

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

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **06-01-2019**, and ending **05-31-2020**

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

**C** Name of organization  
TRUSTEES OF BOSTON COLLEGE

% LYNDISAY KING  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
140 COMMONWEALTH AVENUE Suite 440

City or town, state or province, country, and ZIP or foreign postal code  
CHESTNUT HILL, MA 02467

**D** Employer identification number  
04-2103545

**E** Telephone number  
(617) 552-2729

**G** Gross receipts \$ 4,162,691,110

**F** Name and address of principal officer:  
WILLIAM P LEAHY SJ  
140 COMMONWEALTH AVENUE440  
CHESTNUT HILL, MA 02467

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ www.bc.edu

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

**L** Year of formation: 1863

**M** State of legal domicile: MA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE O

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	44
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	42
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	12,354
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	52
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-13,035,640
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	159,699,817	225,038,278
<b>9</b> Program service revenue (Part VIII, line 2g)	874,877,565	882,662,617
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	166,369,716	117,454,777
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,222,867	-2,033,009
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,198,724,231	1,223,122,663

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	218,977,160	228,262,630
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	547,097,667	556,640,608
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,410,759		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,567,412	324,577,017
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,093,642,239	1,109,480,255
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	105,081,992	113,642,408

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,772,401,283	5,201,949,007
<b>21</b> Total liabilities (Part X, line 26)	1,353,729,916	1,626,351,056
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,418,671,367	3,575,597,951

## Part II Signature Block

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

**Sign Here** Signature of officer: \_\_\_\_\_ Date: 2021-04-12  
JOHN D BURKE FINANCE VP/TREASURER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-04-04  
Check  if self-employed PTIN: P00641463  
Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210 Phone no. (617) 530-5000

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 536,310,777 including grants of \$ 227,489,314 ) (Revenue \$ 698,904,514 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 193,170,496 including grants of \$ ) (Revenue \$ 152,899,583 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 173,913,818 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 57,358,707 including grants of \$ 773,316 ) (Revenue \$ 30,858,520 )

**4e Total program service expenses** ▶ 960,753,798

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 10-12 and 20. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 44; 1b Enter the number of voting members included in line 1a... 42; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons...; 7b Are any governance decisions of the organization reserved to...; 8 Did the organization contemporaneously document the meetings...; 8a The governing body...; 8b Each committee with authority to act on behalf...; 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures...; 11a Has the organization provided a complete copy of this Form 990 to all members...; 11b Describe in Schedule O the process, if any, used by the organization...; 12a Did the organization have a written conflict of interest policy...; 12b Were officers, directors, or trustees, and key employees required to disclose...; 12c Did the organization regularly and consistently monitor and enforce compliance...; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review...; 15a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture...; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: LYNSDAY KING CONTROLLERS OFFICE 140 COMM AVE CHESTNUT HILL, MA 024673800 (617) 552-3363







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	12,952,803		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	32,715,136		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	179,370,339		
	<b>g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .	<b>1g</b>	52,777,648		
	<b>h Total.</b> Add lines 1a-1f . . . . .		225,038,278		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> TUITION AND FEES		900099	698,904,512	698,904,512		
<b>b</b> SALES/SERVICES OF AUXILIARY ENTERPRISES		900099	152,899,583	152,282,723	616,860	
<b>c</b> NON-GOVT GRANTS/F&A RECOVERY		900099	11,392,432	11,392,432		
<b>d</b> SALES/SERVICES OF EDUCATIONAL ACTIVITIES		900099	5,028,255	5,028,255		
<b>e</b> OTHER MISCELLANEOUS PROGRAM REVENUE		900099	14,437,835	14,437,835		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			882,662,617			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		39,252,361		-13,652,500	52,904,861	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		62,618			62,618	
	<b>5</b> Royalties . . . . .		716,669			716,669	
	<b>6a</b> Gross rents	(i) Real	6a	1,621,920			
		(ii) Personal					
		<b>b</b> Less: rental expenses	6b	3,171,956			
		<b>c</b> Rental income or (loss)	6c	-1,550,036	0		
	<b>d</b> Net rental income or (loss) . . . . .			-1,550,036			-1,550,036
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	7a	3,009,239,344	2,400,750		
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	7b	2,931,279,400	2,220,896		
		<b>c</b> Gain or (loss)	7c	77,959,944	179,854		
	<b>d</b> Net gain or (loss) . . . . .			78,139,798			78,139,798
	<b>8a</b> Gross income from fundraising events (not including \$ 12,952,803 of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	644,526			
		<b>b</b> Less: direct expenses . . . . .	8b	2,896,195			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-2,251,669		-2,251,669
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		9a	0			
		<b>b</b> Less: direct expenses . . . . .	9b	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		10a	0			
<b>b</b> Less: cost of goods sold . . . . .		10b	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0			
Miscellaneous Revenue		Business Code					
<b>11a</b> CHILDREN'S CENTER		624410	584,548			584,548	
<b>b</b> VENDING		900099	467,479			467,479	
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,052,027				
<b>12 Total revenue.</b> See instructions . . . . .			1,223,122,663	882,045,757	-13,035,640	129,074,268	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	433,316	433,316		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	227,489,314	227,489,314		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	340,000	340,000		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,441,598	1,036,285	4,786,411	618,902
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	407,588		357,369	50,219
<b>7</b> Other salaries and wages . . . . .	421,612,669	324,833,584	82,300,780	14,478,305
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	28,170,462	21,418,889	5,760,310	991,263
<b>9</b> Other employee benefits . . . . .	73,989,222	56,269,409	15,132,868	2,586,945
<b>10</b> Payroll taxes . . . . .	26,019,069	19,783,118	5,320,392	915,559
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	2,458,684	122,167	2,336,517	
<b>c</b> Accounting . . . . .	666,350		666,350	
<b>d</b> Lobbying . . . . .	75,143		75,143	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	20,206,188		20,206,188	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,922,513	35,654,547	5,716,596	551,370
<b>12</b> Advertising and promotion . . . . .	556,718	528,138	28,161	419
<b>13</b> Office expenses . . . . .	10,085,014	6,650,668	2,358,771	1,075,575
<b>14</b> Information technology . . . . .	12,119,260	5,412,694	6,564,219	142,347
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	33,301,958	12,700,117	20,601,841	
<b>17</b> Travel . . . . .	18,223,468	17,051,443	500,538	671,487
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	3,295,915	519,856	2,163,303	612,756
<b>20</b> Interest . . . . .	43,453,313	38,249,552	5,203,761	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	89,845,754	80,063,114	9,782,640	
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COST OF GOODS SOLD	13,543,666	13,543,666		
<b>b</b> OPERATIONS & MAINT. ALLOC.		64,659,738	-64,659,738	
<b>c</b> LICENSING/PERMITS/FEES	8,801,015	8,801,015		
<b>d</b> LIBRARY ONLINE SERVICES	3,372,912	3,372,912		
<b>e</b> All other expenses	22,649,146	21,820,256	113,278	715,612
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,109,480,255	960,753,798	125,315,698	23,410,759
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,293,861	<b>1</b>	21,151,062
	<b>2</b> Savings and temporary cash investments . . . . .	7,829,199	<b>2</b>	3,959,107
	<b>3</b> Pledges and grants receivable, net . . . . .	165,226,285	<b>3</b>	168,501,264
	<b>4</b> Accounts receivable, net . . . . .	33,085,044	<b>4</b>	34,948,847
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	5,141,349	<b>5</b>	5,653,769
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	60,843,958	<b>7</b>	55,496,458
	<b>8</b> Inventories for sale or use . . . . .	461,662	<b>8</b>	303,222
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,573,510	<b>9</b>	7,104,281
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,873,191,936		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,104,359,427	1,710,051,313	<b>10c</b> 1,768,832,509
	<b>11</b> Investments—publicly traded securities . . . . .	1,097,449,758	<b>11</b>	898,404,018
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,663,332,544	<b>12</b>	2,226,481,670
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	11,112,800	<b>13</b>	11,112,800
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,772,401,283	<b>16</b>	5,201,949,007	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	223,169,324	<b>17</b>	232,627,191
	<b>18</b> Grants payable . . . . .	10,654,051	<b>18</b>	13,033,496
	<b>19</b> Deferred revenue . . . . .	15,898,154	<b>19</b>	28,001,954
	<b>20</b> Tax-exempt bond liabilities . . . . .	614,519,297	<b>20</b>	582,406,637
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	9,037,667	<b>21</b>	11,449,903
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	2,810,000	<b>23</b>	2,150,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	444,293,795	<b>24</b>	729,380,117
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	33,347,628	<b>25</b>	27,301,758
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,353,729,916	<b>26</b>	1,626,351,056
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,680,095,169	<b>27</b>	1,737,685,581
	<b>28</b> Net assets with donor restrictions . . . . .	1,738,576,198	<b>28</b>	1,837,912,370
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	3,418,671,367	<b>32</b>	3,575,597,951	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,772,401,283	<b>33</b>	5,201,949,007	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,223,122,663
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,109,480,255
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	113,642,408
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,418,671,367
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	42,750,779
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	533,397
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,575,597,951

