Form	9	9	0
(Rev.	Janu	Jary	2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

<u>1∕</u>2

295540)3662

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

Open to Public

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Part I				
	ly describe the organization's mission or most significant activi	ities:		
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2 Chec	the set with a members of the several set of the several several set of the several set of the several several set of the several several set of the several)) 4 5 (*) 40	(a) the (line) of the line and
3 Num 61812Hr)4jT(FT),7p1)	ber of voting members of the governing body (Part VI, TJT*[(T -15.4293 (i)0.289 (n)-15.489 (n)-1 PrepP	Paldte	-34.5 (r)-42	a Pec
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For	m 990 (201	9)					Page
Pa	art III	Statement of Program Check if Schedule O co					
1	Briefly d	escribe the organization's		note to any line in t			
	SEE SC	CHEDULE O					
2		organization undertake a					
	-	rm 990 or 990-EZ?					Yes X No
3		organization_cease_co		significant change	s in how it conducts	s, any program	
	services						Yes X N
4		describe these changes of the organization's pro-		polishments for each	sh of its three largest	program servic	es as measured h
•	expense	s. Section 501(c)(3) and	d 501(c)(4) organiza	ations are required	to report the amount		
	the total	expenses, and revenue,	f any, for each progr	am service reported	1.		
42	(Code:) (Expenses S	526 210 999 inc	luding grants of ¢	227,489,314.)(Rev	00110 \$ (0	0.004.514
4a		JCTION - INCLUDES					8,904,514.
		NTS AND TO PROVID					
		ELLOWSHIPS. ENROLI	MENTS WERE 14	,890 AND THE I	NUMBER OF DEGREE	S	
	CONFER	RRED WAS 4,171.					
	(Code:) (Expenses) LARY SERVICES - II	<u>193,170,496.</u> inc				2,899,583.)
		TIES OF THE UNIVE				G	
		ENCE HALLS, 14 DIM				С	
	TEAMS,	, BOOKSTORE AND HI	ALTH SERVICES	•			
4c	(Code:) (Expenses §	173,913,818. inc	luding grants of \$) (Rev	enue \$)
		NT SERVICES AND AC					
		THE PRIMARY PURPO					
		RAL, AND SOCIAL DE			VERSITY LIBRARY		
		TIES CONTAINING (D	
	537,35	58,70.					
	,						
<u> </u>	Otherr	narom pomisor (Descell	on Schodule O)				
40	(Expens	rogram services (Describ es \$ incl	e on Schedule O.) uding grants of \$) (R	evenue \$)	
4e	· ·	ogram service expenses		, (N		/	
JSA		•					Farm 000 (201

	90 (2019)		Page 3
Part	IV Checklist of Required Schedules	V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		es No
•	complete Schedule A	1	
2		2	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<u>_</u>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	
•		7	
8	Did the organization maintain collection33 (in)-83.111in933 ()()-110.889 (a-28.111 w(r)-28.111 (g)-27.333 k556 (a)-2	27f56 (i	io)-27.333 (n33 .
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	1	1a	
	1	1b	
	1	1c	
	1	1d	
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		1f	
12			
	1	2a	
13		2b 13	
14		4a	<u> </u>
45	1	4b	
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18	-	17	
		18	
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		19	<u> </u>
20		20a 20b	<u> </u>
21			+
		21	

-	990 (2019)		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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 Data		Yes	No
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 <i>e-file</i> (see instructions)	2b N		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	βa		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	βb		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	∏4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	D 5a		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	jpa 5b		
c		5c		
6a				
	-	6a		
b		6b		
7				
а		70		
b		7a 7b		
c				
	7d	7c		
d e		7e		
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g		7g		
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a		9a		
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13		13a		
а		154		
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14a		14a		
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15		15		
16		16		

