Form **8453-EO** 

# Exempt Organization Declaration and Signature for Electronic Filing calendar year 2015, or tax year beginning \_\_\_06/01 , 2015, and ending \_\_\_05/31, 20 1

OMB No. 1545-1879

	For calendar year 2015, or tax year beginn	ning $\phantom{00000000000000000000000000000000000$	ding05/3	1, 20 16	2M15
Department of the Treas		990, 990-EZ, 990-PF, 1120-F	OL, and 8868		
Internal Revenue Service Name of exempt organic				Employer identif	cation number
	OF BOSTON COLLEGE			04-2103	
Brook as construction and		7A/I1- D-II O-I->		04 2100	343
Part Typ	e of Return and Return Information (	(vvnole Dollars Only)			
check the box of leave line 1b, 21	or the type of return being filed with Fon line 1a, 2a, 3a, 4a, or 5a below and the state of the	e amount on that line of the blank (do not enter -0-). If yo	return being file	d with this for	m was blank, then
1a Form 990 c	heck here 🕨 🛛 X 🔼 b Total revenue, if	any (Form 990, Part VIII, co	lumn (A), line 12)	1b <u>1</u>	090130860
2a Form 990-E	Z check here ▶b Total reven	ue, if any (Form 990-EZ, line	9)	2b	
		ax (Form 1120-POL, line 22)		******	
4a Form 990-F		n investment income (Form 9			
5a Form 8868	check here <b>b</b> Balance due (I	Form 8868, Part I, line 3c or	Part II, line 8c)	<sup>5b</sup>	
Part II Dec	laration of Officer				
withdra organiz I must date. I	rize the U.S. Treasury and its designated wal (direct debit) entry to the financial in ation's federal taxes owed on this return, ar contact the U.S. Treasury Financial Agent a also authorize the financial institutions involve in necessary to answer inquiries and resolve it	nstitution account indicated in the financial institution to do at 1-888-353-4537 no later tha blved in the processing of the	the tax prepara ebit the entry to in 2 business day	ition software this account. To s prior to the p	for payment of the prevoke a payment, payment (settlement)
execute	by of this return is being filed with a state of the electronic disclosure consent contained pecifically identified in Part I above) to the selec	ed within this return allowing o			
organization's 20 correct, and con return. I consent to the IRS and	of perjury, I declare that I am an office 15 electronic return and accompanying schiplete. I further declare that the amount in to allow my intermediate service provider, o receive from the IRS (a) an acknowledge g the return or refund, and (c) the date of any refund.	edules and statements, and to n Part I above is the amount transmitter, or electronic retur ement of receipt or reason for	the best of my k shown on the co rn originator (ERC	nowledge and opy of the organic on to send the	belief, they are true, anization's electronic organization's return
Sign Here	patyre of officer	1 4/11/17 Date	FINANCE Title	C VP / TI	REASURER
Part III Dec	laration of Electronic Return Origina	tor (ERO) and Paid Prepar	rer (see instruct	ions)	
my knowledge. It on the return. T information to be IRS e-file Provide organization's re	nave reviewed the above organization's return and only a collector, I am not responsible the organization officer will have signed this efficied with the IRS, and have followed all ors for Business Returns. If I am also the furn and accompanying schedules and stated in the preparer declaration is based on all informations.	for reviewing the return and of s form before I submit the re- other requirements in Pub. 416 Paid Preparer, under penalties ements, and to the best of m	only declare that that to turn. I will give to 3, Modernized e-Fo of perjury I declar ny knowledge and	nis form accura he officer a co ille (MeF) Inform re that I have	tely reflects the data py of all forms and nation for Authorized examined the above
ERO's ERO's signat	ure Jah	Date Check also parts prepare	aid self-		N or PTIN 1463
Use Firm's	name (or PRICEWATERHOUSEC	OOPERS LLP		EIN 13-40	08324
	if self-employed), s, and ZIP code 101 SEAPORT BLVD	., SUITE 500 BOSTON	MA 02210	Phone no. 61	7-530-5000
	f perjury, I declare that I have examined the abo e true, correct, and complete. Declaration of pr				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check i	PTIN
Preparer				self-employed	
Use Only	Firm's name			Firm's EIN ▶	
	Firm's address			Phone no.	
For Privacy Act	and Paperwork Reduction Act Notice, see back	k of form.		Fo	orm <b>8453-EO</b> (2015)

Form **990** 

#### **Return of Organization Exempt From Income Tax**

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

AF	or th	e 201	5 calendar year, or tax year beg	inning	06/01,2015,	and ending	g		0.5	5/31 <b>, 20</b> 16	
<b>D</b>			C Name of organization				D	Employer iden	tifica	ation number	
D C	neck if ap	plicable:	TRUSTEES OF BOSTON CO	DLLEGE				04-2103	54	5	
X			Doing business as								
	Name	change	Number and street (or P.O. box if mail i	s not delivered to street	address)	Room/suite	E	Telephone nun	nber		
	Initial	return	140 COMMONWEALTH AVE	NUE		ROOM 4	40	(617) 552	2-2	2481	
			City or town, state or province, country	, and ZIP or foreign pos	tal code			· · · · · · · · · · · · · · · · · · ·			
	Amend		CHESTNUT HILL, MA 024	467			6	Gross receipts	\$	1,911,288,	421.
	Applic		F Name and address of principal officer:	WILLIAM P	. LEAHY, S.	J.	Н			rn for Yes	X No
	_ policii	·u	140 COMMONWEALTH AVE		•		н			ncluded? Yes	No
ī ·	Tax-exe	empt st					-	. ,			
				) (moore no.	)     1047(4)(1)	51   021					
				Association O	ther >	I Year of		· · · · · · · · · · · · · · · · · · ·			MΔ
	_		<del> </del>	/ tooooiation	AIICI P	L 100 01	TOTTICATION	n. 1005 in	Jiale	or legal dofficile.	1.17.7
E				or most significant o	otivition: SEE SC	HEDIILE (	<u> </u>				
R   Form of organization:   X   Corporation   Trust   Association   Other   L   Year of formation: 1863   M   State of legal do   Part I   Summary      1   Briefly describe the organization's mission or most significant activities:   SEE   SCHEDULE   O											
2											
E L											
Š			<del></del>	•	•				1		г 1
യ	3	Numb	per of voting members of the governing	g body (Part VI, line	1a)						
es											
푷										12,	
Ę	6	Total	number of volunteers (estimate if nece	essary)							
~									7a		
	b	Net u	nrelated business taxable income fron	n Form 990-T, line 3	<u> 4 </u>				7b		
e e	8	Contr	ibutions and grants (Part VIII, line 1h)								
e l	9	Progr	am service revenue (Part VIII, line 2g)				74	6,011,89	2.	766,855,	638.
Ş.	10	Invest	tment income (Part VIII, column (A), li	nes 3, 4, and 7d)			-			113,619,	534.
	11	Other	revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, ar	nd 11e)				_		
	12	Total	revenue - add lines 8 through 11 (mu	st equal Part VIII, co	lumn (A), line 12),	* * * * * *	1,05	9,561,79	6.	1,090,130,	860.
	13	Grant	s and similar amounts paid (Part IX, co	olumn (A), lines 1-3)			17	3,948,92	2.	184,041,	181.
	14	Benef	fits paid to or for members (Part IX, co	lumn (A), line 4)					0.		0.
g							46	5,748,14	3.	490,303,	896.
use									0.		0.
ğ	b	Total	fundraising expenses (Part IX, column	(D), line 25) >	19,134,663						
ш							27	8,555,21	7.	288,539,	261.
							$\vdash$		_		
ts or nces						<del></del>	<del></del>		_		
ets	20	Total	assets (Part X. line 16)		•		4.27	0.257.31	1.	4.203.640.	745.
Net Assett Fund Balan	21								_		
und	22			21 from line 20					-		
			****	ET HOM MINE ZO			10/07	77331703	<b>.</b>	3,011,440,	230.
			<u> </u>	this return including a	accompanying schedu	iles and staten	nente an	d to the hest of	mv	knowledge and he	lief it is
true	, corre	ct, and	complete. Declaration of preparer (other th	an officer) is based on	all information of which	ch preparer ha	s any kno	wledge.	y 	Knowledge and be	inei, it is
			(b) (Su)	19				4//	4/.	17	
Sig	Substitute   Sub										
Hei		Number and street (or P.O. Doe.! mail is not delivered to street address)   Room/suite   Room   Ro									
				1 4 17 1-7	4301/21/	O · ri	IV P	· DUKK	gar.		
		Print		Prengrer's signature	Δ	Data			$\overline{}$	DTIN	
Paid	ı			r repaiers signature	1		2017		"		
	oarer	GWE.		1/00	0-	04/0//					3
	Only	-							_		
		·				02210	F	Phone no. 6	<u> 17-</u>		
				•	ructions)			<u> </u>			
For	Paper	work	Reduction Act Notice, see the separ	ate instructions.						Form 990	(2015)

Form 886	68 (Rev. 1-2014)					Page 2
• If you	ı are filing for an Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only	Part II and check this	box	. ▶ 🗸
	Only complete Part II if you have already been gran are filing for an <b>Automatic 3-Month Extension, c</b>				iled Form 88	68.
Parit					s needed).	
	Additional (Not) rate maile, e month 2	(101101011	or rinior orny mo	Enter filer's identifying		instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification n		
Type o	TRUSTEES OF BOSTON COLLEGE			•	03545	
-	Number, street, and room or suite no. If a P.O. bo	x, see instru	uctions.	Social security number (S		
File by th due date	ne	•		, ,	,	
filing you	City, town or post office, state, and ZIP code, For	a foreign a	ddress, see instructions	3.		
return. So instruction	ee	Ū				
	he Return code for the return that this application is	s for (file a	separate application	ı for each return)		0 1
Appli	cation	Return	Application			Return
Is For		Code	Is For			Code
Form	990 or Form 990-EZ	01	40.4.4.1.1			
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720 (other to	han individual)		09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
• The b	Do not complete Part II if you were not already gradeooks are in the care of ▶ JOYCE KING, UNIVERSITY of the No. ▶ 617-552-3361  The organization does not have an office or place of but the care of	Y CONTRO	LLER No. ▶ the United States, ch	617-552-0757 neck this box		. ▶ □
• If this	s is for a Group Return, enter the organization's fou	ir digit Gro	up Exemption Numb	er (GEN)	If thi	
	whole group, check this box ▶ □ . If i	-	t of the group, check	this box	■ and att	ach a
list with	h the names and EINs of all members the extension	n is tor.				
A	I request an additional 2 month outonaion of time	until	ADDII 15	20 17		
4 5	I request an additional 3-month extension of time For calendar year, or other tax year beginning	unui	HINE 1 20 15	, 20 17	' MAV 21	20 - 1¢
6	If the tax year entered in line 5 is for less than 12 n	nonths, ch	eck reason: Initia	I return    Final return	VIAT 31	_, 20
7	Change in accounting period  State in detail why you need the extension					
,			OUDATE DETUDA			
	ADDITONAL TIME IS NEEDED TO COMPLETE AND F	TILE AN AU	CURATE RETURN			
8a	If this application is for Forms 990-BL, 990-PF, 99	0-T 4720	or 6069, enter the te	entative tax less any		
ou	nonrefundable credits. See instructions.				8a \$	
b	If this application is for Forms 990-PF, 990-T,			1783		
	estimated tax payments made. Include any pric amount paid previously with Form 8868.	or year ove	erpayment allowed a	- 1000	8b \$	
C	<b>Balance due.</b> Subtract line 8b from line 8a. Include yo (Electronic Federal Tax Payment System). See instruc		t with this form, if requ	uired, by using EFTPS	8c \$	
	Signature and Verifica	tion mus	t be completed fo	or Part II only.		
	penalties of perjury, I declare that I have examined th dge and belief, it is true, correct, and complete, and that	-			ts, and to the	best of my
Signatur	er Hotert Longlin	Title ▶	TAX COMPLIANCE N	IANAGER Date	e 1/12/	17
	1/2			<u> </u>	Form <b>8868</b>	Rev. 1-2014)