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103545

**Name:** TRUSTEES OF BOSTON COLLEGE

Form 990 (2019)

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

INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS AND FELLOWSHIPS. ENROLLMENTS WERE 14,890 AND THE NUMBER OF DEGREES CONFERRED WAS 4,171.

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

AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 32 RESIDENCE HALLS, 14 DINING FACILITIES, 31 NCAA DIVISION I ATHLETIC TEAMS, BOOKSTORE AND HEALTH SERVICES.

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

STUDENT SERVICES AND ACADEMIC SUPPORT - INCLUDES ACTIVITIES OF WHICH THE PRIMARY PURPOSE IS TO CONTRIBUTE TO THE STUDENTS' EMOTIONAL AND PHYSICAL WELL-BEING AND TO HIS/HER INTELLECTUAL, CULTURAL, AND SOCIAL DEVELOPMENT. OPERATED 8 UNIVERSITY LIBRARY FACILITIES CONTAINING OVER 3.294 MILLION VOLUMES, OVER 46 THOUSAND SERIAL SUBSCRIPTIONS, AND OVER 325 THOUSAND GOVERNMENT DOCUMENTS SERVING THE UNIVERSITY AND SURROUNDING COMMUNITY.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN R ADDAZIO ..... FOOTBALL COACH (UNTIL 12/19)	40.0 ..... 0.0					X		2,650,351	0	58,734
JAMES P CHRISTIAN ..... BASKETBALL COACH	40.0 ..... 0.0					X		1,419,516	0	56,983
JOHN J ZONA ..... CHIEF INV. OFF. & ASSOC. TREAS	40.0 ..... 0.0				X			954,233	0	380,239
JAMES J HUSSON ..... SR. VP UNIVERSITY ADVANCEMENT	40.0 ..... 0.0			X				666,705	0	119,134
ANDREW C BOYNTON ..... DEAN CSOM	40.0 ..... 0.0					X		712,944	0	62,345
MARTIN D JARMOND ..... ATHLETIC DIRECTOR	40.0 ..... 0.0					X		718,950	0	54,386
DAVID QUIGLEY ..... PROVOST & DEAN OF FACULTIES	40.0 ..... 0.0			X				656,679	0	62,288
JEREMIAH F YORK ..... HOCKEY COACH	40.0 ..... 0.0					X		646,649	0	59,722
MICHAEL J LOCHHEAD ..... EXECUTIVE VICE PRESIDENT	40.0 ..... 0.0			X				614,625	0	56,146
JOHN D BURKE ..... FIN. VP & TREASURER	40.0 ..... 0.0			X				480,341	0	62,041



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BOURQUE ..... VP INFORMATION TECHNOLOGY	40.0 ..... 0.0			X				373,093	0	115,627
DAVID P TRAINOR ..... VP HUMAN RESOURCES	40.0 ..... 0.0			X				396,874	0	56,489
THOMAS J KEADY ..... VP GVT & COMMUNITY AFFAIRS	40.0 ..... 0.0			X				313,236	0	61,875
DANIEL BOURQUE ..... VP FACILITIES MANAGEMENT	40.0 ..... 0.0			X				291,857	0	58,336
JOY H MOORE ..... VP STUDENT AFF. (FROM 8/19)	40.0 ..... 0.0			X				290,576	0	52,069
KEVIN J SHEA ..... VP AND EXECUTIVE ASST. TO PRES	40.0 ..... 0.0			X				263,518	0	59,300
BARBARA JONES ..... FORMER VP STUDENT AFF.	40.0 ..... 0.0						X	180,098	0	23,805
KELLI J ARMSTRONG ..... FRMR VP PLAN&ASSES(UNTIL 5/19)	40.0 ..... 0.0						X	157,971	0	26,405
MARIA ALESSANDRA L HERMANO ..... VP INSTL RSRCH/PLAN(FROM 9/19)	40.0 ..... 0.0			X				144,929	0	3,169
AMY I YANCEY ..... VP FOR DEVELOPMENT(FROM 10/19)	40.0 ..... 0.0			X				107,738	0	7,274

