Public Disclosure Copy Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990	Return of Organization Exempt From Income Tax	OMB No. 1545-0047
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Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Forr	n 990 (2020)		Page 2
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

st all of the organization's current key employees, if any. See instructions for definition of "key employee."

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (D) (A) (E) (F) (do not check more than one Name and title Reportable Reportable Estimated amount Average box, unless person is both an compensation compensation of other hours per week officer and a director/trustee) from the from related compensation organization organizations (list any Individual from the Former employee Highest compensated Institutional trustee Key employee (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and related related organizations organizations trustee below dotted line) (1) (2) (3) (4) (5) (6) (7) (8) (9)(10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
(A)	(B)	(C)						(D)	(E)		(F	
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Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
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Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
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Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
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Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
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Part VII Section A. Officers, Directors, Trusto	ees, Key E	mplo	yee	s, a	nd	Highe	est (Compensated En	ployees	(cor	ntinued	<u> </u>
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations mu	ıst complete all colum	ns. All other organization	ons must complete co	lumn (A).	_
Check if Schedule O contains a res	ponse or note to any li	ne in this Part IX	<u>mmmr</u>	<u>n m m m</u> r	\prod
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	m m m				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	n m m m	m m m			
3 Grants and other assistance to foreign organizations, foreign governments, and					
foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members M M	n m m	m m m			
5 Compensation of current officers, directors, trustees, and key employees M M	m m m r	n m m m			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	100 100 100				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages	n m m m	m m m n	n m		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		100 100 100 10			
9 Other employee benefits 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\mathbf{m}'\mathbf{m}'\mathbf{m}'\mathbf{m}'\mathbf{m}$	mmm	mm m n	n m m	
11 Fees for services (nonemployees): a Management	nmmn	mmm	u m m m	nm m n	~
b Legal III III III III III III C Accounting M M M M	$m_1m_1m_1m_1m_1m_1m_1m_1m_1m_1m_1m_1m_1m$	1	$m_{m}m_{m}m_{m}$		П
d Lobbying e Professional fundraising services. See Part IV, line 17		m m m			
f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column					
(A) amount, list line 11g expenses on Schedule (O)			M		
13 Office expenses 11 11 11 11 11 11 11 11 11 11 11 11 11	$\frac{1}{1}$ $\frac{1}$	0.00			
15 Royalties M M M M M M M M M M M M M M M M M M M					
17 Travel 18					
19					
20 21					
22 23					
24					

Form 990 (2020) Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X M M M M M M M M (A) Beginning of year (B) End of year Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, ne Accounts receivable, net Loans and other receivables from 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 m m m m m m m m m m 10c

Form 990 (2020) Page 12

OIIII Ju	1 agc 12
Part 2	Reconciliation of Net Assets
	Check if Schedule O contains a response or note to any line in this Part XI
1	Total revenue (must equal Part VIII, column (A), line 12)
2	Total expenses (must equal Part IX, column (A), line 25)
3	Revenue less expenses. Subtract line 2 from line 1
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments
5	1101 dillocalizad gallio (100000) on illocalizatio (AA - (A)
6	Donated services and use of facilities
7	Investment expenses 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
8	Prior period adjustments
9	Other changes in net assets or fund balances (explain on Schedule O)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line
	32, column (B))
Part 2	
	Check if Schedule O contains a response or note to any line in this Part XII THE
	Yes No
1	Accounting method used to prepare the Form 990: Cash Cash Other 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? M Man Man M M
	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? M M M M M M M M M M M M M M M M M M M
	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
С	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 on
	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? M M M M M M M M M M M M M M M M M M
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 on Schedule O and describe any steps taken to undergo such audits.
	Form 990 (2020)

