT	-58,025,087

TY 2006 Relationship Schedule

Name: Brandeis University

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
JEHUDA REINHARZ	PRESIDENT		BOARD TRUSTEES	SEE STATEMENT 5
JEANETTE LERMAN	TRUSTEE		SEE STATEMENTS 31 & 32	SEE STATEMENTS 31 & 32
JONATHAN G DAVIS AND MARTIN J GROSS	BOARD TRUSTEES			SEE STATEMENT 5
JEANETTE LERMAN	SEE STATEMENTS 31 & 32			SEE STATEMENTS 31 & 32

TY 2006 Non Electing Public Charities Statement

Name: Brandeis University

EIN: 04-2103552

Statement: THE UNIVERSITY IS A MEMBER OF VARIOUS NATIONAL & STATE

ORGANIZATIONS, SUCH AS: AMERICAN ASSOCIATION OF

UNIVERSITIES, AND NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS. MEMBERSHIP FEES TO THESE ORGANIZATIONS AMOUNTED TO \$89,286 DURING THE FISCAL YEAR. THE UNIVERSITY ALSO MADE PAYMENTS TOTALING

\$183,378 TO LOBBYISTS CONCERNING LEGISLATION AFFECTING SCIENTIFIC RESEARCH. OTHER EXPENDITURES UNDER PART VI-B

WERE MINIMAL AND OCCASIONAL.

TY 2006 Explanation of Receipt or Revocation of Government Financial Aid

Name: Brandeis University

EIN: 04-2103552

Statement: THE UNIVERSITY RECEIVED FUNDS FROM VARIOUS GOVERNMENTAL

AGENCIES FOR THE PURPOSE OF PROVIDING FINANCIAL

ASSISTANCE TO QUALIFIED RECIPIENTS, TO SUPPORT ORGANIZED RESEARCH CONDUCTED ON BEHALF OF THE GRANTING AGENCY

FOR THE CONSTRUCTION OF EDUCATIONAL FACILITIES.

TY 2006 Scholarship Award Statement

Name: Brandeis University

EIN: 04-2103552

Statement: STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE

JUDGED WORTHY ON THE BASIS OF ACADEMIC ACHIEVEMENT

AND/OR FINANCIAL NEED.

TY 2006 Self Dealing Statement

Name: Brandeis University

Line Number	Explanation
2b	THE UNIVERSITY HAS A CONTRACT FOR DINING SERVICES FOR WHICH THE SPOUSE OF A TRUSTEE IS A PRINCIPAL OWNER. THIS CONTRACT RESULTED FROM A COMPETITIVE BID PROCESS AND THE NORMAL PROCUREMENT PROCESS. THE TRUSTEE IS JEANETTE LERMAN. THE CONTRACT IS WITH ARAMARK CORPORATION. IN FISCAL YEAR 2007, THE UNIVERSITY HAS OUTSTANDING LOANS PAYABLE TO ARAMARK FOR DINING FACILITIES RENOVATIONS. AT JUNE 30, 2007, THE BALANCE OF THE LOANS WAS \$464,695.

Line Number	Explanation
2c	THE UNIVERSITY ENGAGES IN ACTIVITIES, IN THE NORMAL COURSE OF BUSINESS, WITH ORGANIZATIONS WHOSE OFFICERS, DIRECTORS OR TRUSTEES MAY BE OFFICERS OR TRUSTEES OF THE UNIVERSITY. THE UNIVERSITY HAS A CONTRACT FOR DINNING SERVICES FOR WHICH THE SPOUSE OF A TRUSTEE IS A PRINCIPAL OWNER. THIS CONTRACT RESULTED FROM A COMPETITIVE BID PROCESS AND THE NORMAL PROCUREMENT PROCESS. THE TRUSTEE IS JEANETTE LERMAN. THE CONTRACT IS WITH ARAMARK CORPORATION. IN FISCAL YEAR 2007, THE AMOUNT PAID TO ARAMARK WAS \$10,193,238. THE UNIVERSITY HAS INVESTED IN A FUND FOR WHICH A UNIVERSITY TRUSTEE IS A PARTNER. THE PRINCIPAL AMOUNT OF THE INVESTMENT OUTSTANDING AT JUNE 30, 2007 IS \$28,922,206. THE TRUSTEE IS JONATHON S. JACOBSON AND THE INVESTMENT FUND IS HIGHFIELDS CAPITAL LTD. THIS INVESTMENT WAS ENTERED INTO AT ARM'S-LENGTH AND IN THE ORDINARY COURSE OF BUSINESS.

Line Number	Explanation
2d	THE UNIVERSITY REIMBURSES ITS OFFICERS AND TRUSTEES FOR NORMAL BUSINESS EXPENSES INCURRED IN CONNECTION WITH UNIVERSITY BUSINESS, UPON THE PRESENTATION OF ORIGINAL DOCUMENTATION. ALL OTHER INFORMATION IS DISCLOSED IN PART V OF FORM 990. DR. SHULAMIT REINHARZ, WIFE OF THE UNIVERSITY'S PRESIDENT, IS EMPLOYED BY THE UNIVERSITY. AS A FULL-TIME TENURED FACULTY MEMBER AND AS A SPECIAL ASSISTANT TO THE PRESIDENT, DR. REINHARZ RECEIVED COMPENSATION OF \$137,605 AND BENEFITS OF \$46,651. THE ASSISTANT SECRETARY OF THE CORPORATION'S DAUGHTER WAS EMPLOYED AS THE ASSISTANT DIRECTOR OF STUDENT EMPLOYMENT DURING FISCAL YEAR 2007.