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER K MARKELL ..... TRUSTEE - CHAIR	1.0 ..... 0.0	X						0	0	0
JOHN F FISH ..... TRUSTEE - VICE CHAIR	1.0 ..... 0.0	X						0	0	0
SUSAN MARTINELLI SHEA ..... TRUSTEE - SECRETARY	1.0 ..... 0.0	X						0	0	0
GUIDO BARILLA ..... TRUSTEE (FROM 9/19)	1.0 ..... 0.0	X						0	0	0
STEVEN M BARRY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DRAKE G BEHRAKIS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
PATRICIA LYNOTT BONAN ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
KAREN IZZI BRISTING ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
D SCOTT BROWN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
AMB R NICHOLAS BURNS ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK CARNEY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
HON DARCEL D CLARK ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
WILLIAM C CONNELL ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ROBERT J COONEY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
LEO J CORCORAN ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
PAUL R COULSON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
CLAUDIA HENAO DE LA CRUZ ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
MICHAEL H DEVLIN II ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
REV MICHAEL E ENGH SJ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
KATHLEEN FLATLEY IX ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J GEARY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JANICE GIPSON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DAVID T GRIFFITH ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
KATHLEEN POWERS HALEY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
CHRISTIAN W E HAUB ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
REV DANIEL HENDRICKSON SJ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
MICHAELA MURPHY HOAG ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
REV ROBERT L KEANE SJ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ALFRED F KELLY JR ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
REV WILLIAM P LEAHY SJ ..... PRESIDENT, TRUSTEE	40.0 ..... 0.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER S LYNCH ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
REV MATTHEW F MALONE SJ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
REV DOUGLAS MARCOUILLER SJ ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
CARMINE A MARTIGNETTI ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
KATHLEEN M MCGILLYCUDDY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DENISE M MORRISON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
JOHN C MORRISSEY III ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ROBERT F MORRISSEY ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
DAVID P O'CONNOR ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
STEPHEN J PEMBERTON ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK E PREVITE ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
JONATHAN M RATHER ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
KENDALL B REID ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
NAVYN DATOO SALEM ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
REV NICHOLAS A SANNELLA ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
PHILIP W SCHILLER ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0
MARC P SEIDNER ..... TRUSTEE (FROM 9/19)	1.0 ..... 0.0	X						0	0	0
MARIANNE D SHORT ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
KEVIN A SMART ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
RALPH C STAYER ..... TRUSTEE (UNTIL 9/19)	1.0 ..... 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH W VANDERSLICE ..... TRUSTEE (FROM 9/19)	1.0 ..... 0.0	X						0	0	0
MICAH EL D WHITE ..... TRUSTEE	1.0 ..... 0.0	X						0	0	0
ELIZABETH EDER ZOBEL ..... TRUSTEE (FROM 9/19)	1.0 ..... 0.0	X						0	0	0
REV CASEY BEAUMIER SJ ..... VP & UNIV. SECTY.	40.0 ..... 0.0			X				0	0	0
REV JOHN T BUTLER SJ ..... VP INIV. MISSION & MINISTRY	40.0 ..... 0.0			X				0	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization**  
TRUSTEES OF BOSTON COLLEGE

**Employer identification number**  
04-2103545

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

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

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

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



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	210,570,096	171,722,628	131,641,150	159,699,817	225,038,278	898,671,969
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	210,570,096	171,722,628	131,641,150	159,699,817	225,038,278	898,671,969
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						52,897,314
<b>6 Public support.</b> Subtract line 5 from line 4.						845,774,655

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	210,570,096	171,722,628	131,641,150	159,699,817	225,038,278	898,671,969
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	26,182,476	32,546,697	43,879,651	57,311,959	55,306,068	215,226,851
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	1,965,244	1,976,491	1,987,232	2,137,809	1,696,553	9,763,329
<b>11 Total support.</b> Add lines 7 through 10						1,123,662,149
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,169,437,120

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	75.270 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.870 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10	THE TOTAL REPORTED ON LINE 10 IS COMPRISED OF EVENT INCOME, CHILDREN'S CENTER AND VENDING.

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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





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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		75,143
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			75,143
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINE 1-G	LOBBYING ACTIVITY EXPLANATION PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING: CASSIDY AND ASSOCIATES, INC. - ASSIST MANAGEMENT IN THE IDENTIFICATION, DEVELOPMENT, AND PRESENTATION OF INSTITUTIONAL INITIATIVES FOR CONSIDERATION BY COMMITTEES OF CONGRESS, FEDERAL REGULATORY AGENCIES, AND OTHERS; ACT AS LIAISON TO GOVERNMENT AGENCIES BY MONITORING AND REPORTING ON GOVERNMENTAL PROGRAMS AND LEGISLATION RELEVANT TO INSTITUTIONAL INITIATIVES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: TRUSTEES OF BOSTON COLLEGE Employer identification number: 04-2103545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes Yes/No checkboxes for reporting requirements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions about monitoring policies and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and a table for revenue and assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,474,129,000	2,567,405,000	2,400,473,000	2,195,667,000	2,345,990,000
<b>b</b> Contributions . . . . .	98,279,000	45,368,000	32,545,000	33,086,000	53,622,000
<b>c</b> Net investment earnings, gains, and losses	119,444,000	-22,123,000	245,387,000	278,834,000	-99,775,000
<b>d</b> Grants or scholarships . . . . .	34,473,000	35,048,000	32,394,000	31,250,000	28,831,000
<b>e</b> Other expenditures for facilities and programs . . . . .	75,108,000	78,967,000	76,099,000	73,575,000	72,651,000
<b>f</b> Administrative expenses . . . . .	2,809,000	2,506,000	2,507,000	2,289,000	2,688,000
<b>g</b> End of year balance . . . . .	2,579,462,000	2,474,129,000	2,567,405,000	2,400,473,000	2,195,667,000