990-7 1/15/17 3 north extension

Form **8868** 

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Internal Rever	nue Service	▶ information about Form 88	oo and its ir	istructions is at www	.irs.gov/torm8888.			
• If you ar	e filing for a	n Automatic 3-Month Extension,	complete o	only Part I and chec	k this box			🕨 🗌
		n Additional (Not Automatic) 3-Me						
Do not co	omplete Pai	<b>t II unless</b> you have already been o	granted an	automatic 3-month	extension on a previou	ısly fil	led Form	า 8868.
a corpora 8868 to re Return fo	ition required equest an e or Transfers	<b>le).</b> You can electronically file Form d to file Form 990-T), or an addition attension of time to file any of the Associated With Certain Personal details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month exte d in Part I or Part II Contracts, which me	ension of time. You ca with the exception of ust be sent to the IF	n ele Forr S in	ctronica n 8870, paper	llly file Form Information format (see
Part I	Automa	tic 3-Month Extension of Time	. Only sub	omit original (no co	opies needed).			
A corpor	ation requir	ed to file Form 990-T and reque	sting an a	utomatic 6-month				•
All other	corporations	(including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must (	use Form 7004 to requ	iest a	an exten	sion of time
to file inco	ome tax retu	rns.						
					Enter filer's identifying	g num	ber, see	instructions
Type or	Name of	exempt organization or other filer, see i	nstructions.		Employer identification	numb	er (EIN) c	r
print	TRUSTE	S OF BOSTON COLLEGE			04-2	10354	45	
File by the	Number,	street, and room or suite no. If a P.O. b	ox, see instr	uctions.	Social security number	(SSN)	+	
due date for	7.00000	MONWEALTH AVE 129 Lake Rm. 44						
filing your return. See	City, tow	n or post office, state, and ZIP code. Fo	or a foreign a	ddress, see instruction	S.			
instructions.	CHESTN	JT HILL, MA. 02467			A-1-0			
Enter the	Return code	for the return that this application	is for (file a	separate application	n for each return) .			. 0 1
			, ,		,			Return
Application Return Application Is For Code Is For								Code
	O or Form 0	00 FZ			· · · · · · · · · · · · · · · · · · ·			
Form 990 or Form 990-EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A			oration)		· · ·	07		
		n	02	Form 1041-A	han individual			09
Form 99	20 (individua	11)	03	Form 4720 (other t	nan individual)			10
		1(a) or 408(a) trust)	05	Form 6069				11
	· · · · · · · · · · · · · · · · · · ·	ner than above)	06	Form 8870				12
10111133	o-i (iiusi oi	iei tilaii abovej	1 00	1 01111 0070				12
Telepho	one No. ▶	e care of ► JOYCE KING, UNIVERIS  617-552-3361  oes not have an office or place of b	F	ax No. ►			-	⊾□
• If this is	for a Group	Return, enter the organization's for	ur digit Gro	up Exemption Numb	per (GEN)		if th	is is
		check this box ▶ □. If				<b>&gt;</b>		
		and EINs of all members the extens	-	3 1 7		_		
<b>1</b> 1 r	equest an a	utomatic 3-month (6 months for a c	orporation i	required to file Form	990-T) extension of ti	me		
ur	ntil JANU	ARY 15 , 20 17 , to file the exe	mpt organi:	zation return for the	organization named al	oove.	The ext	tension is
fo	r the organiz	ation's return for:						
<b>&gt;</b>	☐ calendar	year 20 or						
	_							
		beginning JUNE 1	, 20	15, and ending	MAY 31		, 20	16 .
	,	entered in line 1 is for less than 12	months, ch	eck reason: 🔲 Initia	al return 🔲 Final retur	'n		
		accounting period					т	
		ion is for Forms 990-BL, 990-PF, 99	90-1, 4720,	or 6069, enter the to	entative tax, less any		_	
		credits. See instructions.	.=			3a	\$	
		tion is for Forms 990-PF, 990-T,						
		payments made. Include any prior				3b	\$	
		Subtract line 3b from line 3a. Includonic Federal Tax Payment System).			if required, by using	3с	\$	
Caution. I	f you are goin	g to make an electronic funds withdraw	al (direct deb	oit) with this Form 8868	s, see Form 8453-EO and			) for payment

Form 886	68 (Rev. 1-2014)				Page 2
• If you	ı are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only	Part II and check this box	▶ 🗌
	Only complete Part II if you have already been grar				3868.
	ı are filing for an Automatic 3-Month Extension, o				
Part	Additional (Not Automatic) 3-Month E	xtension	<b>of Time.</b> Only file t		
			<u> </u>	Enter filer's identifying number, se	
Type o	Name of exempt organization or other filer, see in	istructions.		Employer identification number (EIN)	or
File by th		ox, see instru	uctions.	Social security number (SSN)	
filing you return. S instruction	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions	S.	
Enter t	he Return code for the return that this application i	s for (file a	separate application	for each return)	
Applie Is For	cation r	Return Code	Application Is For		Return Code
Form	990 or Form 990-EZ	01		edine i de dischem des o	
Form	990-BL	02	Form 1041-A		08
Form	4720 (individual)	03	Form 4720 (other the	nan individual)	09
Form	990-PF	04	Form 5227		10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-T (trust other than above)	06	Form 8870	***************************************	12
• If the	oooks are in the care of ►	usiness in	No. ► the United States, ch	neck this box	
<ul><li>If this</li></ul>	s is for a Group Return, enter the organization's fou	ır digit Gro	up Exemption Numb	er (GEN) If t	this is
for the	whole group, check this box $\dots  \blacktriangleright  \square  .$ If	it is for par	t of the group, check	this box $\dots$ $lacktriangle$ . $lacktriangle$ $lacktriangle$ and	attach a
list with	h the names and EINs of all members the extension	n is for.			
4	I request an additional 3-month extension of time For calendar year, or other tax year beginning	untii		, 2U	00
5 6	If the tax year entered in line 5 is for less than 12 r	ng mantha ah	, 20	, and ending	, 20
7	☐ Change in accounting period  State in detail why you need the extension				
•					
8a	If this application is for Forms 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	90-T, 4720,	or 6069, enter the te	entative tax, less any 8a \$	
b	If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any price			as a credit and any	
	amount paid previously with Form 8868.			8b  \$	
С	<b>Balance due.</b> Subtract line 8b from line 8a. Include ye (Electronic Federal Tax Payment System). See instruc		t with this form, if requ	uired, by using EFTPS 8c \$	
	Signature and Verifica	ition mus	t be completed fo	or Part II only.	
	penalties of perjury, I declare that I have examined th dge and belief, it is true, correct, and complete, and that				the best of my
Signatur	er Robert Loughles	Title <b>▶</b>	TAX COMPLIANCE N		13/2016
	//			Form <b>88</b>	<b>68</b> (Rev. 1-2014)

TRUSTEES OF BOSTON COLLEGE

For	rm 990 (2015) Page <b>2</b>
P	art 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
	SEE SCREDULE 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?
	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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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 \$ 475,847,732. including grants of \$ 182,877,817. ) (Revenue \$ 586,118,344. )
	INSTRUCTION - INCLUDES EXPENDITURES TO PROVIDE COURSEWORK FOR
	STUDENTS AND TO PROVIDE FINANCIAL AID IN THE FORM OF SCHOLARSHIPS
	AND FELLOWSHIPS. ENROLLMENTS WERE 14,170 AND THE NUMBER OF DEGREES
	CONFERRED WAS 4,077.
4b	(Code:) (Expenses \$
	AUXILIARY SERVICES - INCLUDES EXPENDITURES FOR THE SELF-SUPPORTING
	ACTIVITIES OF THE UNIVERSITY SUCH AS THE OPERATIONS OF 30
	RESIDENCE HALLS, 14 DINING FACILITIES, 31 NCAA DIVISION I ATHLETIC
	TEAMS, BOOKSTORE AND HEALTH SERVICES.
4c	(Code: ) (Expenses \$ 132,345,698. 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 3.2 MILLION VOLUMES SERVING THE
	UNIVERSITY AND SURROUNDING COMMUNITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ $_{58,188,711}$ including grants of \$ $_{1,163,364}$ ) (Revenue \$ $_{22,987,730}$ )
4e	Total program service expenses ► 830,008,180.

JSA 5E1020 1.000 06884N 7377 V 15-7.18 Form 990 (2015) Page **3** 

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "I "Yes," complete Schedule B. Schedule of Contributors (see instructions)?. 2 X X 1	Part	Checklist of Required Schedules			
2 Si the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "I "%e" complete Schedule Q. Part I."  Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? "I "%e" complete Schedule Q. Part I."  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? "I "Yes" complete Schedule Q. Part II.  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? "I "Yes" complete Schedule Q. Part II.  Bit the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89-19? II "Yes" complete Schedule Q. Part II.  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 II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes" complete Schedule D. Part II.  Did the organization in service or historic structures? If "Yes" complete Schedule D. Part IV.  Did the organization services? If "Yes" complete Schedule D. Part IV.  Did the organization services? If "Yes" complete Schedule D. Part IV.  Did the organization services? If "Yes" complete Schedule D. Part IV.  Did the organization services? If "Yes" complete Schedule D. Part IV.  If If the organization services? If "Yes" complete Schedule D. Part IV.  Did the organization services? If "Yes" complete Schedule D. Part IV.  Did the organization separate or amount for lamb services or services in Part X, line				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?.  2 X  3 Did the organization required to complete Schedule C. Part I.  3 Section 501(c)(3) organization repose in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Nos." complete Schedule C. Part II.  5 Is the organization a section 501(c)(4). 501(c)(5). or 501(c)(6) organization the receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes." complete Schedule C. Part III.  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 II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III.  10 Did the organization freport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part V.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or grant III.  10 Did the organization report an amount for linvestments-points? If "Yes," complete Schedule D. Part V.  11 If the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported	1				
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debt negotiation services? If "Yes," complete Schedule D, Part N  10 Did the organization incetty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, VII, VIII, IVII, IX, or X as applicable.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  14 Did the organization report an amount for other labilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III LIX X  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III LIX X  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III LIX X  18 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X III A X  19 Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule P, Parts I and IV.  19 Did the organization report on Part IX, column (A), line 3, more than \$1,000 of garnes are states or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  19 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part XII,	9				
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, 10 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X  b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  11b X  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  11c X  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d X					
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	10				
VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			10	Х	
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		·	11a	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	b	· · · · · · · · · · · · · · · · · · ·		3.7	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional Is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13			11b	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	С				37
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	a				v
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_			77	Λ
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11e		
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	T		445		v
Schedule D, Parts XI and XII	120		111		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	128		122		У
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	h		124		Λ
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	D	·	12h	x	
14a Did the organization maintain an office, employees, or agents outside of the United States?	13				
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			u		
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	~				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			14b	X	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. •		15	Х	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	•		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-		17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		18	Х	
	19				
			19		Х

Form 990 (2015) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
0.4	employees? If "Yes," complete Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		3.7	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30	21	
31	Part I	31		Х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32		32		Х
22	complete Schedule N, Part II	32		
33		33	х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	v	
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			37
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
		_	000	