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

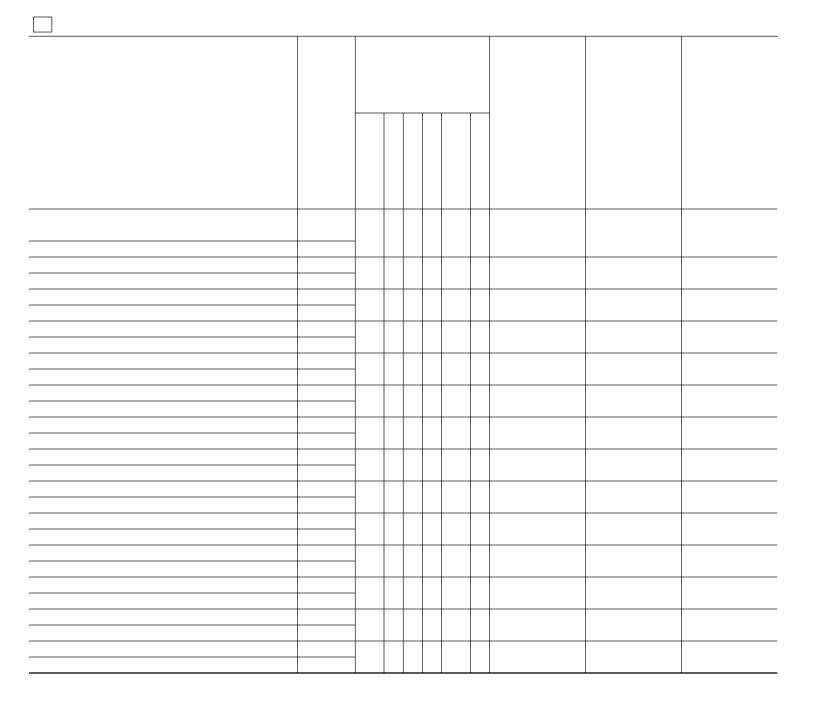
Check if Schedule O contains a response or note to any line in this Part VII

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. **O**List all 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.

Use the organization's current key employees, if any. See instructions for definition of "key employee." Use the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)



Form 990 (20	19)					
Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y Employees, and Hig	hest Compensat	ed Employees (continued)
	(A)	(B)	(C)	(D)	(E)	(F)
	Name and title	Average	Position	Reportable		
		hours por	(do not check more than one	acmonaction		

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do r		Posi		e than c	200	Reportable		
	hours per week (list any	box,	unles	s pe	rson	is both	an	compensation from		
	hours for	office	er and	dad	irect	or/trust	ee)	the		
	related organizations							organization		
	below dotted							(00-2/1099-0011 40	TfBT1 1 1 rgnz q0.12 4(Insation
	line)									
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	+									
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (
(A) N(F)	(B)			(C				(D)	(E)	(F)

Part VII	Section A.	Officers, Directors	s, Tru	stees, k	(ey	Emp	oloy	ee	s, a	nd H	Higl	hest Compensat	ed Employees (d	continued)

Part VII	Section A.	Officers, Directors	s, Tru	stees, k	(ey	Emp	oloy	ee	s, a	nd H	Higl	hest Compensat	ed Employees (d	continued)

Part VII	Section A.	Officers, Directors	s, Tru	stees, k	(ey	Emp	oloy	ee	s, a	nd H	Higl	hest Compensat	ed Employees (d	continued)