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

- a** Board designated or quasi-endowment ▶ 35.610 %
  - b** Permanent endowment ▶ 44.190 %
  - c** Temporarily restricted endowment ▶ 20.200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		202,829,094		202,829,094
<b>b</b> Buildings . . . . .		1,918,827,106	737,441,858	1,181,385,248
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		248,699,732	198,541,314	50,158,418
<b>e</b> Other . . . . .		502,836,004	168,376,255	334,459,749
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,768,832,509

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) EQUITIES	1,580,746,724	F
(B) REAL ESTATE	261,593,692	F
(C) FIXED INCOME	80,575,771	F
(D) CASH	303,565,483	F
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,226,481,670	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DEPOSITS PAYABLE	15,000,391
(3) US GOVERNMENT LOAN ADVANCES	12,301,367
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	27,301,758

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103545

**Name:** TRUSTEES OF BOSTON COLLEGE

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE COLLECTIONS HELD BY BOSTON COLLEGE EDUCATE AND INSPIRE ITS STUDENTS AND FACULTY. SCHEDULE D, PART IV, LINE 2B STATE STREET HOLDS THE MAJORITY OF OUR TRUSTS. SCHEDULE D, PART V, LINE 4 THE INTENT OF THE ENDOWMENT FUND IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE TO SUPPORT STUDENT AID, INSTRUCTION, STUDENT FORMATION AND OTHER OPERATING ACTIVITIES OF THE UNIVERSITY RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES. SCHEDULE D, PART X, LINE 2 BOSTON COLLEGE'S FINANCIAL STATEMENTS DID NOT INCLUDE A FIN 48 FOOTNOTE.



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

# Schools

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury  
Name of the organization  
TRUSTEES OF BOSTON COLLEGE

**Employer identification number**  
04-2103545

**Part I**

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

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

Return Reference	Explanation
NON-DISCRIMINATION POLICY	PART I, LINE 3 A DESCRIPTION OF THE UNIVERSITY NON-DISCRIMINATORY POLICY IS PUBLISHED VIA THE ADMISSIONS WEBSITE, THE STUDENT SERVICES WEBSITE REGISTRATION MATERIALS, THE UNIVERSITY CATALOG, AND JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE. PART I, LINE 6A THE UNIVERSITY PARTICIPATES IN THE FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, PERKINS, FEDERAL WORK-STUDY AND OTHER FEDERAL TITLE IV AND HUMAN SERVICES PROGRAMS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

**Employer identification number**  
04-2103545

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	4	1,008			916,514,606
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			43,837,507
<b>c Totals</b> (add lines 3a and 3b)	4	1,008			960,352,113





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2	BOSTON COLLEGE ISSUES GRANT FUNDS BASED UPON BUDGETED PROPOSALS AND RECEIVES REPORTS FROM THE GRANT RECIPIENTS TO MONITOR THE USE OF THESE AWARD FUNDS DURING AND AT THE END OF THE FUNDING PERIOD. PART I, LINE 3, COLUMN F THE ORGANIZATION REVIEWS ALL FOREIGN WIRE INFORMATION AND INTERNATIONAL TRAVEL EXPENSES FOR OVERSEAS PAYMENTS AND DISCUSSES WITH THE DEPARTMENTS ORIGINATING THE PAYMENTS TO DETERMINE IF THE PAYMENTS WERE FOR FOREIGN ACTIVITIES. THE FOREIGN EXPENDITURES ARE CAPTURED SEPARATELY IN THE ORGANIZATION'S ACCOUNTING SYSTEM AND AMOUNTS INCLUDED ON SCHEDULE F ARE PURSUANT TO THE ORGANIZATION'S ACCOUNTING SYSTEM. PART II, LINE 1 FOREIGN GRANTS ARE TRACKED SEPARATELY IN THE ORGANIZATION'S GENERAL LEDGER.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103545

**Name:** TRUSTEES OF BOSTON COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	4	480	Program Services	STUDY AB, INSTR, RSRCH	6,932,797
Sub-Saharan Africa	0	47	Program Services	RSRCH, IT, STUDY AB	2,276,568



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	126	Program Services	STUDY AB, RSRCH, INSTR	963,250
North America	0	174	Program Services	RSRCH, INSTR, AUXILL.	796,665

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	46	Program Services	STUDY AB, RSRCH, INSTR	254,072
Middle East and North Africa	0	44	Program Services	STUDENT SVCS, RESEARCH	188,620

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	32	Program Services	RSRCH, ACADEMIC SUPP.	127,063
Central America and the Caribbean	0	34	Program Services	PUBLIC SVC, STU. SRVCS	97,072

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and the Newly Independent States	0	10	Program Services	INSTRUCTION, RESEARCH	14,443
Europe (Including Iceland and Greenland)	0	5	Fundraising		18,793

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	1	Fundraising		23,855
North America	0	2	Fundraising		11,245

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	1	Fundraising		21,592
Central America and the Caribbean	0	1	Fundraising		1,878

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	1	Grantmaking		50,000
Sub-Saharan Africa	0	4	Grantmaking		290,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		904,446,693
Europe (Including Iceland and Greenland)	0	0	Investments		23,850,555



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investments		19,986,952

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	GENERAL SUPPORT	148,000	WIRE TRANSFR			
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	50,000	WIRE TRANSFR			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	GENERAL SUPPORT	50,000	WIRE TRANSFR			
		Sub-Saharan Africa	GENERAL SUPPORT	40,000	WIRE TRANSFR			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(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	GENERAL SUPPORT	52,000	WIRE TRANSFR			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>NIGHT AT POPS</b> (event type)	<b>WALL ST DINNER</b> (event type)	<b>0</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	12,586,246	1,011,082		13,597,328
	<b>2</b> Less: Contributions . . . . .	11,949,820	1,002,982		12,952,802
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	636,426	8,100		644,526
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,061,765			1,061,765
	<b>7</b> Food and beverages . . . . .	634,216			634,216
	<b>8</b> Entertainment . . . . .	465,225			465,225
	<b>9</b> Other direct expenses . . . . .	734,989			734,989
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				2,896,195
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-2,251,669	