(Form 990 or 990-EZ) L _{Co}	Fublic Charity Stat	us and Public Supp	/ / 37	
	Attach to For	m 990 or Form 990-F7	Open to F	
Department of the Treasury Internal Revenue Service	Go to www.iio.gov/Form000 f	er instructions and the latest infor	mation	
Name of the organization			Employer identification number	
Dort L. Bosson for Du	blic Charity Status (All organizati	and must domplete this po	rt) Coo instructions	
	blic Charity Status. (All organizati private foundation because it is: (For lin	ons must complete this pa	,	
	tion of churches, or association of chu	•	•	
	ed in section 170(b)(1)(A)(ii). (Attach S			
	poperative hospital service organization	-	* *	
<u> </u>	ch organization operated in conjunction			
hospital's name,				
	operated for the benefit of a college	or university owned or ope	ated by a governmental unit desc	ribed ir
	(A)(iv). (Complete Part II.)		,,,,,,,,	
	or local government or governmental u			الطييما
	that normally receives a substantial pa ion 170(b)(1)(A)(vi). (Complete Part II.)		emmental unit of from the genera	ı public
	st described in section 170(b)(1)(A)(vi).			
	search organization described in section		in conjunction with a land-grant col	ege
	non-land-grant college of agriculture (s		_	-
university:				
10 An organization the	hat normally receives (1) more than 33 ivities related to its exempt functions, s	1/3 % of its support from con	tributions, membership fees, and gro	SS
support from gro	ss investment income and unrelated bu	ısiness taxable income (less	section 511 tax) from businesses	
	organization after June 30, 1975. See so organized and operated exclusively to t			
	organized and operated exclusively to the properties of the proper			irnoses
	publicly supported organizations descri	·		
Check the box in	lines 12a through 12d that describes th	e type of supporting organiz	ation and complete lines 12e, 12f, a	nd 12g
a Type I. A suppo	orting organization operated, supervise	d, or controlled by its suppo	rted organization(s), typically by gi	ving
a rype i. A supp	rappization(a) the newer to regularly a	ppoint or elect a majority of	the directors or trustees of the	
the supported of				
the supported o	anization. You must complete Part IV, S	ections A and B.		
the supported of supporting orgation b Type II. A supp	anization. You must complete Part IV, S orting organization supervised or conti	ections A and B. colled in connection with its	- · · · · · · · · · · · · · · · · · · ·	-
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (d) 2019 (e) 2020 (c) 2018 (f) Total Gifts, grants, contributions, and Tax revenues levied for the organization's benefit and either paid or expended on its behalf The value of services or facilities furnished by a governmental organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d)

TRUSTESO

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.)

				* 1	<u>'</u>	,			
	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	_
1	Gifts, grants, contributions, and membership fees								
2	received. (Do not include any "unusual grants.")								_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities								
	furnished in any activity that is related to the organization's tax-exempt purpose	ı m m ı	m m						
3	Gross receipts from activities that are not an								-
Ū	unrelated trade or business under section 513	\mathbb{m}							
4	Tax revenues levied for the								-
	organization's benefit and either paid to								
	organization's benefit and either paid to or expended on its behalf	n m m	m m r	n					
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge	mmn	mm						
	organization without charge	111 111 11	1 111 111						
6	Total.								_
									_
									_
									_
									_
									-
									-
									_
									-
_									_
									_
									_

Schedule A (Form 990 or 990-EZ) 2020 Page 5

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ofnne			
		1		
		2		
		1		
		1		
		2		
		_		
		3		