TRUSTEES OF BOSTON COLLEGE 04-2103545

Form 990 (2015) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 1,912 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . . 0. c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 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 . 2a Х 2b 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . . . . . 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 Χ **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?................ **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

JSA 5E1040 1.000 06884N 7377 V 15-7.18

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

Form 990 (2015) TRUSTEES OF BOSTON COLLEGE 04-2103545 Page **6** 

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 51			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	3.5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401	3.5	
	rise to conflicts?	12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13 14	X	-
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
a	The organization's CEO, Executive Director, or top management official	15b	X	<del>                                     </del>
b	Other officers or key employees of the organization	130		
160				
164	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
h	with a taxable entity during the year?	Tou		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	:)(3)e	only)
. •	available for public inspection. Indicate how you made these available. Check all that apply.	551(0	.,(0)3	( ( i i y )
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/. and
-	financial statements available to the public during the tax year.			, ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOYCE KING CONTROLLER'S OFFICE, 140 COMM AVE CHESTNUT HILL, MA 02467-3800 617-552-3361	s:▶		
	JOYCE KING CONTROLLER'S OFFICE, 140 COMM AVE CHESTNUT HILL, MA 02467-3800 617-552-3361			

JSA 5E1042 1.000 Form **990** (2015)

06884N 7377 V 15-7.18

Page **7** 

### 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.
- 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.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	(D)  Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	1 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOHN F. FISH	1.00									
TRUSTEE - CHAIR		X						0.	0.	0.
(2)PETER K. MARKELL	1.00									
TRUSTEE - VICE CHAIR		X						0.	0.	0
_(3)STEVEN_MBARRY	1.00									
TRUSTEE	1 00	X						0.	0.	0
_(4)DRAKE G. BEHRAKIS	1.00									
TRUSTEE	1 00	X						0.	0.	0
_(5)PATRICIA LYNOTT BONAN TRUSTEE	1.00	X						0.	0.	0.
(6)MATTHEW J. BOTICA	1.00	21						0.	0.	
TRUSTEE		Х						0.	0.	0
(7)CATHY M. BRIENZA	1.00									
TRUSTEE		Х						0.	0.	0
(8)KAREN IZZI BRISTING	1.00									
TRUSTEE		Х						0.	0.	0
(9)JOHN E. BUEHLER, JR.	1.00									
TRUSTEE		Х						0.	0.	0
(10) PATRICK CARNEY	1.00									
TRUSTEE		Х						0.	0.	0
(11) CHARLES I. CLOUGH, JR.	1.00									
TRUSTEE		Х						0.	0.	0
(12)MARGOT C. CONNELL TRUSTEE	1.00	Х						0.	0.	0
(13)ROBERT J. COONEY TRUSTEE	1.00	Х						0.	0.	0
(14)LEO J. CORCORAN TRUSTEE	1.00	X						0.	0.	0
								1 0.	<u> </u>	F 000 (0045)

JSA 5E1041 1.000

TRUSTEES OF BOSTON COLLEGE 04-2103545

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 1.00 15) PAUL R. COULSON TRUSTEE Χ 0 0 0. CLAUDIA HENAO DE LA CRUZ 1.00 16) TRUSTEE Χ 0 0. 0. MICHAEL H. DEVLIN, II 1.00 TRUSTEE Х 0 0 0. JOHN R. EGAN 1.00 TRUSTEE 0 0 0. Χ MICHAEL E. ENGH, S.J. 1.00 TRUSTEE 0. Χ 0 0 MARIO J. GABELLI TRUSTEE Χ 0 Λ 0. WILLIAM J. GEARY 1.00 TRUSTEE 0 0. Χ 0 SUSAN MCMANAMA GIANINNO TRUSTEE X 0 0 0. 23) JANICE GIPSON 1.00 TRUSTEE Χ 0 0. 0. DAVID T. GRIFFITH 1.00 TRUSTEE Χ 0 0. 0. 25) KATHLEEN POWERS HALEY 1.00 TRUSTEE 0 0. 0. 0 0 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A 12,454,141. 1,540,583. 12,454,141. 1,540,583. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

7.83	<i>(</i> =)							(F)	<b>(F</b> )	_
<b>(A)</b> Name and title	Average hours per week (list any hours for	box,	not ch unles er and	s pers	ion nore son i	than on is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) CHRISTIAN W.E. HAUB TRUSTEE	1.00	Х						0.	0.	
7) DANIEL S. HENDRICKSON, S.J. TRUSTEE	1.00	Х						0.	0.	
B) JOSEPH L. HOOLEY, III TRUSTEE	1.00	Х						0.	0.	
O) KATHLEEN FLATLEY IX TRUSTEE	1.00	X						0.	0.	
TRUSTEE	1.00	X						0.	0.	
L) WILLIAM P. LEAHY S.J. PRESIDENT, TRUSTEE	1.00	X		х				0.	0.	
2) PETER S. LYNCH TRUSTEE	1.00	X						0.	0.	
B) MATTHEW F. MALONE, S.J. TRUSTEE	1.00	X						0.	0.	
1) T.J. MALONEY TRUSTEE	1.00	X						0.	0.	
5) CARMINE MARTIGNETTI TRUSTEE	1.00	X						0.	0.	
5) DAVID M. MCAULIFFE TRUSTEE	1.00	X						0.	0.	
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						<b>^ ^</b>			
2 Total number of individuals (including but reportable compensation from the organiz		hose 866		d ab	ove	e) who	re	eceived more than	\$100,000 of	
B Did the organization list any former employee on line 1a? If "Yes," complete Sc										Yes I
For any individual listed on line 1a, is to organization and related organizations	he sum of rep	ortab \$15	le c	omp 00?	en: <i>If</i>	sation <i>"Yes,</i> "	ar "(	nd other compens	sation from the	4 X
<ul><li>individual</li><li>Did any person listed on line 1a receive for services rendered to the organization?</li></ul>	or accrue co	mpen	satio	on fr	om	any	unı	related organization	on or individual	5
Section B. Independent Contractors	. 100, comple	.5 501	.ouu	0 1	. 01	Juon p	,010			

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

TRUSTEES OF BOSTON COLLEGE 04-2103545

Form 990 (2015) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one amount of hours per compensation compensation from week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee from the organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) and related below dotted organizations 37) WILLIAM S. MCKIERNAN 1.00 TRUSTEE Χ 0 0 0. JOHN C. MORRISSEY, III 1.00 38) TRUSTEE Χ 0 0. 0. JOHN V. MURPHY 1.00 39) TRUSTEE Х 0 0 0. BRIEN M. O'BRIEN 1.00 TRUSTEE 0 0. 0. Χ FRANK E. PREVITE 1.00 TRUSTEE 0. Χ 0 0 1.00 NAVYN DATOO SALEM TRUSTEE Χ 0 Λ 0. 43) REV. NICHOLAS A. SANNELLA 1.00 TRUSTEE 0 0. Χ 0 PHILIP W. SCHILLER TRUSTEE X 0 0 0. 45) SUSAN MARTINELLI SHEA 1.00 TRUSTEE - SECRETARY Χ 0 0. 0. 1.00 MARIANNE D. SHORT TRUSTEE Χ 0 0. 0. 47) RALPH C. STAYER 1.00 TRUSTEE 0 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 866 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr		y ⊑n	ıpıö			and H	ıgı			· ·
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	s per	ion nore son	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) PATRICK T. STOKES	1.00							0		
TRUSTEE	1 00	X		-				0.	0.	0
49) ELIZABETH W. VANDERSLICE	1.00									0
TRUSTEE	1 00	X		_				0.	0.	0
0) DAVID C. WEINSTEIN TRUSTEE	1.00	X						0.	0.	0
1) MICHAEL D. WHITE	1.00									
TRUSTEE	T	Х						0.	0.	0
2) KELLI J. ARMSTRONG	40.00									
VP PLANNING & ASSESSMENT	T			Х				214,770.	0.	97,182
O3) DANIEL F. BOURQUE  VP FACILITIES MANAGEMENT	40.00			х				261,033.	0.	93,958
4) MICHAEL J. BOURQUE  VP INFORMATION TECHNOLOGY	40.00			х				332,967.	0.	100,854
5) JOHN D. BURKE FIN.VP&TREASURER (EFF DEC '15)	40.00			х				263,156.	0.	121,525
6) JOHN T. BUTLER, S.J.  VP UNIV. MISSION & MINISTRY	40.00			Х				0.	0.	0
7) TERRENCE P. DEVINO, S.J.	40.00									
VP & UNIV. SECRETARY	10.00			Х				0.	0.	C
58) JAMES J. HUSSON SENIOR VP UNIV. ADVANCEMENT	40.00			х				454,003.	0.	55,637
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A			 			<b>&gt; &gt; &gt;</b>	acived more than	\$100,000 of	
2 Total number of individuals (including but not reportable compensation from the organizatio		866		u ab	OVE	e) wno	re	ceived more than	\$100,000 01	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,00	00?	If	"Yes,	"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on fr	om	any	un	related organization	on or individual	5 X
Section B. Independent Contractors	oo, comple	.5 501	.ouu		. 01	Juon	<i>J J J J J J J J J J</i>			1 0 1 1 1
1 Complete this table for your five highest com	noncated i	ndone	ndo	nt o	ont	rootor	- t	hat received more	than \$100,000 a	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Tr	ustees. Ke	v Em	olgr	vee	es.	and H	ial	hest Compensat	ed Employees (c	ontinu		⊃age <b>{</b>
(A)  Name and title	(B) Average hours per			(C Posi	<b>c)</b> ition			(D) Reportable compensation	(E)  Reportable compensation from	E	(F) stimated	
	week (list any hours for related organizations below dotted line)		er and	lad		is both a distor/truster Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	other pensati om the panization d relate anization	on d
59) BARBARA JONES	40.00								_			
VP STUDENT AFFAIRS	10.00			Х				281,915.	0.		34,7	<u> 172.</u>
60) THOMAS J. KEADY	40.00	-		٦,				075 770			/	
VP GVMT & COMMUNITY AFFAIRS	40.00			Х				275,770.	0.		55,6	) / ∠ .
61) MICHAEL J. LOCHHEAD  EXECUTIVE VP (EFF. FEB. 2015)	40.00			Х				399,669.	0.		45,8	227
62) JAMES P. MCINTYRE	40.00			Λ				399,009.	0.		45,0	) 4 /
SENIOR VP (UNTIL SEP. 2015)	10.00	1		x				189,174.	0.		38,5	790
63) PETER C. MCKENZIE	40.00							100/111	Ŭ.		30,	
FIN. VP&TREASURER(UNTIL DEC'15)		1		$_{\rm X}$				525,859.	0.		53,5	541
64) J. DONALD MONAN, S.J.	40.00										,	
UNIVERSITY CHANCELLOR	+			х				0.	0.			0
65) DAVID QUIGLEY	40.00											
PROVOST & DEAN OF FACULTIES		1		Х				503,340.	0.		53,5	515
66) DAVID P. TRAINOR	40.00											
VP - HUMAN RESOURCES				Х				336,031.	0.		31,1	L82
67) JOHN J. ZONA	40.00											
CHIEF INV. OFF&ASSOC. TREASUR.					Х			834,569.	0.	2	296,6	526
68) STEPHEN R. ADDAZIO	40.00											
FOOTBALL COACH						Х		2,397,526.	0.		51,4	123
69) JAMES P. CHRISTIAN	40.00											
MEN'S BASKETBALL COACH						Х		1,412,703.	0.		50,5	32
1b Sub-total							▶					
c Total from continuation sheets to Part VII, S							<b>&gt;</b>					
d Total (add lines 1b and 1c)							<u> </u>		#100,000 of			
2 Total number of individuals (including but not reportable compensation from the organization		866		u at	JOV	e) who	re	ceived more than	\$ 100,000 01			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr		, <u>-                                   </u>	٠,٣٠٥			au I	9	1		or in ide		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe	ition more	e than o is both or/trust	an ee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	d
70) EUGENE B. DEFILIPPO	40.00											
DIRECTOR						Х		1,227,300.	0.		43,4	125.
71) ANDREW C. BOYNTON	40.00											
DEAN - CSOM						Х		668,956.	0.		55,9	34.
72) BRADLEY J. BATES	40.00											
ATHLETICS DIRECTOR						Х		589,063.	0.		50,6	85
73) CUTBERTO GARZA	40.00											
PROFESSOR & FORMER PROVOST							Х	200,228.	0.		47,7	34
74) PATRICK J. KEATING	40.00											
FORMER EXECUTIVE VP							Х	476,785.	0.		53,4	195
75) JOSEPH F. QUINN	40.00											
FORMER INTERIM PROVOST							Х	320,863.	0.		55,4	187
76) LEO V. SULLIVAN	40.00											
FORMER VP - HUMAN RESOURCES							Х	288,461.	0.		52,7	87.
	ļ	-										
	<del></del>	-										
	<del></del>											
	<del></del>	-										
4. 0.1 (4.4)							<u> </u>					
1b Sub-total												
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)							ro	posived more than	\$100,000 of			
reportable compensation from the organizatio		866		u ai	JOV	e) Will	) IE	ceived more man	\$ 100,000 01			
Toportable compensation from the organization		000									Yes	No
2 Did the executation list only former office	or directo		4	.oto	_	م برما		lovoo or biaboo	t aammanaatad		163	NO
3 Did the organization list any former office employee on line 1a? If "Yes," complete School										3	X	
										3		
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	If	"Yes	5, "	complete Schedu		4	Х	
									an ar individual	-		
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors	,					22.0.7	,					
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.												