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

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

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

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

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

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

**b** If "Yes," explain: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6
3 Enter total number of other organizations listed in the line 1 table 1



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS TO STUDENTS	8705	227,489,314			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2 - GRANT PROCEDURES	BOSTON COLLEGE AWARDS NEED BASED FINANCIAL AID, INCLUDING GRANTS AND LOANS TO STUDENTS BASED ON ELIGIBILITY REQUIREMENTS SUCH AS FINANCIAL NEED AND ACADEMIC PROGRESS. AID IS ADMINISTERED BY THE STUDENT SERVICES OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE. IN ADDITION, THE COLLEGE MAKES A LIMITED NUMBER OF SCHOLARSHIPS AVAILABLE BASED ON ACADEMIC OR ATHLETIC ACHIEVEMENT. ON OCCASION BOSTON COLLEGE MAY PROVIDE GRANTS TO 501(C)(3) AND GOVERNMENT ENTITIES. THESE GRANTS ARE PROVIDED AT THE COLLEGE'S DISCRETION. PART III, COLUMN (C) THE CASH GRANT IS REFLECTED ON STUDENTS ACCOUNTS. SOME OF THE GRANTS LISTED MAY HOWEVER, BE PAID DIRECTLY TO THE STUDENT VIA ACCOUNTS PAYABLE AS A MONTHLY 'NON SERVICE STIPEND'. THE GRANTS ALSO INCLUDE BOOK VOUCHERS, LOAN FORGIVENESS AND CHILDREN'S CENTER AID.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103545  
**Name:** TRUSTEES OF BOSTON COLLEGE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GLORIOUS ORPHANAGE CORPORATION 674 CLAPBOARDTREE STREET WESTWOOD, MA 02090	80-0553024	501(C)(3)	100,271				GENERAL SUPPORT
ALLSTON VILLAGE MAIN STREETS 161 HARVARD AVENUE SUITE 11 ALLSTON, MA 02134	04-3340511	GOVT	60,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTISTS FOR HUMANITY INC 100 W 2ND STREET BOSTON, MA 02127	04-3138434	501(C)(3)	42,846				GENERAL SUPPORT
ALLSTON BRIGHTON COMMUNITY FUND 116 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2304133	501(C)(3)	75,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION INC 7 PALMER STREET 2ND FLOOR ROXBURY, MA 02119	22-2514422	501(C)(3)	24,999				GENERAL SUPPORT
BRIGHTON MARINE HEALTH CENTER INC 77 WARREN STREET 7TH FLOOR BRIGHTON, MA 02135	04-2742727	501(C)(3)	100,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RURAL WATER VENTURES INC 85 BROOKDALE ROAD SUDBURY, MA 01776	01-0644781	501(C)(3)	30,200				GENERAL SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