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

SCHEDULE C					OMB No	. 1545-0047
•						<u></u>
				-		
				-		
				-		
		-				
		-				
	1	1	1			

Part II-A	orm 990 or 990-EZ) 2020 Complete if the organization section 501(h)).	is exempt	under section 50°	(c)(3) and filed	d Form 5768 (election	under
A Check	if the filing organization be address, EIN, expenses, a				each affiliated group mei	mber's name,
B Check	if the filing organization ch			,	nly	
B CHECK				ii provisions ap		(b) Affiliated
	Limits on Lobby (The term "expenditures" mea				(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	bbying expenditures to influence		·	ving) M M	n m m m	g. c.s.p. come
	bbying expenditures to influence		ν.Ο	, , , , , , , , , , , , , , , , , , ,	mmm	1
	bbying expenditures (add lines 1			m m	m m m n	i m m m i
	xempt purpose expenditures	~ ~ ~ ~	nmmn	n m m	mmm	i m m m i
	kempt purpose expenditures (ad		d 1d) M M T	n m m	mmm	<u>n m m m</u>
	ng nontaxable amount. Enter th		•	table in both		
columns			3			
	ount on line 1e, column (a) or (b) is: T	e lobbying no	ontaxable amount is:			
	\$500,000		amount on line 1e.			
Over \$50	00,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
Over \$1,	,000,000 but not over \$1,500,000		us 10% of the excess			
	,500,000 but not over \$17,000,000		us 5% of the excess o			
Over \$17	7,000,000	\$1,000,000				
	oots nontaxable amount (enter 2	5% of line 1f)	mmm	m m r	nmmm	mmmm
h Subtrac	et line 1g from line 1a. If zero or l	ess, enter -0	mmm	m m r	n m m m	m m m m
i Subtrac	et line 1f from line 1c. If zero or le	ss, enter -0-	mmmı	m m m	ı m m m r	n m m m
j If there	is an amount other than zero	on either I	ine 1h or line 1i c	lid the <u>org</u> aniza	ation file Form 4720	100 100 100 100
reportin	ig section 4911 tax for this year?	m m	m m m	m m r	n m m m	
		4-Year Avera	aging Period Under S	Section 501(h)		
(5	Some organizations that made a s	ection 501(h	n) election do not hav	e to complete a	III of the five columns be	low.
	See	the separate	e instructions for line	s 2a through 2f.))	
	Lobb	ying Expend	ditures During 4-Year	Averaging Period	t	
(00 44 844 45	(000001) 00 44 0 5 (5) 0; -00 0 () 47	5 7 4 4 /4 4 4 - 0	107) 45 400 / 04 00-)	77 040001 0 5 (-)) ONT - D D	
9 (39.41) Galde(16	(90320b)-39.41-6.5 (n)-3i e39.6 ()-17	5.714 (1-14a ₂	(87)-15.429 (-21.830)-6 	77.61320D-6.5 (n)-311x0PUP	

Page 3

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d For	m 576	68	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(b)	
desc	ription of the lobbying activity.	Yes	No	Amount	
a b c d e f g h i	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: Volunteers? M M M M M M M M M M M M M M M M M M M			m m m m n n m m m n n m m m m n m m m n m m m n	m r
j 2a	Total. Add lines 1c through 1i M M M M M M M M M M M M M M Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	n r	11	mmmr	Ήr

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV Supplemental Information (continued)

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)				. 1545-0047	
Part I	Fart IV, lifte 6, 7, 6, 9	, 10, 11a, 11b, 11c, 11d, 11dg#5 (,)-4-	4.561 (<i>)-44.</i> 561 (9 <i>)-</i> 24.645 (,)-44.561 ()-4	44.561 (1)-41045 (,,

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Schedule D (Form 990) 2020 Page 3

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.						
) Description of security or category (b) Book value (c) Method of valuation		tion:			
	(including name of security)	mmmr	Cost or end-of-year mar	m m m		
(1) Financia	al derivatives M M M M M M M M M M M M M M M M M M M	''//\ '/\\ '/\\ '	\\ '\\ ' \\\ '\\\ '\\			
(2) Closely (3) Other _	' '	111 111 111 1				
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(F) (G)						
(H)						
	n (b) must ed [(()H29 ())11.571 ()-7.71tistg istg istgg2)					
				T		
				1		

