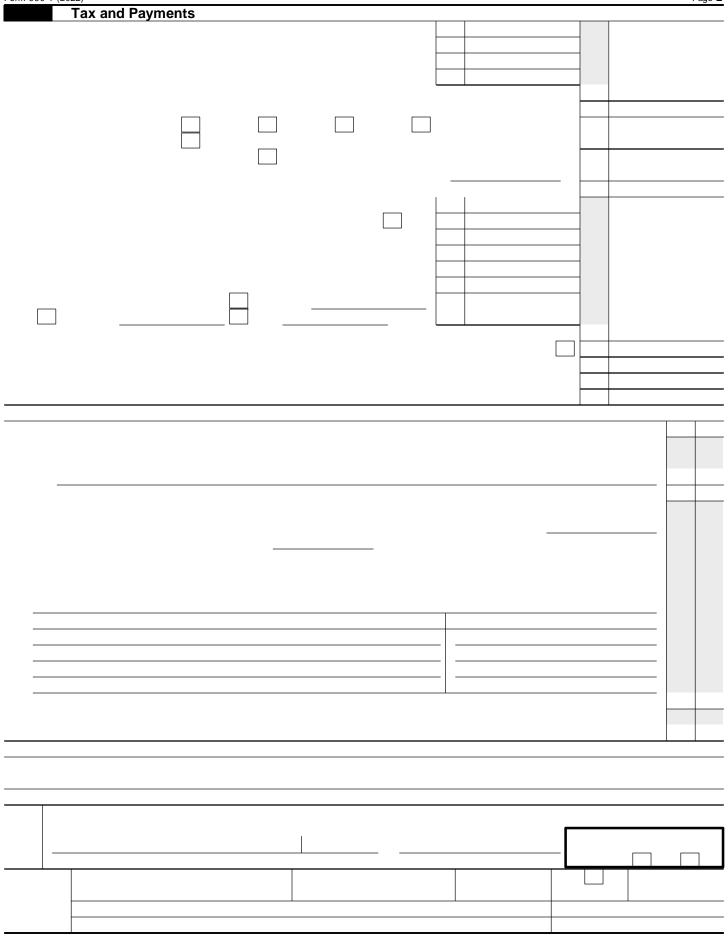
Form 990-T	Ex	empt O	rganizat	ion Bus	siness	Inc	ome T	ax F	Returr	1	ON	/IB No. 154	5-0047
roim 330 I		ة) 9 ndar year 2022			aer sec							À3⁄4¶	\P
Department of the Treasury		Go to w	ww.irs.gov/Fo	rm990T for i	nstruction	s and t	he latest i	nformat	ion.		_ I	n to Public Ir for 501(c) rganizations	nspection (3)
A Check box if	Do	not enter SSN Name of organ		s form as it ma Check box if na							imployer ider		
address changed.								,			. ,		
B Exempt under section	Print or	Number, stree	t, and room or s	uite no. If a P.O	. box, see ins	structions	s.		E		Group exemposee instruction		er
501()()	Туре	City on town	state or province		71D au fausiau	nantal a				(-		,	
408(e) 220(e)		City of town, s	state of province	e, country, and z	zir di loreigi	postaro	oue		F		Check	box if	
											an ame	nded retur	n.
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04-2103545

FORM 990T, PART I, LINE 6 DETAIL

LOSS YEAR ENDING	ORGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
05/31/2003			
05/31/2004			
05/31/2005			
05/31/2006			
05/31/2007			
05/31/2008			
05/31/2009			
05/31/2010	396,907.	NONE	NONE
05/31/2011	62,018.	NONE	NONE
05/31/2012	1,611,150.	NONE	NONE
05/31/2013	NONE	NONE	NONE
05/31/2014	2,906,804.	446,123.	150,235.
05/31/2015	2,171,377.	2,171,377.	
05/31/2016	774,951.	774,951.	
05/31/2017	6,452,247.	6,452,247.	
05/31/2018	13224282.	13224282.	
TOTAL:	27599736.	23068980.	150,235.
	=======	=======	=======
	VAILABLE FROM PRIOR YEAR 5 ON PAGE 1, 990-T) .		23068980. 150,235.
NET OPERATING LOSS D	DEDUCTION		150,235. =======