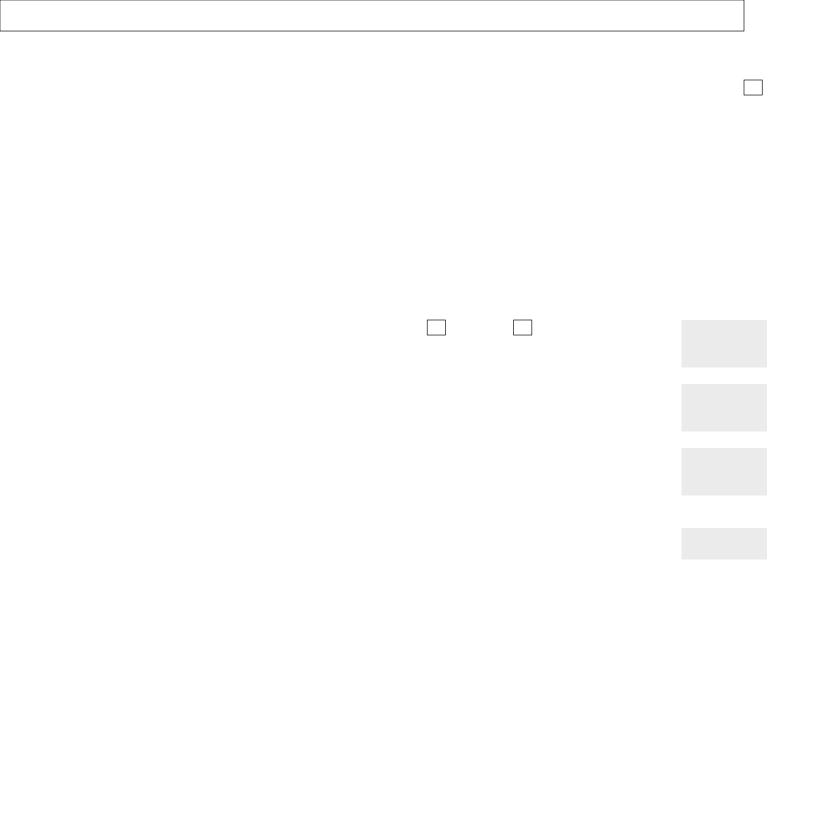
Part VII	Section A.	Officers, Directors	s, Tru	stees, k	(ey	Emp	oloy	ee	s, a	nd H	Higl	hest Compensat	ed Employees (d	continued)

Part IX	Statement of	Functional	Expenses
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		ne in this Part IX			
o not include amounts reported on lines 6b, 7b, b, 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	1				
2 Grants and other assistance <u>to</u> domestic					
individuals. See Part IV, line 22					
3 Grants and other assistance to foreign					
organizations, foreign governments, and foreign	n				
individuals. See Part IV, lines 15 and 16	1				
 Benefits paid to or for members	1				
trustees, and key employees	1				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B)	ו				
7 Other salaries and wages	i				
8 Pension plan accruals and contributions (include					
section 401(k) and 403(b) employer contributions)					
9 Other employee benefits	[
0 Payroll taxes	1				
1 Fees for services (nonemployees):	•				
a Management					
c Accounting	1				
d Lobbying	Î				
e Professional fundrrarmin emssinssifr143m(s)si0 Td(a)431.143 (r)1tuff7861.25 -6.5 (y-37.75	(g))-16(m)-(ssi)7.7146 (f)-7.7	(14 (9)-7857*[(1)-5f227 143	[70](P)/TT0m32 Tf34 299 Td-	-70[(P)-
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Check if Schedule O contains a response or note to any lir		(A) Beginning of year		(B) End of
Oral and interest hereing	E	seginning of year		End of
Cash - non-interest-bearing			1	
Savings and temporary cash investments			2	
Pledges and grants receivable, net			3 4	
Accounts receivable, net			4	
			5	
			5	
			6	
			7	
			8	
			9	
			9	
			10c	
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			18	
			19	

Form 990 (2019)



SCHEDU	LE	A
(Form 990	or	990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Ра								art.) See instructions	i
			undation because						
1			hurches, or assoc						
2			tion 170(b)(1)(A)(
3			e hospital service						
4	A medical	research organ	ization operated i	n conjunction	with a nos	pital des	scribed ir	n section 170(b)(1)(A)	(III). Enter the
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 1	<u></u>			
				
		1	1	
	<u> </u>			
				[

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.)