Employer identification number  
04-2103545

**Part I Questions Regarding Compensation**

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



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I	<p>THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$4,678,630 TO THE JESUIT COMMUNITY, THE FOUNDERS OF BOSTON COLLEGE, FOR INSTRUCTIONAL, ADMINISTRATIVE AND INSTITUTIONAL SERVICES, WHICH INCLUDE THE SERVICES RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS. SCHEDULE J, PART I, LINE 1A FIRST CLASS TRAVEL OR CHARTER TRAVEL: BOSTON COLLEGE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, ON OCCASSION FOR UNUSUALLY LONG FLIGHTS IT MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN ADVANCE. IN CONNECTION WITH ITS ATHLETICS PROGRAM, CERTAIN TEAMS UTILIZE CHARTER TRAVEL. AS PART OF THEIR RESPONSIBILITIES, 4 HIGHLY COMPENSATED INDIVIDUALS FLEW CHARTER WITH THE ATHLETIC TEAMS AND 2 HIGHLY COMPENSATED EMPLOYEES TRAVELED FIRST CLASS. TRAVEL FOR COMPANIONS: UNIVERSITY POLICY IS NOT TO REIMBURSE FOR COMPANION TRAVEL. DURING CALENDAR YEAR 2019, 3 HIGHLY COMPENSATED INDIVIDUALS LISTED IN PART VII HAVE HAD COMPANION TRAVEL AT NO ADDITIONAL COST TO THE UNIVERSITY. GROSS-UP PAYMENTS: DURING CALENDAR YEAR 2019, TWO OFFICERS RECEIVED GROSS-UP PAYMENTS. THE FULL VALUE WAS INCLUDED IN THEIR TAXABLE COMPENSATION. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: 4 HIGHLY COMPENSATED INDIVIDUALS AND 1 OFFICER RECEIVED AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB. THE FULL VALUE WAS INCLUDED IN EACH EMPLOYEE'S TAXABLE COMPENSATION. HOUSING ALLOWANCE: DURING CALENDAR YEAR 2019, ONE OFFICER RECEIVED A HOUSING ALLOWANCE. THE FULL VALUE WAS INCLUDED IN THE EMPLOYEE'S TAXABLE COMPENSATION. SCHEDULE J, PART I, LINE 1B BOSTON COLLEGE HAS POLICIES THAT COVER FIRST CLASS TRAVEL AND TRAVEL FOR COMPANIONS. SUCH TRAVEL IS GENERALLY NOT PERMITTED BUT IS APPROVED ON A CASE BY CASE BASIS AT THE VP LEVEL. SOCIAL CLUB DUES ARE PROVIDED IN ACCORDANCE WITH THE CONTRACTS OF THE INDIVIDUALS WHO RECEIVE THE BENEFIT AND ARE APPROVED. SCHEDULE J, PART I, LINE 4A BARBARA JONES RECEIVED \$180,098 IN CONNECTION WITH HER RESIGNATION OF HER POSITION AND SEPARATION FROM THE UNIVERSITY, WHICH OCCURRED IN FISCAL YEAR 2019. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). SCHEDULE J, PART I, LINE 4B AND 7 TERMS AND CONDITIONS OF DEFERRED PERFORMANCE COMPENSATION PLAN FOR INVESTMENT PROFESSIONALS: IN 2015 BOSTON COLLEGE ESTABLISHED A PERFORMANCE COMPENSATION PLAN ("PLAN") TO ASSIST WITH RECRUITMENT AND RETENTION OF ITS INVESTMENT OFFICE PROFESSIONALS. UNDER THE TERMS OF THE PLAN, PARTICIPANTS ARE ELIGIBLE FOR CERTAIN AWARDS BASED ON THE PERFORMANCE OF BOSTON COLLEGE'S INVESTMENTS EACH CALENDAR YEAR, AS MEASURED BY CERTAIN QUANTITATIVE AND QUALITATIVE FACTORS. A PORTION OF THE AWARD UNDER THE PLAN IS SUBJECT TO A TWO YEAR DEFERRAL PERIOD. FOR 2019, THE CHIEF INVESTMENT OFFICER'S COMPENSATION INCLUDED A BONUS PAYMENT UNDER THE PLAN INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(II) AND A DEFERRAL AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (C). THE AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (F) REPRESENTS COMPENSATION RECEIVED IN 2019 AND IS INCLUDED IN SCHEDULE J, PART II COLUMN (B)(II). THE AMOUNT IN SCHEDULE J, PART II COLUMN (F) WAS REPORTED AS DEFERRED COMPENSATION IN SCHEDULE J, PART II, COLUMN (C) IN A PRIOR YEAR. SCHEDULE J, PART I, LINE 7 THE UNIVERSITY OFFERS INCENTIVE COMPENSATION TO CERTAIN INVESTMENT PROFESSIONALS BASED UPON THE UNIVERSITY'S INVESTMENT PERFORMANCE. SEE RESPONSE TO QUESTION 4B ABOVE.</p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2103545  
**Name:** TRUSTEES OF BOSTON COLLEGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL BOURQUE VP FACILITIES MANAGEMENT	(i)	271,522	0	20,335	27,771	30,565	350,193	0
	(ii)	0	0	0	0	0	0	0
1 MICHAEL BOURQUE VP INFORMATION TECHNOLOGY	(i)	337,767	0	35,326	28,000	87,627	488,720	0
	(ii)	0	0	0	0	0	0	0
2 JOHN D BURKE FIN. VP & TREASURER	(i)	383,878	0	96,463	28,000	34,041	542,382	0
	(ii)	0	0	0	0	0	0	0
3 JAMES J HUSSON SR. VP UNIVERSITY ADVANCEMENT	(i)	557,999	75,000	33,706	28,000	91,134	785,839	0
	(ii)	0	0	0	0	0	0	0
4 THOMAS J KEADY VP GVT & COMMUNITY AFFAIRS	(i)	291,624	0	21,612	28,000	33,875	375,111	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL J LOCHHEAD EXECUTIVE VICE PRESIDENT	(i)	459,625	0	155,000	22,400	33,746	670,771	0
	(ii)	0	0	0	0	0	0	0
6 JOY H MOORE VP STUDENT AFF. (FROM 8/19)	(i)	257,925	10,000	22,651	21,509	30,560	342,645	0
	(ii)	0	0	0	0	0	0	0
7 DAVID QUIGLEY PROVOST & DEAN OF FACULTIES	(i)	520,608	0	136,071	28,000	34,288	718,967	0
	(ii)	0	0	0	0	0	0	0
8 KEVIN J SHEA VP AND EXECUTIVE ASST. TO PRES	(i)	247,576	0	15,942	25,564	33,736	322,818	0
	(ii)	0	0	0	0	0	0	0
9 DAVID P TRAINOR VP HUMAN RESOURCES	(i)	332,309	0	64,565	22,400	34,089	453,363	0
	(ii)	0	0	0	0	0	0	0
10 JOHN J ZONA CHIEF INV. OFF. & ASSOC. TREAS	(i)	608,426	325,565	20,242	204,417	175,822	1,334,472	90,253
	(ii)	0	0	0	0	0	0	0
11 STEPHEN R ADDAZIO FOOTBALL COACH (UNTIL 12/19)	(i)	2,419,945	80,000	150,406	22,400	36,334	2,709,085	0
	(ii)	0	0	0	0	0	0	0
12 ANDREW C BOYNTON DEAN CSOM	(i)	591,243	0	121,701	28,000	34,345	775,289	0
	(ii)	0	0	0	0	0	0	0
13 JAMES P CHRISTIAN BASKETBALL COACH	(i)	1,393,622	0	25,894	22,400	34,583	1,476,499	0
	(ii)	0	0	0	0	0	0	0
14 MARTIN D JARMOND ATHLETIC DIRECTOR	(i)	665,292	35,000	18,658	22,400	31,986	773,336	0
	(ii)	0	0	0	0	0	0	0
15 JEREMIAH F YORK HOCKEY COACH	(i)	597,746	0	48,903	28,000	31,722	706,371	0
	(ii)	0	0	0	0	0	0	0
16 KELLI J ARMSTRONG FRMR VP PLAN&ASSES (UNTIL 5/19)	(i)	99,609	0	58,362	12,392	14,013	184,376	0
	(ii)	0	0	0	0	0	0	0
17 BARBARA JONES FORMER VP STUDENT AFF.	(i)	0	0	180,098	14,621	9,184	203,903	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	MASS DFA - Series Q1 Q2	04-3431814	57583RL45	05-21-2009	104,818,300	SEE PART VI	X			X		X
<b>B</b>	MASS DEVELOPMENT FINANCE AGENCY - SERIES R1 R2	04-3431814	57583R4M4	11-16-2010	215,755,525	SEE PART VI	X			X		X
<b>C</b>	MASS DFA - SERIES S	04-3431814	57583UZQ4	08-20-2013	156,252,258	SEE PART VI		X		X		X
<b>D</b>	MASS DFA - SERIES T	04-3431814	57584XK42	01-31-2017	141,202,852	SEE PART VI		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	46,790,000		53,785,000		42,085,000			0
<b>2</b>	Amount of bonds legally defeased . . . . .	41,660,000		135,980,000		0			0
<b>3</b>	Total proceeds of issue . . . . .	104,968,137		215,832,146		156,256,983			141,202,852
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0			0
<b>5</b>	Capitalized interest from proceeds . . . . .	528,785		9,193,741		3,639,607			0
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0			0
<b>7</b>	Issuance costs from proceeds . . . . .	583,495		1,163,025		676,551			922,840
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0			0
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0			0
<b>10</b>	Capital expenditures from proceeds . . . . .	76,621,053		99,987,817		56,365,583			0
<b>11</b>	Other spent proceeds . . . . .	27,234,805		105,487,563		95,575,242			140,280,012
<b>12</b>	Other unspent proceeds . . . . .	0		0		0			0
<b>13</b>	Year of substantial completion . . . . .	2012		2014		2016		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X			X
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X	X	
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.100 %		0.100 %		0.910 %		1.920 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %			
<b>6</b> Total of lines 4 and 5 . . . . .	0.100 %		0.100 %		0.910 %		1.920 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .			0 %					
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .					X		X	
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	A. REFUNDING BANK OF AMERICA, LINE OF CREDIT (12/10/08), PROPERTY ACQUISTION - CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES. B. REFUNDING MHEFA SERIES L (9/25/98) - CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES. C. REFUNDING MHEFA SERIES N (9/04/03) - CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES. D. ADVANCE REFUNDING OF SERIES P (07/26/07) - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES. PART II, LINE 3 THE DIFFERENCE BETWEEN THE AMOUNT OF TOTAL PROCEEDS AND THE ISSUE PRICE IN PART I IS THE RESULT OF INVESTMENT EARNINGS. Part IV, 2c. The rebate calculation dates are follows: Series Q : 5/21/2012 ; Series R : 5/13/2014 ; Series S : 8/31/2016