Schedule D (Form 990) 2020 Page 4

Part 1	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.
	100 100 100 100 100 100 100
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990 Part VIII, line 12:
a	Net unrealized gains (losses) on investments M M M M M M M M M M M M M M M M M M M
b	Donated services and use of facilities MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
С	Recoveries of prior year grants MMMMMMMMM24MMMMMMMMMMMMMMMMMMMMMMMMMMM
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
а	Investment expenses not included on Form 990, Part VIII line 7b 11 11 14 14 11 11 11 11 11 11 11 11 11
b	Other (Describe in Part XIII.) The first first for the first
с 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
Part	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1	Total expenses and losses per audited financial statements MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:
а	Donated services and use of facilities MMMMMMMaammaammMmMMMMMMM
b	Prior year adjustments
С	Other losses 11 11 11 11 11 11 11 11 11 11 11 11 11
d	Other (Describe in Part XIII)
е	Add lines 2a through 2d 11 11 11 11 11 11 11 11 11 11 11 11 11
3	Subtract line 2e from line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
a b	Investment expenses not included on Form 990, Part VIII, line 7b M M M M M M M M M M M M M M M M M M
С	Add lines 4a and 4b M M M M M M M M M M M M M M M M M M
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
	XIII Supplemental Information.
	le 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 tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
SEE	E PAGE 5

Schedule D (Form 990) 2020

04-2103545

Page 5

Part XIII Supplemental Information (continued)

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)

Department of the Treasury Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

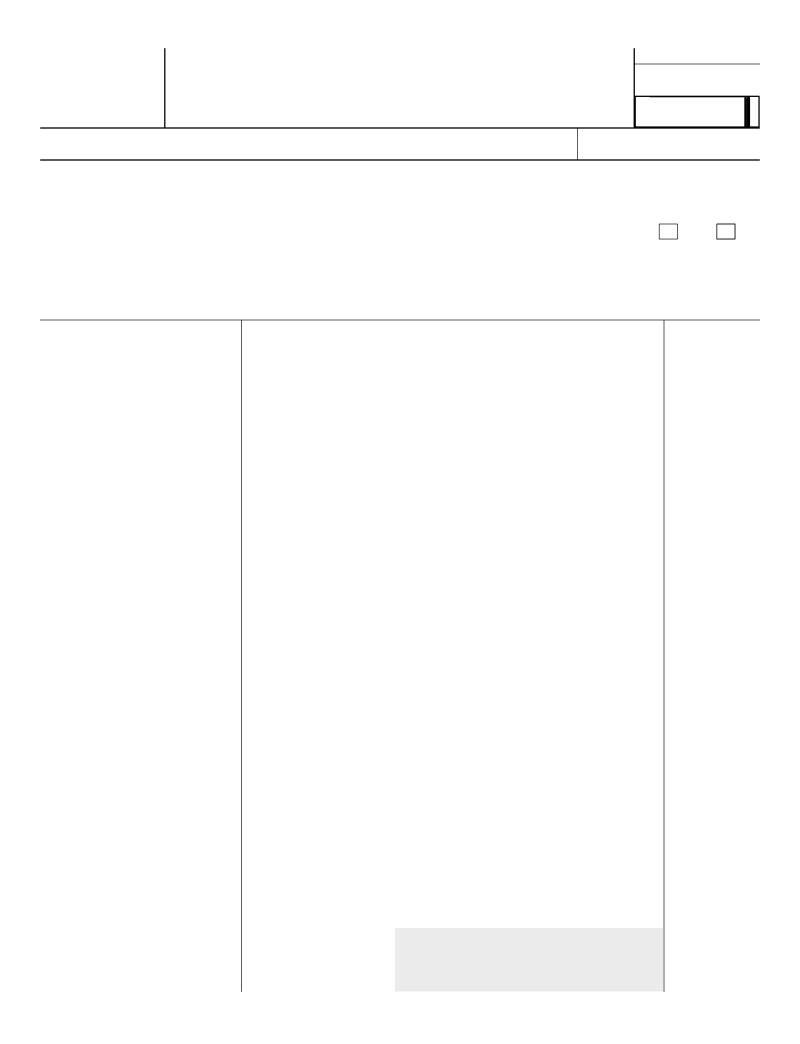
Name of the organization

Employer identification number

Pa	rt I			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NO
	bylaws, other governing instrument, or in a resolution of its governing body? [[] [] [] [] [] [] [] []	m	m	m
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	<u>1 2</u> 1	n r	n I
3				
		3		
		4a		
		4b		
		4c		
		4d		
		5a		
		5b		
		5c		
		5d		
		5e		
		5f		
		5.0		
		5g		
		5h		
		6a 6b		
		7		

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).