Sec	tion A. Public Support						
Cale	ndar 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	1					
3	Gross receipts from activities that are not an	_					
	unrelated trade or business under section 513 $ \Pi $]					
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	1					
5	The value of services or facilities	-					
Ŭ	furnished by a governmental <u>unit to the</u>						
	organization without charge	ו					
6	Total. Add lines 1 through 5	ī — —					
		_					
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ו					
h	Amounts included on lines 2 and 3	A					
D.	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	1					
8	Public support. (Subtract line 7c from	ו					
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	
9	Amounts from line 6	L					
υa	payments received on securities loans,						
	rents, royalties, and income from similar	ו					
	sources 1						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	L					
С	Add lines 10a and 10b	L					
1	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
2	Other income. Do not include gain or						
	loss from the sal.5 (h)-37.(l)3.2			t canco	Odess		
	NNNth84 1.2d(i)rbaddus bubb5 (d)-	37.75 (e)m- (a)2	nTf4.75 (lr)-55 (b) a	a abb5 (d)24v5 (d)2424.75 (a)e.5 ()	-3d34.5 ()-375 (u	b34.5 ()y-10.75 (r)-

Part IV Supporting Organizations

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

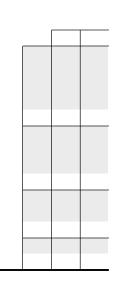
Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2				
		•		
3		2		
3		3a		
		3b		
		3c		
4				
		4a		
		4b		
		4c		
5				
		5a		
		5b		
		5c		
		6		
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Schedule A (Form 990 or 990-EZ) 2019 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. 1 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? If "Yes," explain in Part VI Pr

VI Pgnefit ogny suppohow po tvu]TJ/TT3 3.222 (i)27556 (z)27.g (a (t)-27.556p3.222 (i)27or28.22n(s-28 (id)-271 (g)-2733*)8 (o)-27.333 (n)-27

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TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule A (Form 990 or 990-EZ) 2019			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	-		,
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).

Schedule A (Form 990 or 990-EZ) 2019

TRUSTEES OF BOSTON COLLEGE

04-2103545

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10

THE TOTAL REPORTED ON LINE 10 IS COMPRISED OF EVENT INCOME, CHILDREN'S

CENTER AND VENDING.

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Schedule C (Form 99	0 or 990-EZ) 2019			Page
	mplete if the organizati ction 501(h)).	on is exempt under section 501(c)(3) and filed Form 5768 (ele	ction under
A Check		longs to an affiliated group (and list in Par and share of excess lobbying expenditures).	t IV each affiliated group mem	ber's name,
B Check	if the filing organization ch	ecked box A and "limited control" provision	ns apply.	
(Т		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a				
b				
C.				
d				
f				
•				
I				

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

For	- For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	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:			
а	Volunteers?	<u>Ц</u>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u>[]</u>		
С	Media advertisements?	<u>II</u>		
d	Mailings to members, legislators, or the public?	<u>n</u>		
е	Publications, or published or broadcast statements?	n		
f	Grants to other organizations for lobbying purposes?	<u>n</u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u>n</u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u>n</u>		
i	Other activities?	<u>n</u>		
i	Total. Add lines 1c through 1i	n		
2a	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			

TRUSTEES OF BOSTON COLLEGE

04-2103545

Page 4

Schedule C	(Form 990 or 990-EZ) 2019	
Part IV	Supplemental Information	(continued)