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Page 9

TRUSTEES OF BOSTON COLLEGE

#### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII........ (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts \_1b Fundraising events 9,610,682 d Related organizations 1d 1e 29,212,825 e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . 1f 171,746,589 g Noncash contributions included in lines 1a-1f: \$ \_ 23,535,082 Total. Add lines 1a-1f 210,570,096 Program Service Revenue **Business Code** 900099 TUITION AND FEES 586,118,344 586,118,344 900099 157,749,564 156,781,613. 967,951 b SALES/SERVICES OF AUXILLARY ENTERPRISES c NON-GOVT GRANTS/F&A RECOVERY 900099 6,587,034 6,587,034 d OTHER MISCELLANEOUS PROGRAM REVENUE 900099 16,400,696. 16,400,696 f All other program service revenue g Total. Add lines 2a-2f 766,855,638 Investment income (including dividends, interest, 24,273,686 654,210. 23,619,476. Income from investment of tax-exempt bond proceeds . 52,516 52,516. 5 496,023 469,392. 26,631. (ii) Personal (i) Real 6a Gross rents 1,360,251 **b** Less: rental expenses . . . 2,341,915. c Rental income or (loss) -981,664. d Net rental income or (loss) -981,664 -981,664 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 905,714,967. b Less: cost or other basis and sales expenses 816,421,635. 89,293,332. c Gain or (loss) 89,293,332. 89,293,332. Gross income from fundraising Other Revenue events (not including \$ \_\_\_\_9,610,682. of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . a 850,175 2,394,011 b Less: direct expenses . . . . . . . . . . . . b c Net income or (loss) from fundraising events. -1,543,836 -1,543,836. 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities.\_\_\_\_\_ 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** CHILDREN'S CENTER 624410 651,925 651,925. 11a 900099 463,144 VENDING 463,144 b С **d** All other revenue Total. Add lines 11a-11d 1,115,069 Total revenue. See instructions. 1,648,792 1,090,130,860 765.887.687 112,024,285. JSA

5E1051 1.000

TRUSTEES OF BOSTON COLLEGE

#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 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	849,254.	849,254.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	182,877,817.	182,877,817.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	214 110	21.4.110							
	individuals. See Part IV, lines 15 and 16	314,110.	314,110.							
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	5,534,572.	905,209.	4,343,570.	285,793.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	1 466 060	1 100 650	225 400						
_	persons described in section 4958(c)(3)(B)	1,466,062.	1,128,653.	337,409.	11 505 510					
	Other salaries and wages	368,558,186.	282,334,254.	74,718,413.	11,505,519.					
8	Pension plan accruals and contributions (include	24,381,198.	18,507,666.	5,107,927.	765,605.					
_	section 401(k) and 403(b) employer contributions)	67,535,047.	51,265,573.		2,120,698.					
9	Other employee benefits	22,828,831.	17,329,271.	14,148,776.	716,858.					
10	,	44,040,031.	11,349,411.	7,702,702.	/10,030.					
	Fees for services (non-employees):	0.								
	ı Management ı Legal	1,556,584.	188,870.	1,367,714.						
	: Accounting	646,848.	100,070.	646,848.						
	Lobbying	75,000.		75,000.						
	Professional fundraising services. See Part IV, line 17	0.		, , , , ,						
	f Investment management fees	15,611,820.		15,611,820.						
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	35,355,217.	29,488,643.	5,349,610.	516,964.					
12	Advertising and promotion	465,264.	424,671.	40,204.	389.					
13	Office expenses	10,865,094.	7,022,882.	2,676,650.	1,165,562.					
14	Information technology	2,669,747.	232,921.	2,326,167.	110,659.					
15	Royalties	0.								
16	Occupancy	27,348,613.	9,923,783.	17,424,830.						
17	Travel	19,236,045.	17,634,236.	789,551.	812,258.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	4,960,721.	2,139,667.	2,075,251.	745,803.					
20	Interest	36,270,312.	32,451,794.	3,818,518.						
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	62,386,382.	54,461,467.	7,924,915.						
23	Insurance	0.								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
a	COST OF GOODS SOLD	17,580,851.	17,580,851.							
k	OPERATIONS & MAINT. ALLOC.		55,288,458.	-55,288,458.						
ď	DISPOSALS/WRITE-OFFS	10,218,522.	10,218,522.							
c	UBI_TAXES	12,500.		12,500.						
	All other expenses	43,279,741.	37,439,608.	5,451,578.	388,555.					
	Total functional expenses. Add lines 1 through 24e	962,884,338.	830,008,180.	113,741,495.	19,134,663.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
JSA	following SOP 98-2 (ASC 958-720)	0.			Form <b>990</b> (2015)					

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TRUSTEES OF BOSTON COLLEGE Page **11** 

#### Form 990 (2015) Part X Ba Balance Sheet

ше	ווא	Dalance Sheet					
		Check if Schedule O contains a response o	r note	e to any line in this P	art X		
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,962,744.	1	7,923,289.
	2	Savings and temporary cash investments			3,788,059.	2	6,328,254.
	3	Diagram and grapts receivable, not			163,563,422.	3	212,046,570.
	4	Pledges and grants receivable, net Accounts receivable, net			32,661,679.	4	34,109,697.
	5	Loans and other receivables from current and 1	formo	r officers directors	32,001,079.	4	34,109,097.
	5	trustees, key employees, and highest co		· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schodule I	-		3,742,372.	5	4,524,807.
	6	Loans and other receivables from other disqualified personal	ons (as	defined under section	3,742,372.	3	4,324,007.
		4958(f)(1)), persons described in section 4958(c)(3)(B),	, and o	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary	0.	6	0.
ts	7	organizations (see instructions). Complete Part II of Sche	aule L		82,124,995.	7	79,326,667.
Assets		Notes and loans receivable, net			382,640.	8	417,529.
Ä	8	Inventories for sale or use Prepaid expenses and deferred charges			6,125,125.	9	7,223,197.
	_				0,123,123.	9	1,223,191.
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2315210745.			
	h	Less: accumulated depreciation			1 322 882 406	100	1,453,479,580.
	11	Investments - publicly traded securities			1,488,071,024.		1,184,557,907.
	12	Investments - other securities. See Part IV, line 11			1,145,840,045.		1,202,590,448.
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11			11,112,800.	13	11,112,800.
	14	Intangible assets			0.		0.
	15	Other assets. See Part IV, line 11			0.		0.
	16	Total assets. Add lines 1 through 15 (must equal			4,270,257,311.	16	4,203,640,745.
	17	Accounts payable and accrued expenses			180,093,942.	17	205,652,308.
	18	Grants payable			6,090,033.	18	10,111,414.
	19	Deferred revenue			16,231,809.	19	15,087,626.
	20	Tax-exempt bond liabilities			744,983,076.	20	723,194,969.
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	8,165,591.	21	7,422,171.
S	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen-	sated	employees, and			
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelate			5,738,834.	23	5,002,778.
	24	Unsecured notes and loans payable to unrelated to	third p	arties	180,158,780.	24	175,379,610.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		-			
		of Schedule D			50,800,392.	25	50,349,574.
	26	Total liabilities. Add lines 17 through 25			1,192,262,457.	26	1,192,200,450.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there ► X and			
JIC .	27	Unrestricted net assets			1,524,455,656.	27	1,466,111,908.
3alë	28	Temporarily restricted net assets			642,477,296.	28	574,300,033.
ē	29	Permanently restricted net assets			911,061,902.	29	971,028,354.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
As	32	Retained earnings, endowment, accumulated income	-			32	
Net Assets	33				3,077,994,854.	33	3,011,440,295.
_	34	Total liabilities and net assets/fund balances			4,270,257,311.	34	4,203,640,745.
							Form <b>990</b> (2015)

Form **990** (2015)

JSA

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TRUSTEES OF BOSTON COLLEGE 04 - 2103545

Page **12** Form 990 (2015) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . Total revenue (must equal Part VIII, column (A), line 12) 1,090,130,860. Total expenses (must equal Part IX, column (A), line 25) 2 962,884,338. 2 Revenue less expenses. Subtract line 2 from line 1 127,246,522. 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 3,077,994,854. 4 4 Net unrealized gains (losses) on investments -190,318,634. 5 6 Donated services and use of facilities 6 Investment expenses 0. 7 7 0. Prior period adjustments 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9 -3,482,447.9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 3,011,440,295. 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b Χ **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Χ 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a X 

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X Form **990** (2015)

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

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public

Inspection

**Employer identification number** Name of the organization TRUSTEES OF BOSTON COLLEGE 04-2103545 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) Х 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Total

TRUSTEES OF BOSTON COLLEGE

Schedule A (Form 990 or 990-EZ) 2015 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2	014 <b>(e)</b> 2015 <b>(f)</b> Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,050. 210,570,096. 788,965,870.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.
The value of services or facilities furnished by a governmental unit to the organization without charge	0.
4 Total. Add lines 1 through 3	67,050. 210,570,096. 788,965,870.
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	
shown on line 11, column (f)	36,159,414.
6 Public support. Subtract line 5 from line 4.	752,806,456.
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2	014 (a) 2015 (5) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	67,050. 210,570,096. 788,965,870. 71,669. 26,182,476. 130,215,656.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0. 3,526,717.
	52,615. 1,965,244. 9,883,146.
11 Total support. Add lines 7 through 10	932,591,389.
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth organization, check this box and stop here  Section C. Computation of Public Support Percentage	
	14 80.72%
<ul> <li>Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))</li> <li>Public support percentage from 2014 Schedule A, Part II, line 14</li> </ul>	• • • • • • • • • • • • • • • • • • • •
<ul><li>15 Public support percentage from 2014 Schedule A, Part II, line 14</li><li>16a 331/3% support test - 2015. If the organization did not check the box on line 13, and lin</li></ul>	
this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a,	
check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this	
Part VI how the organization meets the "facts-and-circumstances" test. The organization of	·
organization	▶ □
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, or	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The org	
supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b	
instructions	<u>▶                                </u>