STATEMENT 1



chedule A (Form 990-T) 2022		tine and Donte	from Controlled Organ	izations (coo instructions)	
Part VI Interest, Ann	nuities, Royal	iles, and Nems			
			Exempt Cor	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
3)					
(4)					
		Nonexen	npt Controlled Organizatio	ns	
7. Taxable income	in	Net unrelated come (loss) e instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
1)					
(2)					
(3)					
4)					
. ,					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals I i i i i i i i i i i i i i i i i i i 				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)

Schedule A (Form 990-T) 2022 Page **4**

20110441071 (1 01111 000 1) 2022				go .
Part IX Advertising Income				
1 Name(s) of periodical(s). Check box if reporti	ing two or more periodicals	on a consolidated basis.	•	
Α				
В				
c				
D				
Enter amounts for each periodical listed above in the		В	С	D
	Α	В	<u> </u>	U
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3				
		'	'	<u>'</u>
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6 7				
,				
8				



chedule A (Form 990-T) 2022		tine and Donte	from Controlled Organ	izations (coo instructions)	
Part VI Interest, Ann	nuities, Royal	iles, and Nems			
			Exempt Cor	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
3)					
(4)					
		Nonexen	npt Controlled Organizatio	ns	
7. Taxable income	in	Net unrelated come (loss) e instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
1)					
(2)					
(3)					
4)					
. ,					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals I i i i i i i i i i i i i i i i i i i 				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)

Schedule A (Form 990-T) 2022 Page **4**

20110441071 (1 01111 000 1) 2022				go .
Part IX Advertising Income				
1 Name(s) of periodical(s). Check box if reporti	ing two or more periodicals	on a consolidated basis.	•	
Α				
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c				
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Enter amounts for each periodical listed above in the		В	С	D
	Α	В	<u> </u>	U
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04-2103545 TRUSTEES OF BOSTON COLLEGE

SCHEDULE A: CATERING

PART I - LINE 12 - OTHER INCOME

1,778,570. CATERING

TOTAL OTHER INCOME 1,778,570.

==========

04-2103545 TRUSTEES OF BOSTON COLLEGE SCHEDULE A: CATERING PART II - LINE 14 - OTHER DEDUCTIONS DINING/CATERING COSTS 238,209. FLOWERS/CONTRACT SERVICES/OTHER 1,497,990.

TOTAL OTHER DEDUCTIONS

STATEMENT 2

1,736,199. =========



chedule A (Form 990-T) 2022		tine and Donte	from Controlled Organ	izations (coo instructions)	
Part VI Interest, Ann	nuities, Royal	iles, and Nems			
			Exempt Cor	ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
3)					
(4)					
		Nonexen	npt Controlled Organizatio	ns	
7. Taxable income	in	Net unrelated come (loss) e instructions)	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
1)					
(2)					
(3)					
4)					
. ,					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals Thinkin Minimum				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Fotals I i i i i i i i i i i i i i i i i i i 				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investraemen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmemen 1) 2) 3)				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)
Investmenen				Enter here and on Part I, line 8, column (A)	Enter here and on Part I, line 8, column (B)

Schedule A (Form 990-T) 2022 Page **4**

20110441071 (1 01111 000 1) 2022				go .
Part IX Advertising Income				
1 Name(s) of periodical(s). Check box if reporti	ing two or more periodicals	on a consolidated basis.	•	
Α				
В				
c				
D				
Enter amounts for each periodical listed above in the		В	С	D
	Α	В	<u> </u>	U
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TRUSTEES OF BOSTON COLLEGE

04-2103545

SCHEDULE A: THE ONLY OR FIRST UNRELATED TD OR BUS.