Schedule F (Form 990) 2020

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization answered "Yes" on Form 990

Part II	Grants and Other Assistar Part IV, line 15, for any re						anization answer	red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

04-2103545

Schedule F (Form 990) 2020

Page 3

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2020

Part IV Foreign Forms 5 (a)-6.5 (n)-37.75 (i)-28 (Za)-6.5 (t)-34.5 (N)-34.5 (N)-34.	i)3.25 (2)-37 For (g	(g)-6.222.5 ()(T)-6.3(2'(1)-2)

Schedule F (Form 990) 2020 Page 5

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).

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.

Schedule F (Form 990) 2020

04-2103545

SCHEDULE I (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number General Information on Grants and Assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Cranto ana Cino 7 todotani	ce to Domestic Individuals	S.			F
			Т	Г	

Schedule I ((Form 990) (2020)	0)	2

Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional spa		Complete if the organization answered "Yes" on Form 990, Part IV, line 22.							
	(a) Type of grant or assistance	(b) Number of recipients		(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
					1	1				

Schedule I (Form 990) (20	Page 2

Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional spa		Complete if the organization answered "Yes" on Form 990, Part IV, line 22.								
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance					
1											
2											
3											
4											
_5											
_6											
7											
	Supplemental Information.										

SCHEDULE	J
(Form 000)	

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

OMB No. 1545-0047

TRUSTEES OF BOSTON COLLEGE 04-2103545

Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	(C) Retirement and		(D) Nontaxa	ble	(E) Total of columns		(F) Compensation			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		benefits		(B)(i)-(D)		in column (B) reported as deferred on prior Form 990	į
DANIEL BOURQUE	(i)	274,324.	0.	18,620.	28,057.		31,806.		352,807.		0) <u>. </u>
1VP FACILITIES MANAGEMENT		0.	0.	0.		0.		0.		0.	0	
MICHAEL BOURQUE	(i)	341,225.	0.	36,568.	28,500.		60,628.		466,921.		0).
2 ^{VP} INFORMATION TECHNOLOGY	(ii)	0.	0.	0.		0.		0.		0.	0	_
JOHN D. BURKE	(i)	387,238.	0.	105,064.	28,500.		35,596.		556,398.		0	
FIN. VP & TREASURER	(ii)	0.	0.	0.		0.		0.		0.	0).
JAMES J. HUSSON	(i)	563,627.	0.	33,586.	28,500.		93,854.		719,567.		0	
SR. VP UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.		0.		0.		0.	0	
MARA L. HERMANO	(i)	265,726.	0.	60,102.	6,800.		15,003.		347,631.		0).
VP INSTL RESEARCH & PLANNING	(ii)	0.	0.	0.		0.		0.		0.	0	
THOMAS J. KEADY	(i)	294,089.	0.	19,751.	28,500.		35,547.		377,887.		0	
6 VP GVT & COMMUNITY AFFAIRS	(ii)	0.	0.	0.		0.		0.		0.	0	
MICHAEL J. LOCHHEAD	(i)	464,216.	0.	49,318.	22,800.		174,107.		710,441.		0	
	(ii)	0.	0.	0.		0.		0.		0.	0	
JOY H. MOORE	(i)	246,390.	0.	36,931.	22,636.		31,939.		337,896.		0	
8VP/EXEC. DIR. PMISS	(ii)	0.	0.	0.		0.		0.		0.	0	
DAVID QUIGLEY	(i)	525,861.	0.	132,804.	28,500.		35,866.		723,031.		0	
9PROVOST & DEAN OF FACULTIES	(ii)	0.	0.	0.		0.		0.		0.	0	
KEVIN J. SHEA	(i)	249,985.	25,826.	15,442.	25,826.		35,281.	35	2,360.		0	
10 VP AND EXECUTIVE ASST. TO PRES	(ii)	0.	0.	0.		0.		0.		0.	0	_
DAVID P. TRAINOR	(i)	357,666.	0.	16,642.	22,800.		35,735.		432,843.		0	_
11 VP HUMAN RESOURCES	(ii)	0.	0.	0.		0.		0.		0.	0	
AMY I. YANCEY	(i)	328,946.	0.	65,794.	6,700.		34,967.		436,407.		0	
12 VP FOR DEVELOPMENT	(ii)	0.	0.	0.		0.		0.		0.	0).
JOHN J. ZONA	(i)	613,742.	175,177.	20,742.	4 <u>6</u> 2,853.		154, 6 14.	1,007	,12 8 . 10	6,3	87. _{0.}	
13	(ii)											
	(i)											
14	(ii)											
	(i)											
15	(ii)											_
	(i)											
16	(ii)											_