Schedule A (Form 990 or 990-EZ) 2015

TRUSTEES OF BOSTON COLLEGE

Schedule A (Form 990 or 990-EZ) 2015 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Calendar year (or fiscal year beginning in)   (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total of the process of the comparison of t	Sec	tion A. Public Support				'	,	
received. (Do not linctube any "unusual grants".) Goos receipts from admissions, mechanises add or services performed, or facilities furnated in any activity that is resisted to the organization's lax seempt purpose.  3 Gloss receipts from admission, excellent is a second to a unrested transition to responded on its behalf.  4 Tax revenues levited 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's benefit and either paid to or expended on its behalf.  6 Total. Add lines 1 through 5.  7 A Amounts included on lines 1, 2, and 3 received from other than disquisitied persons.  9 Amounts included on lines 2, 2 and 3 received from other than disquisitied persons that exceed the greater of 5,000 or 1% of the amount on line 13 for the year.  9 Add lines 7 and 70.  9 Public support. (Sultrad line 7c from lines).  9 Amounts from line 6.  10 Add solves from other than disquisitied persons that secreted the greater of 5,000 or 1% of the amount on line 13 for the year.  9 Amounts from line 6.  10 Add lines 1 through 5.  11 All a Gloss income from interest dividends, payments received on securifies locas, payments received on the s			(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2 Gioss receipts from admissions, mentandates sold or services performed, or facilities furnished in any activity that is related to the organization's tax-owney burpose or considerable to a compensation tax-owney burpose or considerable of the organization's tax-owney burpose or considerable of the organization's tax-owney burpose organization to despend on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and into the organization without charge or the organization without charge organization without charge or the organization without charge organization or the organization of the organization o	1	Gifts, grants, contributions, and membership fees						
2 Gioss receipts from admissions, mentandates sold or services performed, or facilities furnished in any activity that is related to the organization's tax-owney burpose or considerable to a compensation tax-owney burpose or considerable of the organization's tax-owney burpose or considerable of the organization's tax-owney burpose organization to despend on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and into the organization without charge or the organization without charge organization without charge or the organization without charge organization or the organization of the organization o		received. (Do not include any "unusual grants.")						
trumined in any activity that is related to the organization's tax-exempt purpose.  3 Close receipts from activities that an not an unreleted trade or business under section 51.3.  4 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf 1,,  5 The value of services or facilities furnished by a governmental unit to the organization without chaige.  6 Total Add lines 1 through 5,,  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on line 13 for the year of Add lines 7 and 70.  8 Public support. (Subtract line 7c from line 6).  9 Amounts from line 6,, and, and	2	` ' '						
organization's tax-exemple purpose  3 Cross receipts from activities that are not an unresisted trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on its or the organization without charge, end organization without charge, end organization organization to mitous the organization organization organization that organization		sold or services performed, or facilities						
organization's tax-exemple purpose  3 Cross receipts from activities that are not an unresisted trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on its or the organization without charge, end organization without charge, end organization organization to mitous the organization organization organization that organization		furnished in any activity that is related to the						
3 Coss receipts from activities that are not an unrelated trade or business under section 513.  4 Tax revenues levide 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, 12, and 3 received from disqualified persons								
4 Tax revenues levide 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,	3	Gross receipts from activities that are not an						
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,		•						
organization's benefit and either paid to orexpended on its behalf 1  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total Add lines 1 through 5	4	· -						
to or expended on its behalf 5  The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
5 The value of services or facilities furnished by a governmental unit to the organization without charge,		•						
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	5							
organization without charge 6 Total Add lines 1 through 5								
Tall Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disputalified persons. b Amounts included on lines 2 and 3 received from other than disputalified 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. c Add lines 7a and 7b. Total Support. Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (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 requiarly carried on loss from the sale of capital assets (Ezplain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	6	Г						
received from disqualified persons b Anounts 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								
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 7 a and 7b								
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	b							
or 1% of the amount on line 13 for the year c Add lines 7a and 7b		•						
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)  9 Amounts from line 6.  10 a 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 (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2015 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2015 (line 10c, column (f) divided by line 13, column (f)).  17 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).  18 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).  19 331/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Percentaging form 2014 Schedule A. Part III, line 17, line 17, is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Percentage form 2014 Schedule A. Part III, line 17, line 17, line 19, and line 16 is more than 331/3%, and line 16 is nore than 331/3%, and lin	•	·						
Section B. Total Support    Calendar year (or fiscal year beginning in)								
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6	-							
Calendar year (or fiscal year beginning in)    Amounts from line 6.  Amounts from line 6.  Amounts from line 6.  Dayments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  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 (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2014 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2014 Schedule A, Part III, line 17.  18 Investment income percentage from 2014 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 331/3%, check t	Sec							
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Schedule A (Form 990 or 990-EZ) 2015 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

COLI	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	140
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
b	(b) and (c) below.  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
ı.	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2015

TRUSTEES OF BOSTON COLLEGE

Schedul	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Secur	on b. Type i Supporting Organizations		Yes	No
			163	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? If "No," describe in <b>Part VI</b> 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	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the annuitation municipate and of the annual descriptions by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Socti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	etructi	ione).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	su ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ı.				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Page 6

TRUSTEES OF BOSTON COLLEGE Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must com-	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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) Drien Veen	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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>b</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-functional	y-integra	ted Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2015

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instructions).

TRUSTEES OF BOSTON COLLEGE

Schedule A (Form 990 or 990-EZ) 2015 Page **7** 

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)				
Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	·		(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

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TRUSTEES OF BOSTON COLLEGE 04-2103545

Schedule A (Form 990 or 990-EZ) 2015

Page 8

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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, VENDING, AND GAIN ON EXTINGUISHMENT OF DEBT (2013).

Schedule A (Form 990 or 990-EZ) 2015

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

Tax)	(see separate instructions), ther	1								
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.								
Nam	e of organization		Employer identification number							
TRU	ISTEES OF BOSTON COLI			04-21						
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	is a section 527 orga	nization.					
1	Provide a description of the	organization's direct and indirect p	political campaign ac	tivities in Part IV.						
2	Political expenditures			▶\$						
3	Volunteer hours									
Par		organization is exempt under								
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 ▶ \$						
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$						
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes	No				
4a	Was a correction made?				Yes	No				
	If "Yes," describe in Part IV.									
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).					
1	Enter the amount directly e	expended by the filing organization	n for section 527 ex	kempt function						
2	Enter the amount of the filir	ng organization's funds contributed	to other organizati	ons for section						
	527 exempt function activiti	es		▶\$						
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,						
	line 17b			▶\$						
4		e Form 1120-POL for this year?				No				
5		and employer identification numb								
		s. For each organization listed, er								
		tributions received that were promed or a political action committee (								
		<u> </u>	T .	1						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received					
				funds. If none, enter -0	promptly and directly					
				,	delivered to a separat	e				
					political organization.	lf				
					none, enter -0					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
		I .	1	1	I .					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

TRUSTEES	OF	ROSTON	COLLEGE

Sch	edule C (Form 990 or 990-EZ) 2015	TRUSTE	ES OF BC	STON COLLEGE		04-2	2103545 Page <b>2</b>
Pa	cart II-A Complete if the org	anizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				an affiliated grou share of excess l		rt IV each affiliated g litures).	roup member's
В	Check ▶ if the filing orga	nization	checked b	oox A and "limited	control" provision	ons apply.	
			ying Expend		•	(a) Filing	(b) Affiliated
	(The term "expendit	)	organization's totals	group totals			
1a	Total lobbying expenditures to i	nfluence	public opini	on (grass roots lobb	oying)		
	Total lobbying expenditures to i				-		
	Total lobbying expenditures (ad						
	Other exempt purpose expendit						
	Total exempt purpose expenditi						
	Lobbying nontaxable amount.	-		·	_		
	columns.			J			
	If the amount on line 1e, column (a	) or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000	, , ,		amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,			us 5% of the excess of			
	Over \$17,000,000		\$1,000,000				
g	Grassroots nontaxable amount	(enter 25	5% of line 1f)	)			
h	Subtract line 1g from line 1a. If	zero or le	ess, enter -0				
i	Subtract line 1f from line 1c. If a	zero or le	ss, enter -0-				
j	If there is an amount other th	an zero	on either I	ine 1h or line 1i, o	lid the organizat	ion file Form 4720	
	reporting section 4911 tax for t	his year?					Yes No
				aging Period Unde			
	(Some organizations tha	t made a	section 50	1(h) election do no	t have to comple	ete all of the five colun	nns below.
		See	the separat	te instructions for I	ines 2a through	2f.)	
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a)	2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
C	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2015

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TRUSTEES OF BOSTON COLLEGE Page 3 Schedule C (Form 990 or 990-EZ) 2015

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	file	d Forn	n 5768			
For	cook "Voo" roopense en linee te through ti helew provide in Port IV e detailed	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	А	mou	nt	
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?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b	•		X				
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?	X	X			7 5	,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			75	, 000
h i			X				
j	Other activities?  Total. Add lines 1c through 1i		21			75	,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x			, 5	, 000
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	, or se	ction			
	501(c)(6).	, , ,	•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			🗀	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (	b) Par	t III-A, li	ne 3	3, is	
1	Dues, assessments and similar amounts from members		L	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s .	📙	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng				
_	and political expenditure next year?		-	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	<b>Supplemental Information</b> ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	1 050	ın lint\ı	Dort II /	مال ۸	1	
	the the descriptions required for Part FA, line 1, Part FB, line 4, Part FC, line 5, Part II-A (affiliated to instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	up iist),	Part II-A	<b>₹</b> , IIII	es i	and
2 (3	instructions), and i art ii-b, line ii. Also, complete this part for any additional information.						
- CF1	PAGE 4						
اظر	TAGE 1						
_						_	

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015

Page 4

#### Part IV Supplemental Information (continued)

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

LOBBYING ACTIVITY EXPLANATION

PAYMENTS FOR LOBBYING EXPENDITURES ARE MADE TO THE FOLLOWING:

CASSIDY AND ASSOCIATES, INC. - ASSIST MANAGEMENT IN THE IDENTIFICATION,

DEVELOPMENT, AND PRESENTATION OF INSTITUTIONAL INITIATIVES FOR

CONSIDERATION BY COMMITTEES OF CONGRESS, FEDERAL REGULATORY AGENCIES, AND

OTHERS; ACT AS LIAISON TO GOVERNMENT AGENCIES BY MONITORING AND REPORTING

ON GOVERNMENTAL PROGRAMS AND LEGISLATION RELEVANT TO INSTITUTIONAL

INITIATIVES.