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

Employer identification number  
04-2103545

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASS DFA - SERIES U	04-3431814	57584YZH5	04-02-2020	187,464,608	SEE PART VI		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	0			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	187,464,608			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	135,980,000			
7 Issuance costs from proceeds . . . . .	1,057,037			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	0			
11 Other spent proceeds . . . . .	50,427,571			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	2014			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	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? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.020 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0.020 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F	A. REFUNDING PORTION OF SERIES M-1, SERIES Q1 AND Q2, AND SERIES R1 AND R2 - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

**Schedule L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

Employer identification number  
04-2103545

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?		
			To	From			Yes	No	Yes	No	Yes	No	
Total						▶ \$	2,638,769						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUFFOLK CONSTRUCTION	CONTROLLED ORG OF TRUSTEE	34,597,124	CONSTRUCTION SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	IN FISCAL 2017 AND FISCAL 2019 BOSTON COLLEGE ENTERED INTO ARRANGEMENTS WITH SUFFOLK CONSTRUCTION COMPANY, INC. FOR THE CONSTRUCTION OF CERTAIN FACILITIES. THESE ARRANGEMENTS WERE REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND WERE DETERMINED TO BE FAIR AND REASONABLE AND IN THE BEST INTERESTS OF BOSTON COLLEGE. IN ACCORDANCE WITH THE BOSTON COLLEGE CONFLICT OF INTEREST POLICY, THE RELATED TRUSTEE RECUSED HIMSELF FROM ALL DECISION MAKING ON THESE MATTERS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

Employer identification number  
04-2103545

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	15	1,847,227	OPINION OF EXPERTS
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		78,929	OPINION OF EXPERTS
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	387	50,516,461	MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ See Additional Data				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 13

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103545

**Name:** TRUSTEES OF BOSTON COLLEGE

### Part I, Lines 25-28

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ ( <u>SPRINKLER SYSTEMS/EQUIP</u> )	1	255,056	ACTUAL INVOICE PRICE
Other ▶ ( <u>GAME TICKETS</u> )	8	24,201	ACTUAL INVOICE PRICE
Other ▶ ( <u>FLOWERS</u> )	1	25,917	ACTUAL INVOICE PRICE
Other ▶ ( <u>FLIGHTS</u> )	1	22,570	ACTUAL INVOICE PRICE
Other ▶ ( <u>OTHER GOODS</u> )	2	7,287	ACTUAL INVOICE PRICE