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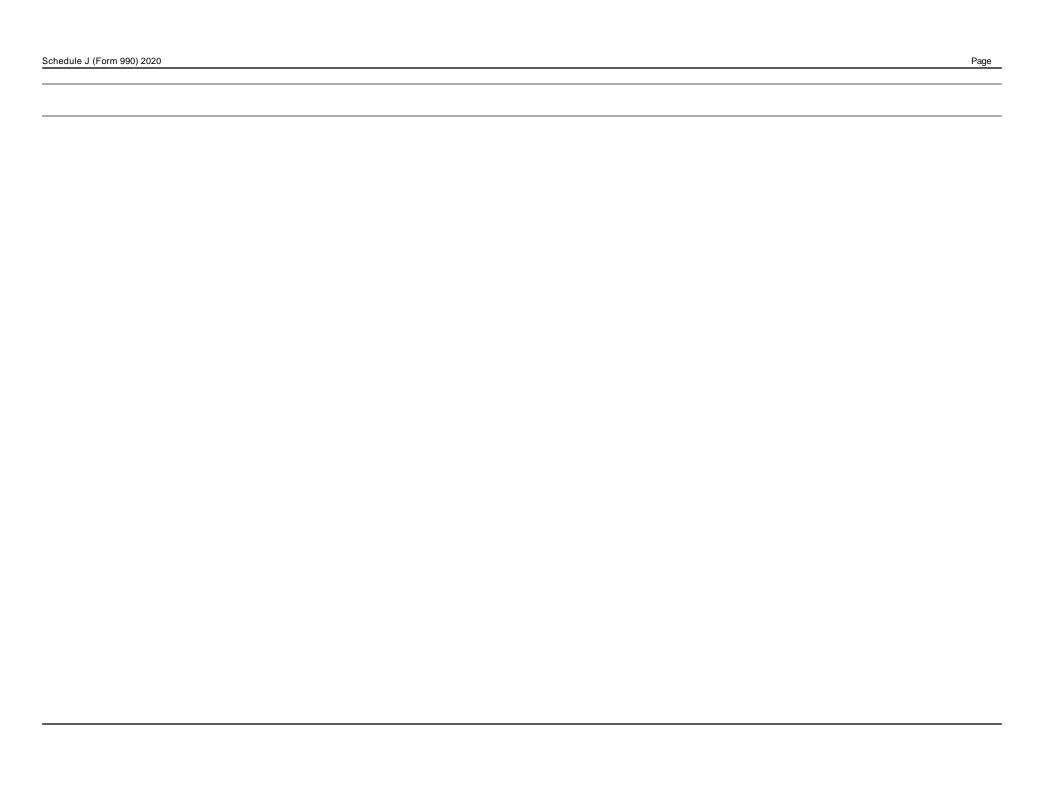
Schedule J (Form 990) 2020 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns nynyon) i)27.556 ())-13.111 (c)-27.556 ())-27.333 (r)-28.111 (g)-13.111 (c)-27.333 (a)-27.333 (ch)28.222 ()-13.111 (c)sted ocndividual must cattahyche the-27.333 (t)-27.333 (ch)28.222 ()-13.111 (c)-27.333 (ch)28.222 ()-13.111 (c)-27.322 (ch)28.222 ()-13.111 (ch)28.22 ((ch)28.222 ((ch)28.222 ((ch)28.222 ((ch)28.222 ((ch)28