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Nam	e of the organization	Employer identification number
TRI	JSTEES OF BOSTON COLLEGE	04-2103545
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are secured as a security of the requirements of sections are secured as a security of the se	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	ial statements that describes the
	organization's accounting for conservation easements.	n Cincilan Access
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	r Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIII, the text of the footnote to its financial statements that des	revenue statement and balance sheet cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide the following amounts relating to these items:	<b>▶</b>
	(i) Revenue included in Form 990, Part VIII, line 1	24 775 000
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included in Form 990, Part VIII, line 1	
D For	Assets included in Form 990, Part X	2

TRUSTEES OF BOSTON COLLEGE

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	dule D (Form 990) 2015	0 11 11 1	A . 11: 1 T	•	0.1 0		4 / /	Page 2
	t    Organizations Maintainir	<u>-</u>					•	
3	Using the organization's acquisitio		other records, chec	k any of the	e following that	are a sigr	nificant use	of its
_	collection items (check all that appl	y):	d V loop	ar avahanaa	programa			
a	X Public exhibition			or exchange	programs			
b	X Scholarly research		e Other					
C	X Preservation for future gener		and analytic bases	tla a <b></b>	41			- D4
4	Provide a description of the organ	lization's collections	and explain now	iney further	the organization	rs exemp	t purpose i	n Part
_	XIII.	n a aliait ar ragaina a	lanations of out high	ariaal traaa	uraa ar athar ains	ilor		
5	During the year, did the organization					_		X No
Dat	assets to be sold to raise funds rath		allied as part of the	organization	S COILECTION?		Yes	X No
rai	Complete if the organizati		" on Form 990 P	art IV/ lina (	) or reported a	n amount	on Form	
	990, Part X, line 21.	on answered Tes	5 OH FOHH 990, F	artiv, iiile s	, or reported at	annount	. OII I OIIII	
12	Is the organization an agent, truste	e custodian or othe	ar intermediary for o	ontributions	or other assets n	ot		
ıa	included on Form 990, Part X?						Yes	X No
h	If "Yes," explain the arrangement in	Dart VIII and com	Note the following tal			L	165	A NO
D	ii res, explain the arrangement ii	Trait Alli allu colli	nete the following tai	JIE.		Amount		
С	Beginning balance			1c	,	Amount		
	Additions during the year							
e	Distributions during the year							
f	Ending balance			1f				
2a					l Istodial account li	ahilitv?	X Yes	No
	If "Yes," explain the arrangement in							X
	t V Endowment Funds.			200 р.		··		
	Complete if the organizat	on answered "Yes	s" on Form 990, Pa	art IV, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two year		years back	(e) Four yea	ırs back
1 2	Beginning of year balance	2345990000.	2198282000.	1981349	9000. 17574	46000.	188907	79000
	Contributions	53,622,000.	88,693,000.	61,865	,000. 38,08	88,000.	49,701	1,000
	Net investment earnings, gains,							
C	and losses	-99,775,000.	155,877,000.	244,280	,000. 272,61	7,000.	-10003	32000
ч	Grants or scholarships	28,831,000.	26,467,000.	21,871	,000. 20,72	24,000.	17,683	3,000
	Other expenditures for facilities							
·	and programs	72,651,000.	68,357,000.	65,563	,000. 64,46	55,000.	62,244	4,000
f	Administrative expenses	2,688,000.	2,038,000.	1,778	,000. 1,61	3,000.	1,375	5,000
g g	End of year balance	2195667000.	2345990000.	2198282	2000. 19813	349000.	175744	46000
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a))	held as:			
a	Board designated or quasi-endowm	ent ▶ 37.9300	%	(-//				
b	Permanent endowment ► 44.2	200 %	_					
С	Temporarily restricted endowment	<u>▶</u> 17.8500 %						
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and	d administered fo	r the		
	organization by:						Yes	s No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required on Sch	edule R?			3b	
4	Describe in Part XIII the intended u		tion's endowment fu	nds.				
Par	t VI Land, Buildings, and Equi	pment.	e" on Form 000 F	Oart IV / Line	110 Coo Form	000 Da	+ V line 4/	
	Complete if the organiza  Description of property	(a) Cost or		or other basis	(c) Accumulated		て入, IINE TO I) Book value	J.
		(inves	tment) (c	ther)	depreciation	<u> </u>		
1a	Land			)53,877.			209,053,	
b	Buildings		1419	730464.	568,721,071	•	851,009,	,393.
С	Leasehold improvements							
d	Equipment				193,001,829		43,961	
е	Other		449.4	163.356.	100,008,265		349,455	.091.

1,453,479,580. Schedule D (Form 990) 2015

JSA 5E1269 1.000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

TRUSTEES OF BOSTON COLLEGE 04-2103545

Schedule D (Form 990) 2015 Page **3** 

Part VII Investments - Other Securities.  Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITIES	905,051,910.	FMV
(B) REAL ESTATE	76,054,906.	FMV
(C) FIXED INCOME	127,547,500.	FMV
(D) CASH	93,936,132.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,202,590,448.	
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	l "Vec" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
		(b) Book value
	scription	(b) Book value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
<u>(7)</u>		
(8) (9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15 )	<b>&gt;</b>
Part X Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	e
(1) Federal income taxes		
(2) DEPOSITS PAYABLE	14,095,9	974.
(3)US GOVERNMENT LOAN ADVANCES	36,253,6	500.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b> 50,349,5	574.

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

JSA 5E1270 1.000

Part XI   Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	Schedul	e D (Form 990) 2015		Page <b>4</b>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	Part		n.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments	1	Total revenue, gains, and other support per audited financial statements	1	
b Donated services and use of facilities	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IV, line 12a.  2	а			
c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1	b			
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. 2 C d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.  Part XIII Supplemental Information.				
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b  4a  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	_			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b			2e	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b			3	
a Investment expenses not included on Form 990, Part VIII, line 7b	_			
b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  1 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  5 Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Fart XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	-			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	_	· · · · · · · · · · · · · · · · · · ·		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		·	4c	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements			5	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	ırn.	
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	
b Prior year adjustments	2			
c Other losses	а	Donated services and use of facilities		
c Other losses	b	Prior year adjustments		
d Other (Describe in Part XIII.)	С			
e Add lines 2a through 2d	d			
3 Subtract line 2e from line 1			2e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b			3	
a Investment expenses not included on Form 990, Part VIII, line 7b	_			
b Other (Describe in Part XIII.)	-			
c Add lines 4a and 4b	_			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part			
	2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		

JSA Schedule D (Form 990) 2015 5E1271 1.000

06884N 7377

Page 5

## Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

THE COLLECTIONS HELD BY BOSTON COLLEGE EDUCATE AND INSPIRE ITS STUDENTS AND FACULTY.

SCHEDULE D, PART IV, LINE 2B

STATE STREET HOLDS THE MAJORITY OF OUR TRUSTS.

SCHEDULE D, PART V, LINE 4

THE INTENT OF THE ENDOWMENT FUND IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE TO SUPPORT STUDENT AID, INSTRUCTION, STUDENT FORMATION AND OTHER OPERATING ACTIVITIES OF THE UNIVERSITY RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES.

SCHEDULE D, PART X, LINE 2

BOSTON COLLEGE'S FINANCIAL STATEMENTS DID NOT INCLUDE A FIN 48 FOOTNOTE.

## PUBLIC INSPECTION COPY

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

## **Schools**

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

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

			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?	1	Х	
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?	2	Х	
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	3	Х	
	describe. If No, please explain. If you need more space, use Part II			
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the fallowing?			
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
a b		4a	21	
J	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
-	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5с		Х
d	Scholarships or other financial assistance?	5d		X
۵	Educational policies?	5e		Х
٠	Educational policies:	- 50		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b		6b		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2015

Schedule E (Form 990 or 990-EZ) (2015) 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 IN THE UNDERGRADUATE ADMISSION BULLETIN, THE STUDENT SERVICES WEBSITE REGISTRATION MATERIALS, THE UNIVERSITY COURSE CATALOG AND JOB POSTINGS ON THE HUMAN RESOURCES WEBSITE.

TRUSTEES OF BOSTON COLLEGE

PART I, LINE 6A

THE UNIVERSITY PARTICIPATES IN SEOG, PERKINS, WORK-STUDY, AND OTHER GOVERNMENTAL TITLE IV AND HEALTH AND HUMAN SERVICES AID PROGRAMS.

Schedule E (Form 990 or 990-EZ) (2015)

## **SCHEDULE F** (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.

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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

Department of the Treasury Internal Revenue Service

Name	of the organization					Employer identifica	tion number
TRUS	STEES OF BOSTON COLLEGE	Ξ				04-2103545	,
Part	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the org	janization answe	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	f its grant	s and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri	ia used to	award the	
	grants or assistance?					[	Yes No
2	For grantmakers. Describe in	Part V the org	ganization's pi	rocedures for monitoring	the use	of its grants a	and other
	assistance outside the United Sta	ates.					
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	oace is ne	eded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in		ivity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,		ogram service, se specific type of	expenditures for and investments
			independent	investments,		ice(s) in region	in region
			contractors in region	grants to recipients located in the region)			
			- 3	, ,			
(1)	CENTRAL AMERICA/CARIBBEAN		32.	PROGRAM SERVICES	DECEMBA	H, PUB SERVICES	150 041
( ' /	CENTRAL AMERICA/CARIBBEAN		32.	PROGRAM SERVICES	RESEARCE	H, PUB SERVICES	159,941.
(2)							
(2)	EAST ASIA AND THE PACIFIC		81.	PROGRAM SERVICES	RSRCH,	STUDY ABRD, INS	809,358.
(2)							
(3)	EUROPE	3.	470.	PROGRAM SERVICES	STUD ABI	RD INST ACA SUP	6,381,710.
(4)	MIDDLE EAST AND NORTH AFRICA		28.	PROGRAM SERVICES	PUB SRV	, INST, RSRCH	132,890.
(5)	NORTH AMERICA		187.	PROGRAM SERVICES	RSRCH,	ATHL, INF TECH	1,260,970.
(6)	RUSSIA/INDEPENDENT STATES		6.	PROGRAM SERVICES	INSTRUC'	rion, research	21,943.
(7)	SOUTH AMERICA		54.	PROGRAM SERVICES	STUDY A	B, RSRCH, INSTR	730,119.
(8)	SOUTH ASIA		14.	PROGRAM SERVICES	INSTRUC'	rion, research	37,090.
(9)	SUB-SAHARAN AFRICA		19.	PROGRAM SERVICES	STUDY A	BRD, RESEARCH	213,062.
(10)	SUB-SAHARAN AFRICA			GRANTMAKING			314,110.
(11)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS			521,244,413.
(12)	EUROPE			INVESTMENTS			36,725,304.
` ,	DONOLE			INVESTIBILE			3077237301.
(13)	SUB-SAHARAN AFRICA			INVESTMENTS			8,933,846.
(10)	SUB-SANARAN AFRICA			INVESTMENTS			0,933,040.
(14)	EAST ASIA AND THE PACIFIC			PITNINDATCING			07 404
( · <del>· ·</del> /	EAST ASTA AND THE PACIFIC			FUNDRAISING			87,494.
(15)	EUROPE			TYPYDD 1 G TYG			40 455
(13)	EUROPE			FUNDRAISING			18,475.
(16)							
(10)	MIDDLE EAST AND NORTH AFRICA			FUNDRAISING	-		8,801.
(47)							
	NORTH AMERICA			FUNDRAISING			8,495.
	Sub-total	3.	891.				577,088,021.
b	Total from continuation						
	sheets to Part I						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

577,088,021.