INCOME (TiOSS)	FROM	PARTNERSHIPS	AND	/OR	S	CORPORATIONS

SHARE OF SHARE OF GAIN OR GROSS INCOME DEDUCTIONS (LOSS) -8,070,717. -8,070,717.

INCOME (LOSS) FROM PARTNERSHIPS

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-8,070,717. =========

TRUSTEES OF BOSTON COLLEGE 04-2103545 SCHEDULE A: THE ONLY OR FIRST UNRELATED TD OR BUS. PART II - LINE 14 - OTHER DEDUCTIONS 43,200. TAX PREPARATION FEES INVESTMENT MANAGEMENT EXPENSE 1,578,778.

TOTAL OTHER DEDUCTIONS 1,621,978.

=========

SCHEDULE D (Form 1120)	Attach to Form 1120, 1120-C, 1120-POL, 112	OMB No. 1545-0123			
					J

Sales and	d OtheD T	fd TfMB N	o. 1 5A d(a	a)20.286	(I)10.1	¥4 10 <u>°</u>2'gFf (

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information. OMB No. 1545-0184 Sequence No. 27

ivame(s) snown on return						identili	ying number
1a Enter the gross proceeds from sa substitute statement) that you are in	cluding on line 2	2, 10, or 20. See	instructions 🎹			n 1a	
b Enter the total amount of gain th MACRS assets	at you are inclu	ding on lines 2		o the partial disp		Пь	
c Enter the total amount of loss that assets 1			nd 10 due to the pa	artial dispositions	of MACRS	n _{1 c}	
						Τ	
1							
						1	

Form 4797 (2022) 04-2103545 Page **2**

Pa	rt III Gain From Disposition of Property Une (see instructions)	der Sections 124	5, 1250, 1252, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or 125		(b) Date acquired	(c) Date sold	
-		ppy.		(mo., day, yr.)	(mo., day, yr.)
E					
			_		
	These columns relate to the properties on lines 19A through 19D.	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.) 20				
21	Cost or other basis plus expense of sale				
22	Depreciation (or depletion) allowed or allowable				
23	Adjusted basis. Subtract line 22 from line 21				
	710000000000				
	Total gain. Subtract line 23 from line 20				
	If section 1245 property:				
	Depreciation allowed or allowable from line 22				
	Enter the smaller of line 24 or 25a. I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
_0	used, enter -0- on line 26g, except for a corporation subject				
	to section 291.				
	Additional depreciation after 1975. See instructions Applicable percentage multiplied by the smaller of				
r.	line 24 or line 26a. See instructions				
,	Subtract line 26a from line 24. If residential rental property				
٠	or line 24 isn't more than line 26a, skip lines 26d and 26e				
	Additional depreciation after 1969 and before 1976				
	Enter the smaller of line 26c or 26d				
	Section 291 amount (corporations only)				
	Add lines 26b, 26e, and 26f				
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a	Soil, water, and land clearing expenses				
k	Line 27a multiplied by applicable percentage. See instructions $\mathbf{H}_{\mathbf{b}}$				
c	Enter the smaller of line 24 or 27b				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits,				
	mining exploration costs, and depletion. See instructions				
	Enter the smaller of line 24 or 28a				
	If section 1255 property:				
а	Applicable percentage of payments excluded from				
	income under section 126. See instructions				
	Enter the smaller of line 24 or 29a. See instructions 11d b nmary of Part III Gains. Complete property co	lumns A through	D through line 20th	hoforo going to lin	20
3u	illiary of Fart iii Gaills. Complete property co	iuiiiis A tiilougii	D tillough line 29t		le 30.
30	Total gains for all properties. Add property columns A throu	ugh D. line 24	manamanana		
31					
	Subtract line 31 from line 30. Enter the portion from cas			the portion from	
_	other than casualty or theft on Form 4797, line 6				
Pa	rt IV Recapture Amounts Under Sections 17 (see instructions)	'9 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
	·			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable i	n prior years			
34	Recomputed depreciation. See instructions	<u>mininiminini</u> ni			
35 35	Recapture amount. Subtract line 34 from line 33. See the	instructions for where	o report Nillian 35		
_					