FORM 990, SCHEDULE C, PART II-B, LINE 1-G

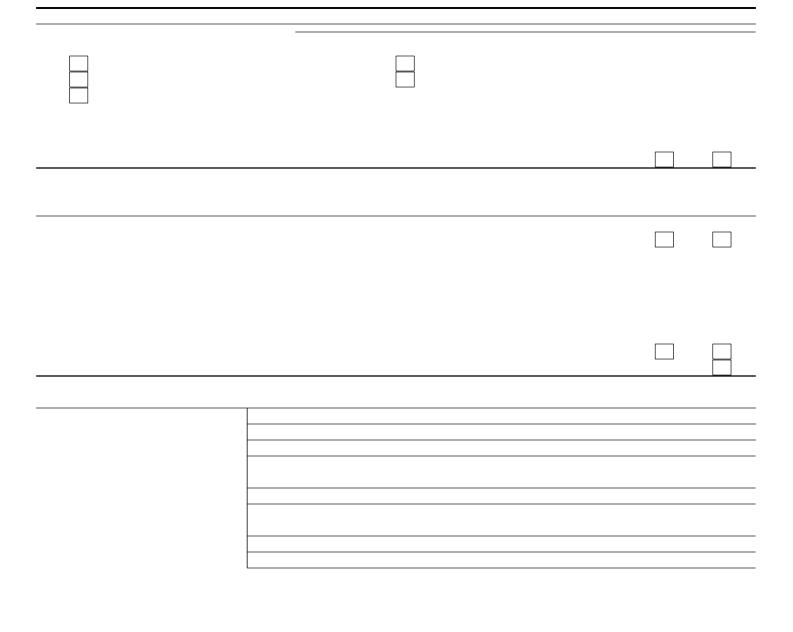
LOBBYING ACTIVITY EXPLANATION

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.

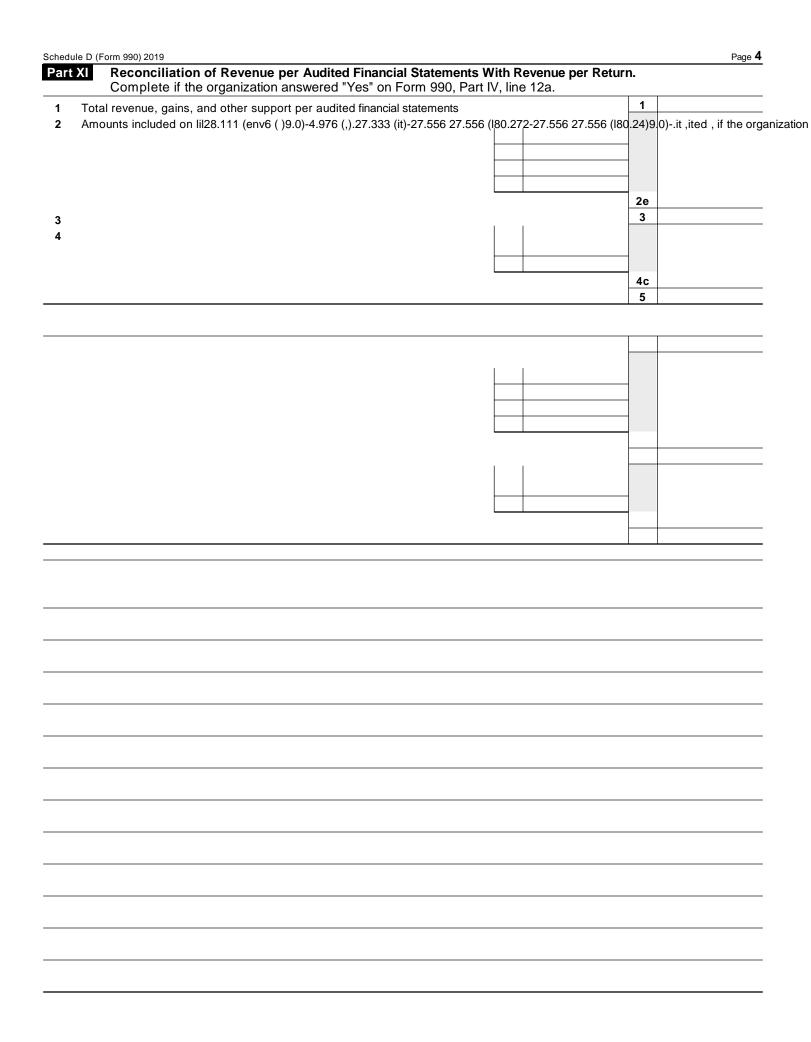
THE ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