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Schedule J (Form 990) 2020	Page 3
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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. Acm 0 -14.683 (73 (8)-29.366 (

Page 3 Schedule J (Form 990) 2020

Part III Supplemental Information

Public Disclosure Copy

04-2103545

Schedule J (Form 990) 2020

Page 3

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.

COLUMN (B)(II).

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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



Name of the organization Employer identification number Bond Issues (i) Pooled financing (h) On (c) CUSIP # (d) Date issued (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased behalf of issuer Yes No Yes No Yes No В С D Proceeds Α В С D 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

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Schedule K (Form 990) 2020	Page 3
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Arbitrage (continued)						
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TRUSTEES OF BOSTON COLLEGE 04-2103545

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

SCHEDULE K, PART I, COLUMN F

Schedule K (Form 990) 2020

A. REFUNDING MHEFA SERIES N (9/04/03) - CONSTRUCTION, RENOVATION AND

EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

B. ADVANCE REFUNDING OF SERIES P (07/26/07) - CONSTRUCTION, RENOVATION,

AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

C. 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.

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 S:

8/31/2016; SERIES T: 12/31/2020

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Page 4

SCHEDULE L

(Form 990 or 990-EZ)

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

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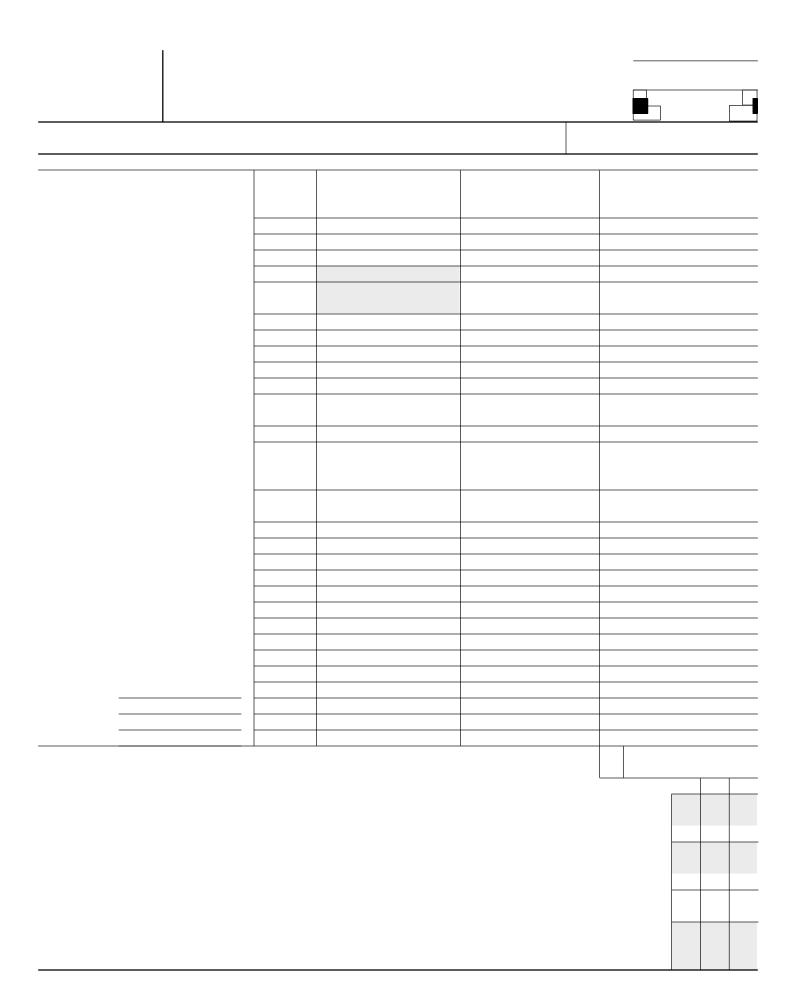
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Department of the Treasury Internal Revenue Service