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization

TRUSTEES OF BOSTON COLLEGE

**Employer identification number**

04-2103545

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINE 1 AND PART III, LINE 1</p>	<p>MISSION STRENGTHENED BY MORE THAN A CENTURY AND A HALF OF DEDICATION TO ACADEMIC EXCELLENCE, BOSTON COLLEGE COMMITS ITSELF TO THE HIGHEST STANDARDS OF TEACHING AND RESEARCH IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS AND TO THE PURSUIT OF A JUST SOCIETY THROUGH ITS OWN ACCOMPLISHMENTS, THE WORK OF ITS FACULTY AND STAFF, AND THE ACHIEVEMENTS OF ITS GRADUATES. IT SEEKS BOTH TO ADVANCE ITS PLACE AMONG THE NATION'S FINEST UNIVERSITIES AND TO BRING TO THE COMPANY OF ITS DISTINGUISHED PEERS AND TO CONTEMPORARY SOCIETY THE RICHNESS OF THE CATHOLIC INTELLECTUAL IDEAL OF A MUTUALLY ILLUMINATING RELATIONSHIP BETWEEN RELIGIOUS FAITH AND FREE INTELLECTUAL INQUIRY. BOSTON COLLEGE DRAWS INSPIRATION FOR ITS ACADEMIC AND SOCIETAL MISSION FROM ITS DISTINCTIVE RELIGIOUS TRADITION. AS A CATHOLIC AND JESUIT UNIVERSITY, IT IS ROOTED IN A WORLD VIEW THAT ENCOUNTERS GOD IN ALL CREATION AND THROUGH ALL HUMAN ACTIVITY, ESPECIALLY IN THE SEARCH FOR TRUTH IN EVERY DISCIPLINE, IN THE DESIRE TO LEARN, AND IN THE CALL TO LIVE JUSTLY TOGETHER. IN THIS SPIRIT, THE UNIVERSITY REGARDS THE CONTRIBUTION OF DIFFERENT RELIGIOUS TRADITIONS AND VALUE SYSTEMS AS ESSENTIAL TO THE FULLNESS OF ITS INTELLECTUAL LIFE AND TO THE CONTINUOUS DEVELOPMENT OF ITS DISTINCTIVE INTELLECTUAL HERITAGE. BOSTON COLLEGE PURSUES THIS DISTINCTIVE MISSION BY SERVING SOCIETY IN THREE WAYS: - BY FOSTERING THE RIGOROUS INTELLECTUAL DEVELOPMENT AND THE RELIGIOUS, ETHICAL AND PERSONAL FORMATION OF ITS UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS IN ORDER TO PREPARE THEM FOR CITIZENSHIP, SERVICE AND LEADERSHIP IN A GLOBAL SOCIETY; - BY PRODUCING NATIONALLY AND INTERNATIONALLY SIGNIFICANT RESEARCH THAT ADVANCES INSIGHT AND UNDERSTANDING, THEREBY BOTH ENRICHING CULTURE AND ADDRESSING IMPORTANT SOCIETAL NEEDS; AND - BY COMMITTING ITSELF TO ADVANCE THE DIALOGUE BETWEEN RELIGIOUS BELIEF AND OTHER FORMATIVE ELEMENTS OF CULTURE THROUGH THE INTELLECTUAL INQUIRY, TEACHING AND LEARNING, AND THE COMMUNITY LIFE THAT FORM THE UNIVERSITY. BOSTON COLLEGE FULFILLS THIS MISSION WITH A DEEP CONCERN FOR ALL MEMBERS OF ITS COMMUNITY, WITH A RECOGNITION OF THE IMPORTANT CONTRIBUTION A DIVERSE STUDENT BODY, FACULTY AND STAFF CAN OFFER, WITH A FIRM COMMITMENT TO ACADEMIC FREEDOM, AND WITH A DETERMINATION TO EXERCISE CAREFUL STEWARDSHIP OF ITS RESOURCES IN PURSUIT OF ITS ACADEMIC GOALS. VOLUNTEERS FORM 990, PART I, LINE 6 ALTHOUGH BOSTON COLLEGE HAS MANY VOLUNTEERS WHO DEDICATE THEIR TIME AND EFFORTS TO THE COLLEGE, THEIR NUMBER IS NOT FORMALLY TRACKED. ALL TRUSTEES ARE PROVIDING VOLUNTEER SERVICES TO BOSTON COLLEGE. BOSTON COLLEGE ALUMNI KEEP UP THE JESUIT, CATHOLIC TRADITION AFTER GRADUATION AS ALUMNI VOLUNTEERS. WHETHER IT'S SIMPLY KEEPING IN TOUCH WITH FELLOW EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE BOSTON COLLEGE COMMUNITY. OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D EXPENDITURES FOR RESEARCH, PUBLIC SERVICE A</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	ND OTHER MISCELLANEOUS PROGRAM REVENUES AND EXPENSES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE</p>	<p>SECTION A - QUESTION 2 DANIEL F. BOURQUE AND MICHAEL J. BOURQUE HAVE A FAMILY RELATIONSHIP . WILLIAM C. CONNELL AND ROBERT F. MORRISSEY HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI , GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - QUESTION 11 WORKING WITH PRICEWATERHO USECOOPERS, LLP (PWC), THE FORM 990 IS PREPARED BY BOSTON COLLEGE. UPON COMPLETION, THE FULL FORM 990 IS REVIEWED BY SENIOR MANAGEMENT, THE PRESIDENT OF BOSTON COLLEGE, THE CHAIR OF THE BOARD OF TRUSTEES, AND THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE FULL 990 IS REVIEWED AT A FINANCE AND AUDIT COMMITTEE MEETING. UPON FINALIZATION AND PRIOR TO FILING, THE FORM 990 IS THEN FORWARDED TO ALL TRUSTEES FOR THEIR REVIEW. PWC SIGNS THE RETURN AS PAID PREPARER AND ELECTRONICALLY FILES THE RETURN WITH THE IRS. THE RETURN IS THEN POSTED ON THE BOSTON COLLEGE WEBSITE. FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - QUESTION 12C EACH OFFICER, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH BOSTON COLLEGE. THESE DISCLOSURES ARE REVIEWED BY THE FINANCIAL VICE PRESIDENT AND TREASURER AND HIS STAFF. THE FINANCIAL VICE PRESIDENT AND TREASURER PREPARES A REPORT OF ALL CONFLICTS FOR REVIEW WITH THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND GENERAL COUNSEL. FOLLOWING THEIR REVIEW, THE REPORT IS REVIEWED WITH THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE BOARD OF TRUSTEES. ALL CONFLICT SITUATIONS ARE RESOLVED AT THIS FINAL REVIEW IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY. FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - POLICIES, QUESTIONS 15A &amp; B BOSTON COLLEGE'S PRESIDENT IS A MEMBER OF THE SOCIETY OF JESUS. THE COMPENSATION AND BENEFITS OF WILLIAM P. LEAHY S.J., ALONG WITH OTHER MEMBERS OF THE JESUIT COMMUNITY WHO PROVIDE SERVICES TO BOSTON COLLEGE, ARE PAID TO THE JESUIT COMMUNITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN FY'20 WERE \$4,678,630. FOR ALL OTHER OFFICERS, TRUSTEES, AND KEY EMPLOYEES, BOSTON COLLEGE HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE CONSIDERS MARKET DATA AND ANALYSES. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES. FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION C - DISCLOSURE, LINE 19 BOSTON COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9 POST-RETIREMENT GAIN/(LOSS): (\$15,764,503) FOREIGN CURRENCY EXCHANGE GAIN/(LOSS): (\$56,370) LIFE INCOME VALUE ADJUSTMENTS: (\$714,042) LOSS ON WRITE-OFF OF GIFTS/PLEDGES: (\$1,070,943) GAIN/(LOSS) ON PARTIAL REFUNDING OF DEBT: \$15,498,728 GAIN/(LOSS) ON DISPOSAL OF PROPERTY, PLANT, AND EQUIPMENT: \$2,</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE	640,527 TOTAL: \$533,397

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TRUSTEES OF BOSTON COLLEGE

**Employer identification number**

04-2103545

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> BOSTON COLLEGE ALUMNI ASSOCIATION LLC 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467 04-2103545	ALUM. REL	MA		0	BC

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CHARITABLE REMAINDER TRUSTS (16)	SUPPORT	MA	NA	T				Yes	
<b>(2)</b> CHARITABLE REMAINDER TRUSTS (1)	SUPPORT	PA	NA	T				Yes	
<b>(3)</b> OTHER TRUSTS (4)	SUPPORT	MA	NA	T				Yes	
<b>(4)</b> POOLED LIFE INCOME FUND (1)	SUPPORT	MA	NA	T				Yes	

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

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

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

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE R, PART IV, LINE 1	CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN MASSACHUSETTS AND PENNSYLVANIA.