SCHEDULE D			OMB N	o. 1545-0047I
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Department of the Treasury Internal Revenue Service

Name of the organization

Schools

OMB No. 1545-0047

T 30110015
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.
Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number

art I				
			YES	Ν
	es the organization have a racially nondiscriminatory policy toward students by statement in its charter,	h		
	aws, other governing instrument, or in a resolution of its governing body?			-
	es the organization include a statement of its racially nondiscriminatory policy toward students in all its pohures, catalogues, and other written communications with the public dealing with student admissions,			
		n ₂		
•	s the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			F
	ring 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			
des	scribe. If "No," please explain. If you need more space, use Part II \mathbf{n}	N3		
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		6b		L
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		7		L

TRUSTEES OF BOSTON COLLEGE

Page 2

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

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.

SCHEDULI	ΞF
(Form 990))

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Department of the Treasury Internal Revenue Service Name of the organization À¾µ½ Open to Public Inspection

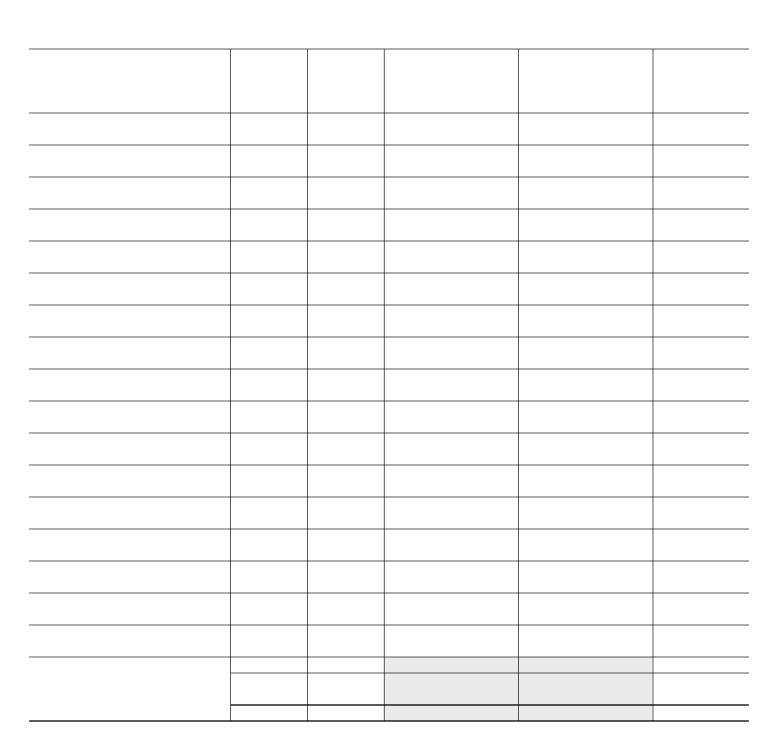
OMB No. 1545-0047

Employer identification number

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

1 For grantmakers.

2



SCHEDULI	ΞF
(Form 990))

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Department of the Treasury Internal Revenue Service Name of the organization À¾µ½ Open to Public Inspection