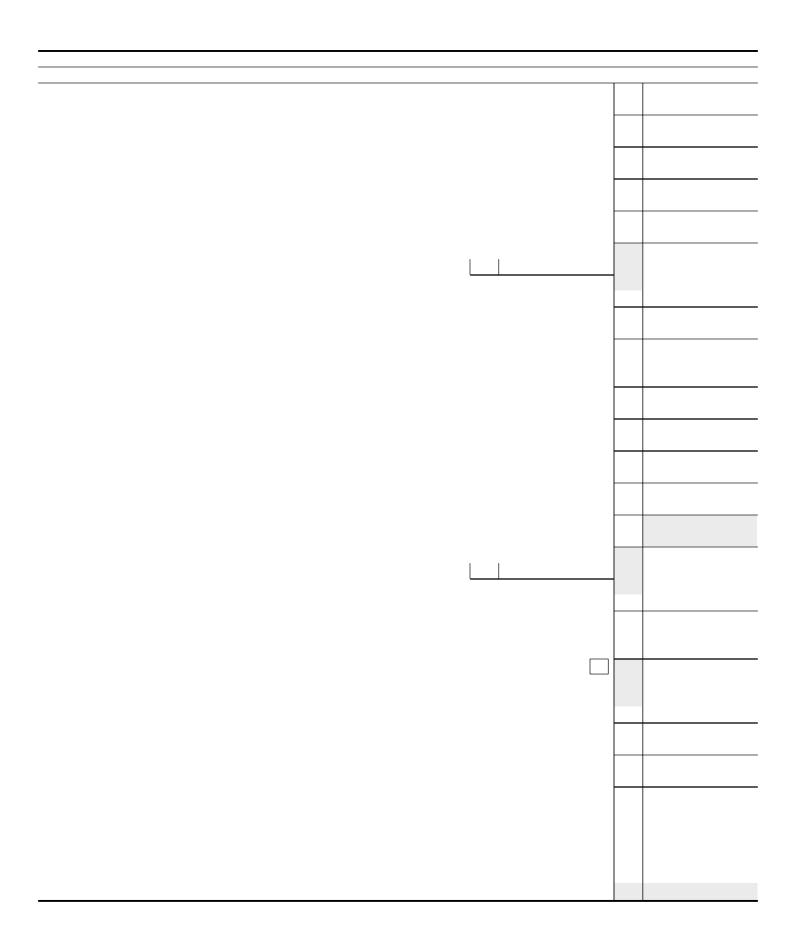
Form **4797** (2022)

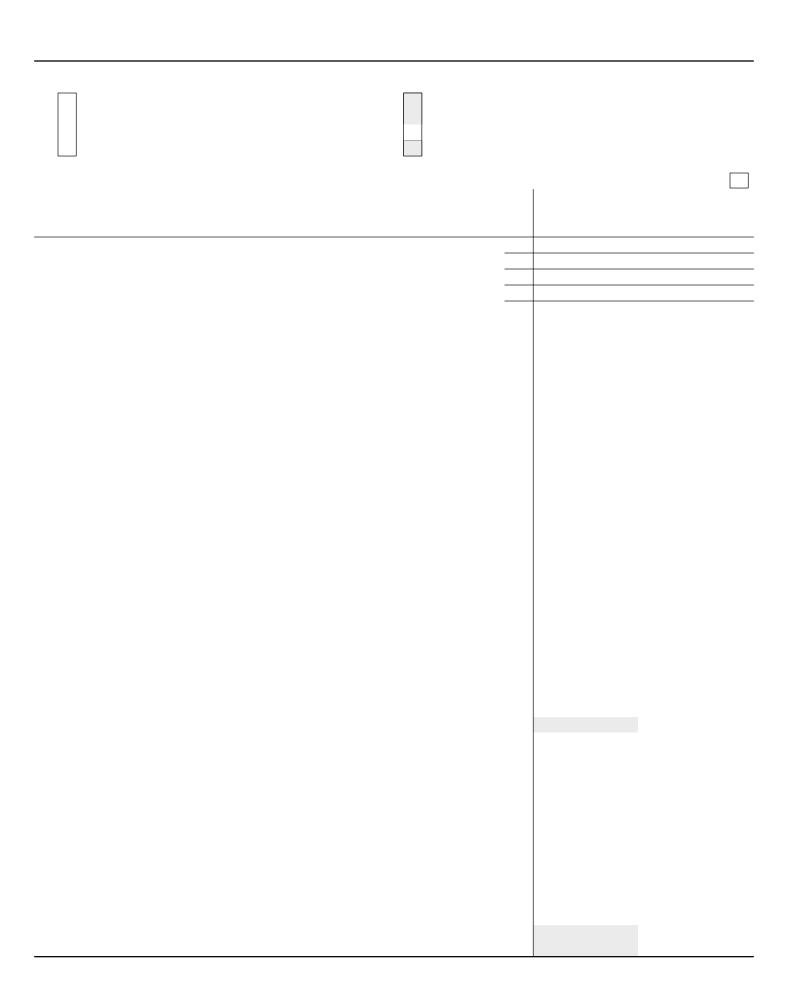
TRUSTEES OF BOSTON COLLEGE Supplement to Form 4797 Part I Detail

