

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.)

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.

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

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.

4c (Code:) (Expenses \$ 173,913,818. including grants of \$) (Revenue \$)

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 537,358,70.

4d Other program services (Describe on Schedule O.)

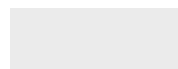
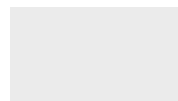
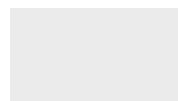
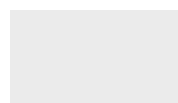
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. mm		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) mm	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? mm	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O mm	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? mm	4a	
b	If "Yes," enter the name of the foreign country I See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? mm	5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7			
a		7a	
b		7b	
c		7c	
d		7d	
e		7e	
f		7f	
g		7g	
h		7h	
8		8	
9			
a		9a	
b		9b	
10			
a			
b			
11			
a			
b			
12a		12a	
b			
13			
a		13a	
b			
c			
14a		14a	
b		14b	
15		15	
16		16	

<ul style="list-style-type: none">		



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

Section B. Total Support

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	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
1	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>		
2	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 Pr</i>		

		Yes	No

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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.)

SCHEDULE A, PART II, LINE 10

THE TOTAL REPORTED ON LINE 10 IS COMPRISED OF EVENT INCOME, CHILDREN'S CENTER AND VENDING.

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

OMB No. 1545-00471







SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schools

I Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
I Attach to Form 990 or Form 990-EZ.
I Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Open to Public Inspection

Employer identification number

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? I [REDACTED] 1		
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? I [REDACTED] 1		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II I [REDACTED] 1		

4			
		4a	
		4b	
		4c	
		4d	
		5a	
		5b	
		5c	
		5d	
		5e	
		5f	
		5g	
		5h	
		6a	
		6b	
		7	

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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule E (Form 990 or 990-EZ) (2019)

Page 2

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).

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.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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)									

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

If "Yes," (a)24.7 (Y)42 (e)24.75 (s)31.25 (.)-3.25 (")JTJ-1418 -4417[(t)-34.5 (h)-6.5 (e)-6.5 ()-128.25-37. (r)-42 (g)-37.75 (a)-6.5 (n)-6.5 (i)3.25 (za)-6.5 (t)-3.25 (i)3.25

Part V **Supplemental Information**

Provide the information requested in Part V (not on



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.

	_____	_____	_____	

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

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 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.

Part III Supplemental Information

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.

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

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

R2 - CONSTRUCTION, RENOVATION, AND EQUIPMENT FOR VARIOUS BUILDINGS ON
MULTIPLE CAMPUSES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 for instructions and the latest information.

OMB No. 1545-0047

3/4 1/2

**Open to Public
Inspection**

Name of the organization

Employer identification number

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
1 Art - Works of art	<input checked="" type="checkbox"/>			
2 Art - Historical treasures	<input checked="" type="checkbox"/>			
3 Art - Fractional interests	<input checked="" type="checkbox"/>			
4 Books and publications	<input checked="" type="checkbox"/>			
5 Clothing and household goods	<input checked="" type="checkbox"/>			
6 Cars and other vehicles	<input checked="" type="checkbox"/>			
7 Boats and planes	<input checked="" type="checkbox"/>			
8 Intellectual property	<input checked="" type="checkbox"/>			
9 Securities - Publicly traded	<input checked="" type="checkbox"/>			
10 Securities - Closely held stock	<input checked="" type="checkbox"/>			
11 Securities - Partnership, LLC, or trust interests	<input checked="" type="checkbox"/>			
12 Securities - Miscellaneous	<input checked="" type="checkbox"/>			
13 Qualified conservation contribution - Historic structures	<input checked="" type="checkbox"/>			
14 Qualified conservation contribution - Other	<input checked="" type="checkbox"/>			
15 Real estate - Residential	<input checked="" type="checkbox"/>			
16 Real estate - Commercial	<input checked="" type="checkbox"/>			
17 Real estate - Other	<input checked="" type="checkbox"/>			
18 Collectibles	<input checked="" type="checkbox"/>			
19 Food inventory	<input checked="" type="checkbox"/>			
20 Drugs and medical supplies	<input checked="" type="checkbox"/>			
21 Taxidermy	<input checked="" type="checkbox"/>			
22 Historical artifacts	<input checked="" type="checkbox"/>			
23 Scientific specimens	<input checked="" type="checkbox"/>			
24 Archeological artifacts	<input checked="" type="checkbox"/>			
25 Other ()	<input type="checkbox"/>			
26 Other ()	<input type="checkbox"/>			
27 Other ()	<input type="checkbox"/>			
28 Other ()	<input type="checkbox"/>			

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

	Yes	No
30a 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? <input checked="" type="checkbox"/> 30a		
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? <input checked="" type="checkbox"/> 31		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? <input checked="" type="checkbox"/> 32a		
b If "Yes," describe in Part II.		
33		

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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule M (Form 990) (2019)

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.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SPRINKLER SYSTEMS/EQUIP	X	1.	255,056.	ACTUAL INVOICE PRICE
GAME TICKETS	X			

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

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1/2

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

I Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

TRUSTEES OF BOSTON COLLEGE

04-2103545

FORM 990, PART I, LINE 1 AND PART III, LINE 1

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

PUBLIC DISCLOSURE COPY

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

PUBLIC DISCLOSURE COPY

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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.

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.

PUBLIC DISCLOSURE COPY

Name of the organization TRUSTEES OF BOSTON COLLEGE	Employer identification number 04-2103545
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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: \$2,640,527

TOTAL: \$533,397

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SKANSKA USA BUILDING INC 101 SEAPORT BLVD BOSTON, MA 02210	CONSTRUCTION	40,917,715.
CONSIGLI CONSTRUCTION CO INC 72 SUMNER ST. MILFORD, MA 01757	CONSTRUCTION	32,199,605.
SUFFOLK CONSTRUCTION COMPANY INC 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	16,271,140.
LEE KENNEDY CO INC 122 QUINCY SHORE DRIVE QUINCY, MA 02171	CONSTRUCTION	8,547,912.
MCCOURT CONSTRUCTION	CONSTRUCTION	5,704,193.

Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

ATTACHMENT 1 (CONT'D)

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

PUBLIC DISCLOSURE COPY

TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule R (Form 990) 2019

Page **4**

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

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.