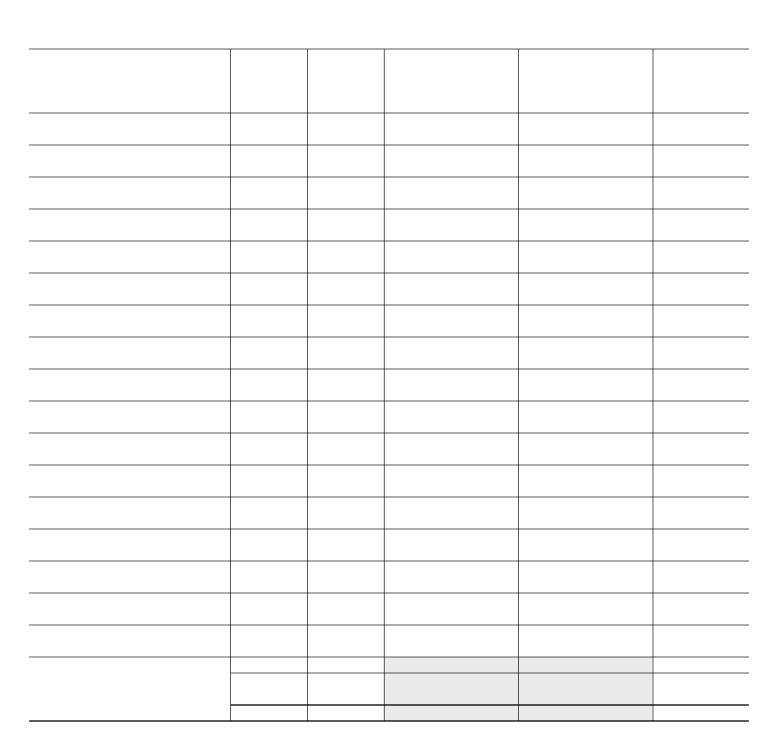
OMB No. 1545-0047

Employer identification number

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

1 For grantmakers.

2



Schedule F (Form 990) 2019

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99						Form 990,		
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if addition	onal 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)									
<u>(10)</u> (11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

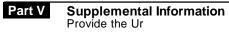
Page **2**

Schedule F (Form 990) 2019 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	(IIP571 (se)20.286 (m)-24.143 (e)20.286 (n)-15.429 (t)]T(b)](6\$!28 T62 :15

Page 3

Sche	dule F (Form 990) 2019	Page 4
Par	t 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)	No
lf "	'fYes,"lf "(a)24.7 (Y)42 (e)24.75 (s)31.25 (,)-3.25 (")]TJ-1418 -4417[[(t)-34.5 (h)-6.5 (e)-6.5 ()-128.25-37. (r)-42 (g)-37.75 (a)-6.5	5 (n)-6.5 (i)3.25 (za)-6.5 (t)-3.25 (i)3.2



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.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	artment of the Treasury T 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.						
							1

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

1		
		•

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.					

SCHEE	OULE J
(Form	990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

 $\dot{A}^{3}/_{4}\mu^{1}/_{2}$ Open to Public Inspection

Employer identification number

Name of the organization

	ng Compensation x(es) if the organization provided any of the following to or for a person listed on Form	Yes	N
Check the appropriate bos			
			ľ

 -				
	<u> </u>			
 -				
 L		1		<u> </u>

Schedule J (Form 990) 2019

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 W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
			(C) Retirement and other deferred compensation	benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported asli7.556 (e)-27 (o)-6.5 (w4h

Page **2**

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

SCHEDULE K (Form 990)

OMB No. 1545-0047

 $\dot{A}^{3}/_{4}\mu^{1}/_{2}$

Open to Public Inspection

Supplemental Information on Tax-Exempt Bonds I 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.

SCHEDULE K (Form 990)

OMB No. 1545-0047

 $\dot{A}^{3}/_{4}\mu^{1}/_{2}$

Open to Public Inspection

Supplemental Information on Tax-Exempt Bonds I 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.