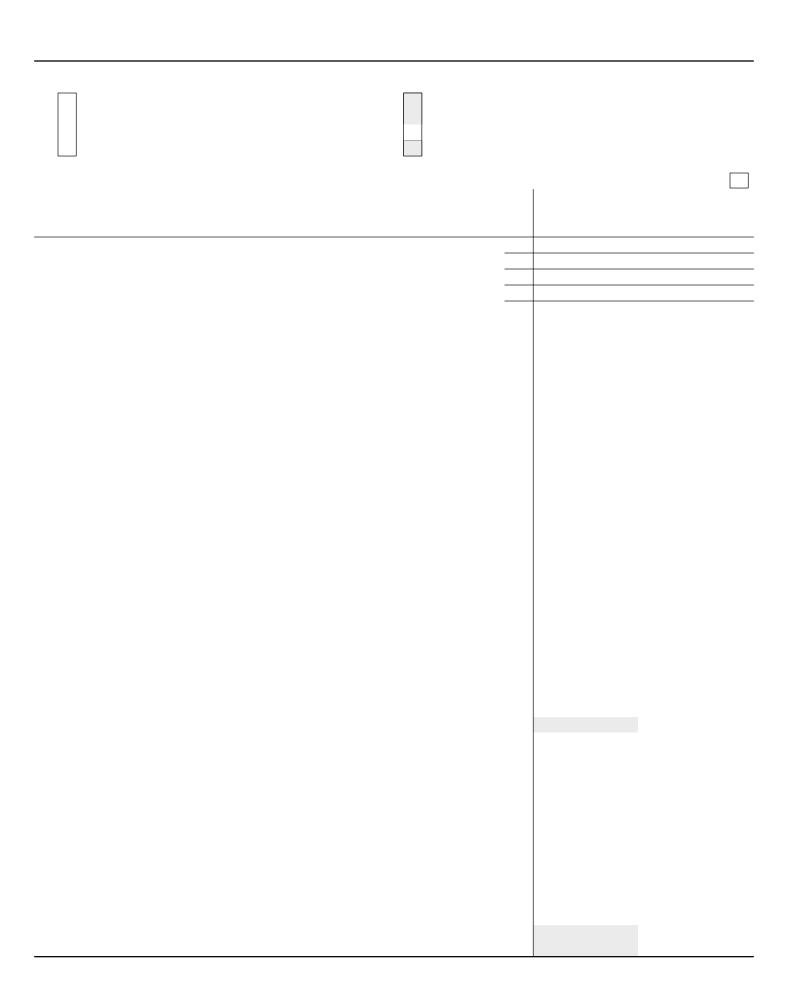
04-2103545

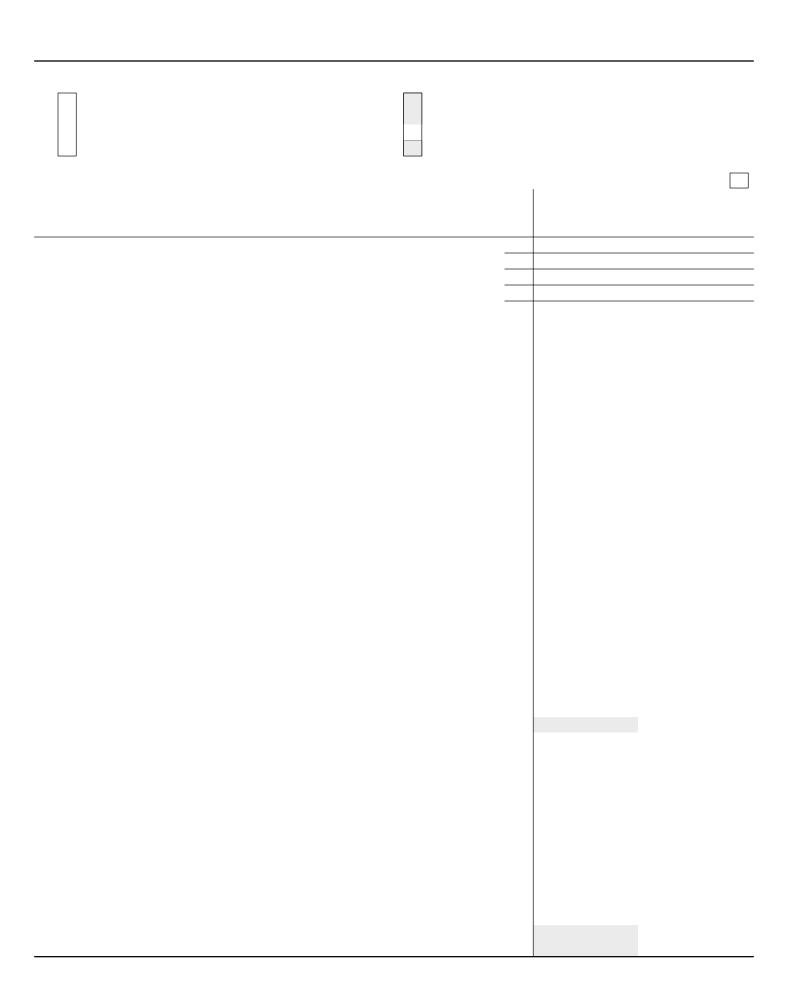
Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SECT. 1231 GAIN/LOSS	VAR	VAR	174,373.			174,373.
Totals						174,373.