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Schedule M (Form 990) (2020) Page 2

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.

SCHEDULE M, PART I, COLUMN (B)

COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2020)

04-2103545

Schedule M (Form 990) (2020) Page 2

Part II Supr

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

ATTACHMENT 1

04-2103545

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SPRINKLER SYSTEMS/EQUI	P X	1.	437,198.	ACTUAL INVOICE PRICE
FLOWERS	X	1.	31,007.	ACTUAL INVOICE PRICE
FOSSILS	X	2.	9,516.	ACTUAL INVOICE PRICE
THEATER PROPS	X	1.	700.	ACTUAL INVOICE PRICE
TOTALS	_	5.	478,421.	

Schedule M (Form 990) (2020)

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization
TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

Page 2

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 AND OTHER MISCELLANEOUS PROGRAM REVENUES AND EXPENSES.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE 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.

ALFRED F. KELLY JR AND DENISE M. MORRISON HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - QUESTION 11

WORKING WITH PRICEWATERHOUSECOOPERS, 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.

Schedule O	(Form	aan or	990-F7	2020
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Page 2

Name of the organization Employer identification number

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization
TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

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): \$6,758,536

FOREIGN CURRENCY EXCHANGE GAIN/(LOSS): \$661,834

LIFE INCOME VALUE ADJUSTMENTS: (\$2,271,022)

LOSS ON WRITE-OFF OF GIFTS/PLEDGES: (\$24,339,812)

TOTAL: (\$19,190,464)

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

SPAIN

FRANCE

ITALY

ATTACHMENT 2

ATTACHMENT 1

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SUFFOLK CONSTRUCTION COMPANY INC 4700 WEST SAM HOUSTON PARKWAY NORTH

HOUSTON, TX 77041

WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109 CONSTRUCTION

CONSTRUCTION

15,396,921.

60,505,266.

Schedule O (Form 990 or 990-EZ) 2020

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Part III Identification of Relabecause it had one	ated Organizations T or more related org	axable as janization	a Partnership. s treated as a p	Co partners	mplete if ship during	the organi the tax ye	zation ar.	answered "Y	es" on I	Form 9	990, Part IV	, line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	P inc	(e) redominant ome (related, unrelated, cluded from tax under									
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TRUSTEES OF BOSTON C

Schedule R (Form 990) 2020 Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Transactions With Related Organizations. Yes No Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organ a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) ${\bf m} \; {\bf m} \; {\bf m}$ Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) M Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 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. Name of related organization Transaction Amount involved Method of determining type (a-s) amount involved S PINE MANOR COLLEGE FMV 122,202,000. PINE MANOR COLLEGE R 14,321,729. FMV PINE MANOR COLLEGE Κ 4,679,370. FMV

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BOSTON COLLEGE IRELAND LIMITED R 612,771.

Schedule R (Form 990) 2020

749,808.

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04-2103545

PINE MANOR COLLEGE

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity		(c) Legal domicile (state or foreign country)	Are all sec 501(
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Public Disclosure Copy

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART IV, LINE 1

CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN MASSACHUSETTS AND

PENNSYLVANIA.