'	

'	

Part IV Arbitrage (continued)								
		Α		В		С	1	2
	Yes	No	Yes	No	Yes	No	Yes	No
				1		T		
			1		1		1	

Schedule K (Form 990) 2019

Page 3

Part IV Arbitrage (continued)								
		Α		В		С	1	2
	Yes	No	Yes	No	Yes	No	Yes	No
				1		T		
			1		1		1	

Schedule K (Form 990) 2019

Page 3

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

TRUSTEES OF BOSTON COLLEGE

04-2103545

Page 4

Schedule K (Form 990) 2019

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 L (Form 990 or 990 Department of the Tre Internal Revenue Serv	Transactions With Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25k 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information		OMB No. 1545-0047 À34µ1/2 Open To Public Inspection
Name of the organiza		Employer identi	fication number
	Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) orgate if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or F		

4	(a) Name of disquelified person	(b) Relationship between disqualified person and	(a) Description of transaction	(d) Co	rected?
-	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958				

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the

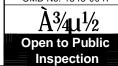
Part IV Business Transactions Involv					
Complete if the organization ans	wered "Yes" on Form 990, Part	IV, line 28a, 28b	, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transteon			
					<u> </u>
				_	+
					<u> </u>
					<u> </u>
					+
				_ _	, -

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number

Par	t 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 deterr noncash contribution		
1	Art - Works of art	n					
2	Art - Historical treasures	n					
3	Art - Fractional interests	n					
4	Books and publications	n					
5	Clothing and household						
	goods Management	n					
6	Cars and other vehicles	n					
7	Boats and planes	n					
8	Intellectual property	n					
9	Securities - Publicly traded	n					
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,	n 0					
	or trust interests	<u> </u>					
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic	n /1					
	structures						
14	Qualified conservation	m 1					
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	n –					
24 25	Archeological artifacts						
25 26	Other ()						
26 27	Other ()						
28	Other ()						
29	Number of Forms 8283 received	by the ora	nization during the tax w	par for contributions for			
23	which the organization completed F				29		
	which the organization completed i	0111 0200,	r art iv, Donee Acknowledg			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, lines	s 1 through		
	28, that it must hold for at least th				-		
	to be used for exempt purposes for				MANANA 3 0a		
b	If "Yes," describe the arrangement in		<u>-</u>				
31	Does the organization have a		tance policy that require	es the review of anv r	nonstandard		
	contributions?						
32a	Does the organization hire or use	third part	ies or related organization	s to solicit, process, or s	ell noncash		-
	contributions?				1111111111111 2a		
b	If "Yes," describe in Part II.						
33							

TRUSTEES OF BOSTON COLLEGE

Schedule M (Form 990) (2019)

04-2103545

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.

04-2103545

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service 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

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization Employer identification number					
TRUSTEES OF BOSTON COLLEGE	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

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization Employer identification number					
TRUSTEES OF BOSTON COLLEGE	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.

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization Employer identification number					
TRUSTEES OF BOSTON COLLEGE	04-2103545				

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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.

Schedule O (Form 990 or 990-EZ) 2019				
Name of the organization	Employer identification number			
TRUSTEES OF BOSTON COLLEGE	04-2103545			
	ATTACHMENT 1 (CONT'D)			

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

				-	
 -					

-	
•	•

Part	V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Not	complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1000000000000000000000000000000000000	a
b	Gift, grant, or capital contribution to related organization(s)	b
С	Gift, grant, or capital contribution from related organization(s)	C
d	Loans or loan guarantees to or for related organization(s)	d
е	Loans or loan guarantees by related organization(s)	e
f	Dividends from related organization(s)	If
g	Sale of assets to related organization(s)	g
h	Purchase of assets from related organization(s)	h
i		1i
j	Lease of facilities, equipment, or other assets to related organization(s)	lj
k	Lease of facilities, equipment, or other assets from related organization(s)	k
I		11
m	Performance of services or membership or fundraising solicitations by related organization(s)	m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n
		o
ø	Reimbursement paid to related organization(s) for expenses	р
q	1 5 (7) 1	q
r	Other transfer of cash or property to related organization(s)	Ir 🛛
		s

TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule R (Form 990) 2019

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)	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		Ye	Yes	No		Yes	No	1
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2019

TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule R (Form 990) 2019

Page 5

Part VIISupplemental InformationProvide 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.