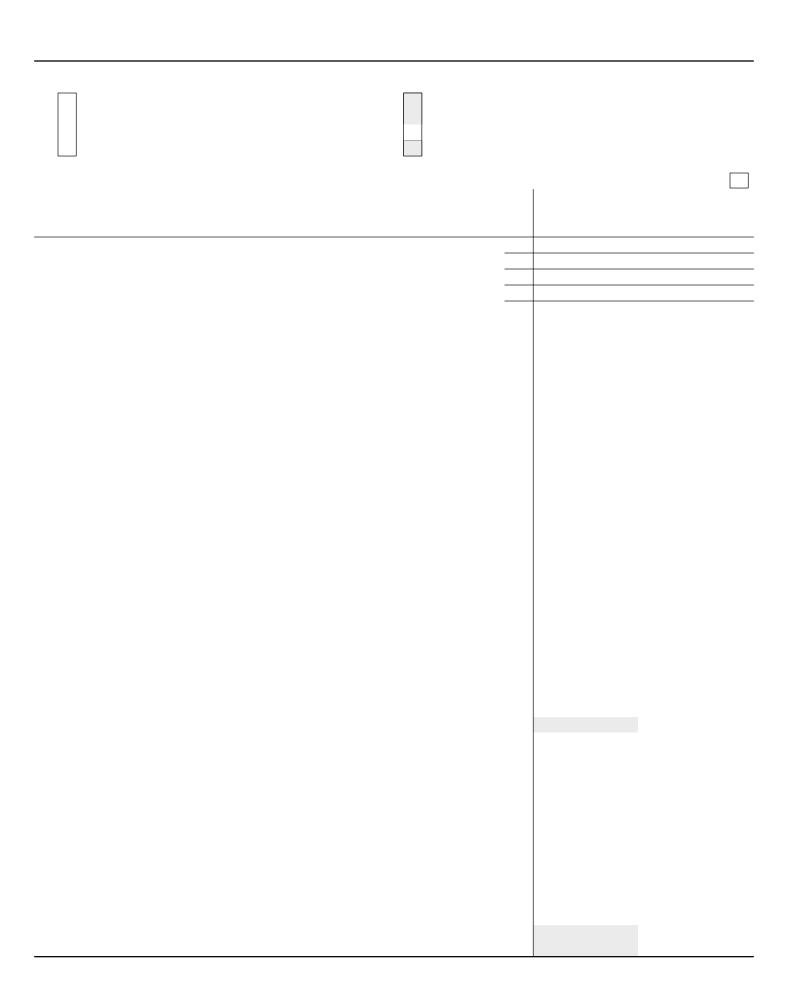
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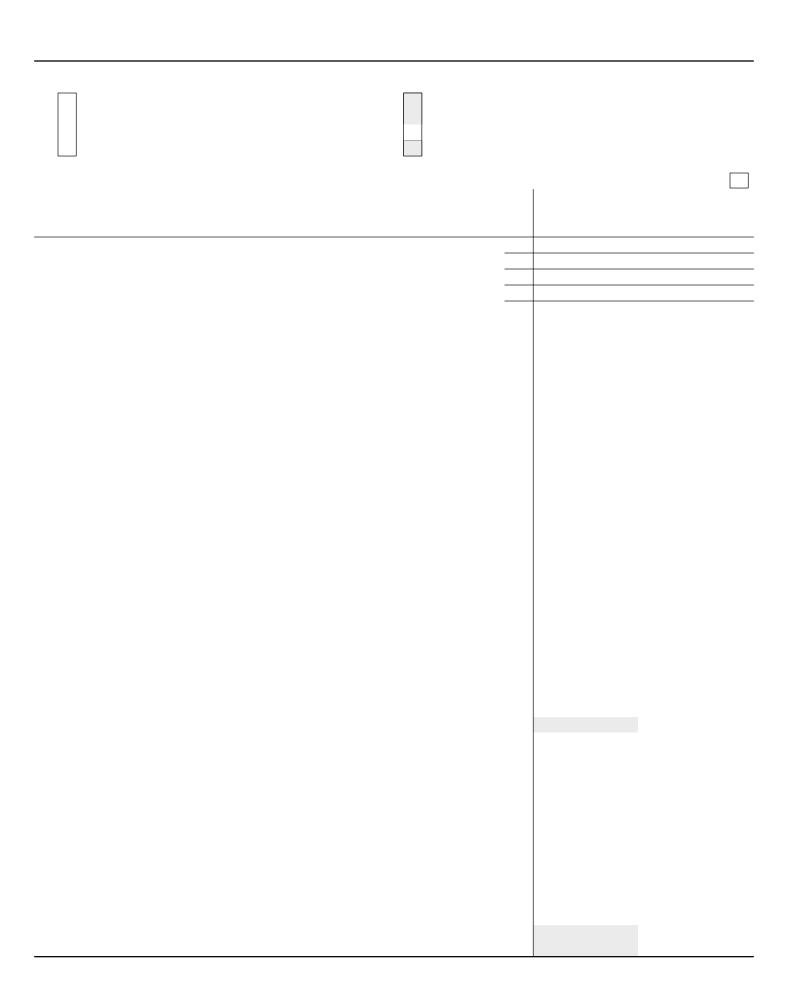


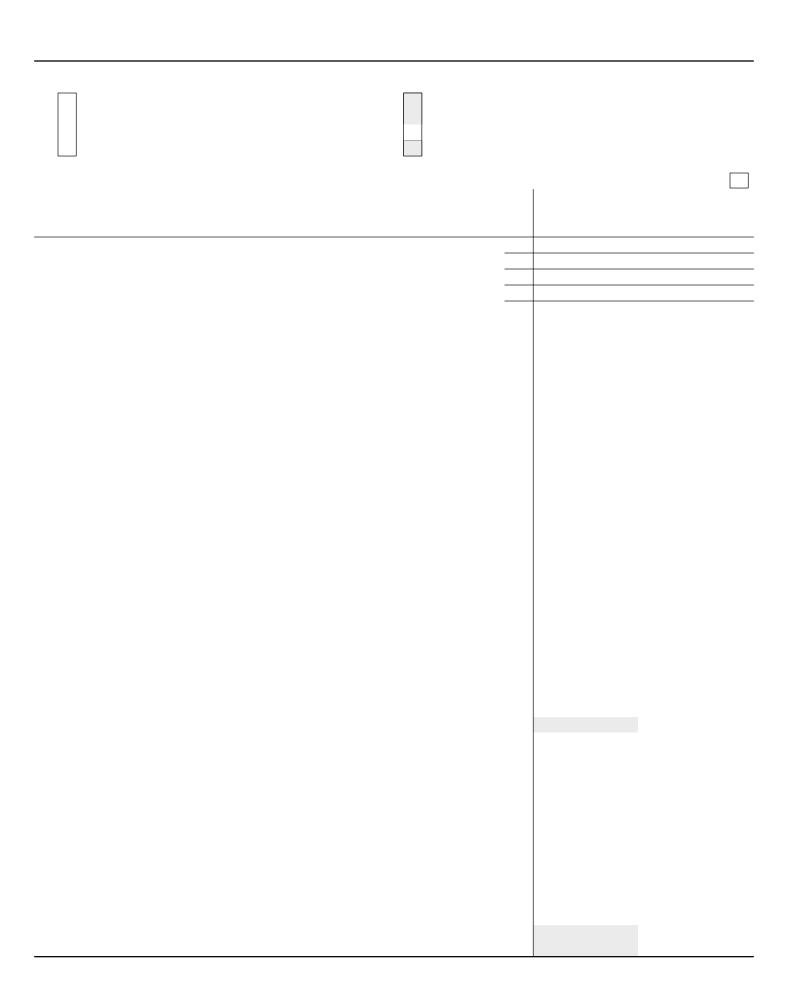












ATTACHMENT 4

FORM 990-T, SCHEDULE OF NOL GENERATED BEFORE T&JTAX YEARS BEGINNING BEFORE 1/1/2018:

DATE	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	NOL CARRYOV TO NEXT YEAR
5/31/2010	396,907	231,329	231,329	0
5/31/2011	62,018	62,018	62,018	0
5/31/2012	1,611,150	1,611,150	1,611,150	0
5/31/2014	2,906,804	2,906,804	2,460,681	446,123
5/31/2015	2,171,377	2,171,377	0	2,171,377
5/31/2016	774,951	774,951	0	774,951
5/31/2017	6,452,247	6,452,247	0	6,452,247
5/31/2018	13,224,282	13,224,282	0	13,224,282
	27,599,736	27,434,158	4,365,178	23,068,980

ATTACHMENT 4A

5/31/2019 5/31/2020 5/31/2021	20,962,492 15,549,378 5,118,009 41,629,879	20,962,492 15,549,378 5,118,009 41,629,879	0 0 0	20,962,492 15,549,378 5,118,009 41,629,879	Partnershipestments Partnershipestments Partnershipestments
5/31/2020	37,350	37,350	0	37,350	Catering
5/31/2021	75,118	75,118	0	75,118	Catering