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015		Page

Part II	Grants and Other Ass Part IV, line 15, for any							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)									
(1)			SUB-SAHARAN AFRICA	GENERAL SUPP	71,000.	WIRE TRANSFR			
(2)			SUB-SAHARAN AFRICA	GENERAL SUPP	23,070.	WIRE TRANSFR			
(3)			SUB-SAHARAN AFRICA	GENERAL SUPP	100,040.	WIRE TRANSFR			
(4)			SUB-SAHARAN AFRICA	GENERAL SUPP	100,000.	WIRE TRANSFR			
(5)			SUB-SAHARAN AFRICA	GENERAL SUPP	20,000.	WIRE TRANSFR			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient on the IRS, or for which the grance total number of other organizer total number of other organizer.	tee or counsel has pro	vided a section 501(c)(3)	) equivalency letter			· · · ·	1	

Schedule F (Form 990) 2015

# 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. Part III can be duplicated if additional space is needed.

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

04-2103545

TRUSTEES OF BOSTON COLLEGE Schedule F (Form 990) 2015

Part IV Foreign F Page 4

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

Schedule F (Form 990) 2015

JSA

5E1277 1.000

Schedule F (Form 990) 2015 Page **5** 

## Part V Supplemental Information

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

PART I, LINE 2

BOSTON COLLEGE ISSUES GRANT FUNDS BASED UPON BUDGETED PROPOSALS AND RECEIVES REPORTS FROM THE GRANT RECIPIENTS TO MONITOR THE USE OF THESE AWARD FUNDS DURING AND AT THE END OF THE FUNDING PERIOD.

PART I, LINE 3, COLUMN F

THE ORGANIZATION REVIEWS ALL FOREIGN WIRE INFORMATION AND INTERNATIONAL TRAVEL EXPENSES FOR OVERSEAS PAYMENTS AND DISCUSSES WITH THE DEPARTMENTS ORIGINATING THE PAYMENTS TO DETERMINE IF THE PAYMENTS WERE FOR FOREIGN ACTIVITIES. THE FOREIGN EXPENDITURES ARE CAPTURED SEPARATELY IN THE ORGANIZATION'S ACCOUNTING SYSTEM AND AMOUNTS INCLUDED ON SCHEDULE F ARE PURSUANT TO THE ORGANIZATION'S ACCOUNTING SYSTEM.

PART II, LINE 1

FOREIGN GRANTS ARE TRACKED SEPARATELY IN THE ORGANIZATION'S GENERAL LEDGER.

Schedule F (Form 990) 2015

04-2103545

## **PUBLIC INSPECTION COPY**

## **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number TRUSTEES OF BOSTON COLLEGE 04-2103545 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total  $\triangleright$ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2015

		gross receipts greater than \$5,0				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			NIGHT AT POPS	WALL ST. DINNE		(add col. (a) through col. (c))
υ			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts	8,678,409.	1,782,448.		10,460,857
ш	2	Less: Contributions	8,064,984.	1,545,698.		9,610,682
		Gross income (line 1 minus		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		line 2)	613,425.	236,750.		850,175
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	399,816.	75,729.		475,545
t Expe	7	Food and beverages	423,661.	403,857.		827,518
Direct	8	Entertainment	338,347.	8,000.		346,347
	9	Other direct expenses	551,919.	192,682.		744,601
	10	Direct expense summary. Add lines	4 through 9 in column (d	)		2,394,011
	11	Net income summary. Subtract line 1	10 from line 3, column (d	l) <u></u>	<u> </u>	-1,543,836
	11	Net income summary. Subtract line of Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "\	/es" on Form 990, Pa	rt IV, line 19, or repo	II.
Pa	11	Gaming. Complete if the org	anization answered "\	(b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Pa	11 7 <b>t</b>	Gaming. Complete if the org	anization answered "\ EZ, line 6a. (a) Bingo	(es" on Form 990, Pal	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Revenue	11 rt	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "\EZ, line 6a. (a) Bingo	(es" on Form 990, Pal	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Expenses Revenue	11 rt   1	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "\EZ, line 6a. (a) Bingo	(es" on Form 990, Pal	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Expenses Revenue	11 rt   1 2	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "\EZ, line 6a. (a) Bingo	(es" on Form 990, Pal	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Expenses Revenue	11 11 1 2 3 4	Gaming. Complete if the org than \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	anization answered "YEZ, line 6a.  (a) Bingo	(es" on Form 990, Pal	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Expenses Revenue	11 1 2 3 4 5	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "YEZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or repo	orted more  (d) Total gaming (add
Expenses Revenue	11 1 2 3 4 5	Gaming. Complete if the org than \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	anization answered "\EZ, line 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	orted more  (d) Total gaming (add
Revenue	11 1 2 3 4 5 6 7	Gaming. Complete if the org than \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	anization answered "YEZ, line 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes%  No	T

Schedule G (Form 990 or 990-EZ) 2015

No

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

## PUBLIC INSPECTION COPY

TRUSTEES OF BOSTON COLLEGE

04-2103545

Sched		age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	1
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility13a	<u>%</u>
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	1
	revenue? Yes Yes	No
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
·	The first harms and address of the time party.	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	1
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Dan	or spent in the organization's own exempt activities during the tax year > \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2015

## SCHEDULE I (Form 990)

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

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

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identific	ation number
TRUSTEES OF BOSTON COLLEGE						04-2103545	
Part I General Information on Grants an	d Assistanc	е				•	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	its or assistand	æ?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GLORIOUS ORPHANAGE CORPORATION							
674 CLAPBOARDTREE STREET WESTWOOD, MA 02090	80-0553024	501(C)(3)	75,000.				GENERAL SUPPORT
(2) BRIGHTON MARINE HEALTH CENTER INC.							
77 WARREN STREET BRIGHTON, MA 02135	04-2742727	501(C)(3)	90,000.				GENERAL SUPPORT
(3) BRIGHTON MAIN STREETS							
358 WASHINGTON STREET BRIGHTON, MA 02135	04-3407004	501(C)(3)	100,000.				GENERAL SUPPORT
(4) CITY OF BOSTON POLICE DEPARTMENT - DISTRICT							
301 WASHINGTON STREET BRIGHTON, MA 02135	04-6001380	GOVT	40,000.				GENERAL SUPPORT
(5) CITY OF BOSTON TRANSPORTATION DEPARTMENT							
BOSTON CITY HALL BOSTON, MA 02201	04-6001380	GOVT	95,600.				GENERAL SUPPORT
(6) THE FUND FOR PARKS AND RECREATION							
1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2784811	GOVT	95,538.				GENERAL SUPPORT
(7) MASS. DEPT. OF CONSERVATION AND RECREATION							
251 CAUSEWAY STREET BOSTON, MA 02114	04-6002284	GOVT	25,000.				GENERAL SUPPORT
(8) ALLSTON BRIGHTON COMMUNITY FUND							
116 COLLEGE ROAD CHESTNUT HILL, MA 02467	04-2304133	501(C)(3)	75,000.				GENERAL SUPPORT
(9) CITY OF NEWTON							
1000 COMMONWEALTH AVE NEWTON, MA 02459	04-6001404	GOVT	100,000.				GENERAL SUPPORT
(10) NEIGHBORHOOD HOUSING TRUST							
BOSTON CITY HALL, ONE CITY HALL PLAZA	04-6001380	GOVT	26,465.				GENERAL SUPPORT
(11) NEWTON PUBLIC SCHOOLS							
100 WALNUT STREET NEWTONVILLE, MA 02460	23-7065010	GOVT	100,000.				GENERAL SUPPORT
(12)							
2 Enter total number of section 501(c)(3) ar			<u> </u>	<u> </u>	l .	1	11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Individuals in the United States. 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 SCHOLARSHIPS TO STUDENTS	7,685.	182,877,817.			
2					
3					
4					
5					
<u> </u>					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - GRANT PROCEDURES

BOSTON COLLEGE AWARDS NEED BASED FINANCIAL AID, INCLUDING GRANTS AND LOANS TO STUDENTS BASED ON ELIGIBILITY REQUIREMENTS SUCH AS FINANCIAL NEED AND ACADEMIC PROGRESS. AID IS ADMINISTERED BY THE STUDENT SERVICES OFFICE. STUDENTS AND THEIR PARENTS COMPLETE EXTENSIVE APPLICATION MATERIALS, SUBMIT TAX RETURNS AND OTHER DOCUMENTS TO SUPPORT THEIR CLAIM FOR FINANCIAL ASSISTANCE. IN ADDITION, THE COLLEGE MAKES A LIMITED NUMBER OF SCHOLARSHIPS AVAILABLE BASED ON ACADEMIC OR ATHLETIC ACHIEVEMENT.

ON OCCASION BOSTON COLLEGE MAY PROVIDE GRANTS TO 501(C)(3) AND GOVERNMENT

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Individuals in the United States. 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					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ENTITIES. THESE GRANTS ARE PROVIDED AT THE COLLEGE'S DISCRETION.

PART III, COLUMN (C)

THE CASH GRANT IS REFLECTED ON STUDENTS ACCOUNTS. SOME OF THE GRANTS

LISTED MAY HOWEVER, BE PAID DIRECTLY TO THE STUDENT VIA ACCOUNTS PAYABLE

AS A MONTHLY 'NON SERVICE STIPEND'. THE GRANTS ALSO INCLUDE BOOK

VOUCHERS, LOAN FORGIVENESS AND CHILDREN'S CENTER AID.

## **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

PUBLIC INSPECTION COPY

## 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 are not 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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KELLI J. ARMSTRONG	(i)	198,968.	0.	15,802.	20,608.	76,574.	311,952.	0.
1 VP PLANNING & ASSESSMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL F. BOURQUE	(i)	243,246.	0.	17,787.	19,893.	74,065.	354,991.	0.
2 <sup>VP</sup> FACILITIES MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. BOURQUE	(i)	297,737.	0.	35,230.	26,500.	74,354.	433,821.	0.
3VP INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN D. BURKE	(i)	261,789.	0.	1,367.	21,200.	100,325.	384,681.	0.
4FIN.VP&TREASURER (EFF DEC '15)	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES J. HUSSON	(i)	400,676.	0.	53,327.	26,500.	29,137.	509,640.	0.
5 <sup>SENIOR VP UNIV. ADVANCEMENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BARBARA JONES	(i)	249,693.	0.	32,222.	20,298.	14,474.	316,687.	0.
6 <sup>VP</sup> STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS J. KEADY	(i)	256,993.	0.	18,777.	26,500.	29,172.	331,442.	0.
7 <sup>VP</sup> GVMT & COMMUNITY AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. LOCHHEAD	(i)	373,691.	0.	25,978.	21,200.	24,627.	445,496.	0.
8EXECUTIVE VP (EFF. FEB. 2015)	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES P. MCINTYRE	(i)	173,390.	0.	15,784.	19,328.	19,462.	227,964.	0.
9 <sup>SENIOR VP (UNTIL SEP. 2015)</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
PETER C. MCKENZIE	(i)	478,144.	0.	47,715.	26,500.	27,041.	579,400.	0.
10FIN.VP&TREASURER(UNTIL DEC'15)	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID QUIGLEY	(i)	438,065.	0.	65,275.	26,500.	27,015.	556,855.	0.
11PROVOST & DEAN OF FACULTIES	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID P. TRAINOR	(i)	281,601.	0.	54,430.	5,459.	25,723.	367,213.	0.
12 <sup>VP - HUMAN RESOURCES</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN J. ZONA	(i)	549,559.	266,200.	18,810.	242,700.	53,926.	1,131,195.	0.
13 <sup>CHIEF</sup> INV. OFF&ASSOC. TREASUR.	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN R. ADDAZIO	(i)	2,288,112.	75,000.	34,414.	21,200.	30,223.	2,448,949.	0.
14 <sup>FOOTBALL COACH</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES P. CHRISTIAN	(i)	1,230,767.	0.	181,936.	21,200.	29,332.	1,463,235.	0.
15 <sup>MEN'S</sup> BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
EUGENE B. DEFILIPPO	(i)	275,148.	0.	952,152.	23,442.	19,983.	1,270,725.	0.
16 <sup>DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

## 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 are not 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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANDREW C. BOYNTON	(i)	467,745.	0.	201,211.	26,500.	29,434.	724,890.	0.
1 DEAN - CSOM	(ii)	0.	0.	0.	0.	0.	0.	0.
BRADLEY J. BATES	(i)	529,476.	25,000.	34,587.	21,200.	29,485.	639,748.	0.
2 <sup>ATHLETICS</sup> DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
CUTBERTO GARZA	(i)	179,422.	0.	20,806.	20,461.	27,273.	247,962.	0.
3PROFESSOR & FORMER PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICK J. KEATING	(i)	453,387.	0.	23,398.	26,500.	26,995.	530,280.	0.
4FORMER EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH F. QUINN	(i)	298,677.	0.	22,186.	26,500.	28,987.	376,350.	0.
5 <sup>FORMER</sup> INTERIM PROVOST	(ii)	0.	0.	0.	0.	0.	0.	0.
LEO V. SULLIVAN	(i)	256,943.	0.	31,518.	26,406.	26,381.	341,248.	0.
6FORMER VP - HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
40	(i) (ii)							
12	(i)							
42	(ii)							
_13	(i)							
14	(ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							
_ <del></del>	1 ()	l					Sah	edule J (Form 990) 2015

Schedule J (Form 990) 2015

#### Part | Supplemental Information

Complete this part to 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 J, PART I

THE UNIVERSITY PAID COMPENSATION AND BENEFITS OF \$6,352,309 TO THE JESUIT

COMMUNITY, THE FOUNDERS OF BOSTON COLLEGE, FOR INSTRUCTIONAL,

ADMINISTRATIVE AND INSTITUTIONAL SERVICES, WHICH INCLUDE THE SERVICES

RENDERED BY THE UNIVERSITY'S JESUIT OFFICERS.

SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL OR CHARTER TRAVEL: BOSTON COLLEGE DOES NOT GENERALLY PERMIT FIRST CLASS TRAVEL FOR BUSINESS TRIPS. HOWEVER, ON OCCASSION FOR UNUSUALLY LONG FLIGHTS IT MAY BE PERMITTED PROVIDED THERE IS APPROVAL IN ADVANCE. IN CONNECTION WITH ITS ATHLETICS PROGRAM, CERTAIN TEAMS UTILIZE CHARTER TRAVEL.

AS PART OF THEIR RESPONSIBILITIES, THREE HIGHLY COMPENSATED INDIVIDUALS FLEW CHARTER WITH THE ATHLETIC TEAMS AND ONE HIGHLY COMPENSATED EMPLOYEE TRAVELLED FIRST CLASS.

IN CONNECTION WITH INTERNATIONAL TRAVEL, TWO OFFICERS TRAVELLED FIRST

CLASS FOR BUSINESS PURPOSES DURING CALENDAR YEAR 2015.

Schedule J (Form 990) 2015

PUBLIC INSPECTION COPY

#### Part | Supplemental Information

Complete this part to 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.

HOUSING: ONE OFFICER RECEIVED HOUSING ALLOWANCE, WHICH IS INCLUDED IN COLUMN B(III).

TRAVEL FOR COMPANIONS: UNIVERSITY POLICY IS NOT TO REIMBURSE FOR

COMPANION TRAVEL. DURING CALENDAR YEAR 2015, THREE HIGHLY COMPENSATED

INDIVIDUALS LISTED IN PART VII HAVE HAD COMPANION TRAVEL AT NO ADDITIONAL

COST TO THE COLLEGE.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: THREE HIGHLY COMPENSATED INDIVIDUALS AND A FORMER OFFICER RECEIVE AN ANNUAL MEMBERSHIP TO A LOCAL COUNTRY CLUB. THE FULL VALUE WAS INCLUDED IN THEIR TAXABLE COMPENSATION.

SCHEDULE J PART I, LINE 1B

BOSTON COLLEGE HAS POLICIES THAT COVER FIRST CLASS TRAVEL AND TRAVEL FOR COMPANIONS. SUCH TRAVEL IS GENERALLY NOT PERMITTED BUT IS APPROVED ON A CASE BY CASE BASIS AT THE VP LEVEL. SOCIAL CLUB DUES ARE PROVIDED IN ACCORDANCE WITH THE CONTRACTS OF THE INDIVIDUALS WHO RECEIVE THE BENEFIT

Schedule J (Form 990) 2015

PUBLIC INSPECTION COPY

#### Part | Supplemental Information

Complete this part to 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.

AND ARE APPROVED.

SCHEDULE J, PART I, LINE 4B

IN PRIOR YEARS PAYMENTS WERE MADE TO A 457(F) PLAN ON BEHALF OF EUGENE B.

DEFILIPPO. AMOUNTS CONTRIBUTED UNDER THE PLAN WERE DISTRIBUTED TO HIM

UPON HIM ATTAINING THE AGE OF 65 AND REMAINING EMPLOYED BY THE

ORGANIZATION PER THE TERMS OF THE PLAN. THESE AMOUNTS ARE REPORTED IN

COLUMN B(III), "OTHER REPORTABLE COMPENSATION".

TERMS AND CONDITIONS OF DEFERRED PERFORMANCE COMPENSATION PLAN FOR INVESTMENT PROFESSIONALS:

IN 2015 BOSTON COLLEGE ESTABLISHED A PERFORMANCE COMPENSATION PLAN

("PLAN") TO ASSIST WITH RECRUITMENT AND RETENTION OF ITS INVESTMENT

OFFICE PROFESSIONALS. UNDER THE TERMS OF THE PLAN, PARTICIPANTS ARE

ELIGIBLE FOR CERTAIN AWARDS BASED ON THE PERFORMANCE OF BOSTON COLLEGE'S

INVESTMENTS EACH CALENDAR YEAR, AS MEASURED BY CERTAIN QUANTITATIVE AND

QUALITATIVE FACTORS. A PORTION OF THE AWARD UNDER THE PLAN IS SUBJECT TO

A TWO YEAR DEFERRAL PERIOD. FOR 2015, THE CHIEF INVESTMENT OFFICER'S

Schedule J (Form 990) 2015

## Part III Supplemental Information

Complete this part to 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.

COMPENSATION INCLUDED A BONUS PAYMENT UNDER THE PLAN INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(II) AND A DEFERRAL AMOUNT INCLUDED IN SCHEDULE J, PART II COLUMN (C).

SCHEDULE J, PART I, LINE 7

THE UNIVERSITY OFFERS INCENTIVE COMPENSATION TO CERTAIN INVESTMENT PROFESSIONALS BASED UPON THE UNIVERSITY'S INVESTMENT PERFORMANCE. SEE RESPONSE TO QUESTION 4B ABOVE.

TAX-EXEMPT BONDS

#### **SCHEDULE K** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

Name of the organization

Open to Public Inspection

OMB No. 1545-0047

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number TRUSTEES OF BOSTON COLLEGE 04-2103545 **Bond Issues** (i) Pooled (h) On (b) Issuer EIN (c) CUSIP# (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (a) Issuer name behalf of financing issuer Yes Nο Yes Nο Yes No A MASS DEVELOPMENT FINANCE AGENCY - SERIES P 04-3431814 Х 57583RPC3 07/26/2007 180,931,618. SEE PART VI Х B MASS DEVELOPMENT FINANCE AGENCY - SERIES Q1, Q2 04-3431814 57583RT.45 05/21/2009 104,818,300. SEE PART VI C MASS DEVELOPMENT FINANCE AGENCY - SERIES R1, R2 04-3431814 57583R4M4 11/16/2010 215.755.525. SEE PART VI Х Х D MASS DEVELOPMENT FINANCE AGENCY - SERIES S 04-3431814 5758311704 08/20/2013 156,252,258. SEE PART VI Part II Proceeds Α В С D 23,560,000 28,805,500 10,875,000. 215,832,146 183,728,858. 104,968,137. 156,256,951. 3,421,377. 198,197. 7,322,415 958,893. 583,495 1,163,025 676,551. 9 Working capital expenditures from proceeds Capital expenditures from proceeds 99,668,378. 76,951,640. 101,849,143 60,005,158. 79,680,210. 27,234,805 105,487,563 95,575,242. 2012 2014 2010 2016 Yes Yes Yes Yes No No No No 14 Were the bonds issued as part of a current refunding issue? Χ X Χ Χ 15 Were the bonds issued as part of an advance refunding issue? Х Χ Χ Χ 16 Has the final allocation of proceeds been made? Х Χ Χ Χ 17 Does the organization maintain adequate books and records to support the Χ final allocation of proceeds? Χ X X Part III Private Business Use Α В С D Yes No Yes No Yes No Yes 1 Was the organization a partner in a partnership, or a member of an LLC. No which owned property financed by tax-exempt bonds? Χ Х Х Х 2 Are there any lease arrangements that may result in private business use of bond-financed property? Х Χ Χ Χ

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2015

04-2103545

Par	t III Private Business Use (Continued) TA	X-EXEMP	T BONDS						Page
· ai	1 Trate Business 555 (Schullasur)		A		В		С		D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	X		Х		Х		Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X		X		X		Х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X		X		Х		X	<u> </u>
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶	1	.4000 %	6	.2000 %		.1000 %	1	.1000
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,			,	21				
	another section 501(c)(3) organization, or a state or local government ▶		.1000 9		%		%		1000
	Total of lines 4 and 5		.5000 9	6	.2000 %		.1000 %		.1000
	Does the bond issue meet the private security or payment test?		Х		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a		37		37		37		37
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		0	,	0/		0/		
	disposed of		7	6	<u> </u>		%		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
9	sections 1.141-12 and 1.145-2?								
Э	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		X		X		Х	
Par	•	21				21		21	
ıaı	Abluago		A		В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?		Х	100	X		X		Х
2	If "No" to line 1, did the following apply?								1
	Rebate not due yet?							X	
	Exception to rebate?	Х							
	No rebate due?			Х		Х			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?		Х		X		Х		Х
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								

JSA 5E1296 1.000

Schedule K (Form 990) 2015

04-2103545

Part IV Arbitrage (Continued)									
		A	ı	3		C		<u> </u>	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			Х		Х		X	
b Name of provider	RABOBANK	TNTERNTI.							
c Term of GIC									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		X	
7 Has the organization established written procedures to monitor the									
requirements of section 148?	X		X		X		X		
Part V Procedures To Undertake Corrective Action									
		A		 3				<u> </u>	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		1.10			1.00				
under applicable regulations?	X		X		X		X		
Part VI Supplemental Information. Provide additional information for responses to		s on Sched		e instruct		<u>l</u>			
	<del>- 40.000.0</del> .				,.				

Schedule K (Form 990) 2015

JSA 5E1328 1.000

04-2103545

Schedule K (Form 990) 2015

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

SCHEDULE K, PART I, COLUMN F

- A. PARTIAL REFUNDING MHEFA SERIES K (11/16/93), REFUNDING MHEFA POOL E (4/25/91), PROPERTY ACQUISITION CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.
- B. REFUNDING BANK OF AMERICA, LINE OF CREDIT (12/10/08), PROPERTY

  ACQUISTION CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS

  ON MULTIPLE CAMPUSES.
- C. REFUNDING MHEFA SERIES L (9/25/98) CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.
- D. REFUNDING MHEFA SERIES N (9/04/03) CONSTRUCTION, RENOVATION AND EQUIPMENT FOR VARIOUS BUILDINGS ON MULTIPLE CAMPUSES.

PART II, LINE 3

THE DIFFERENCE BETWEEN THE AMOUNT OF TOTAL PROCEEDS AND THE ISSUE PRICE IN PART I IS THE RESULT OF INVESTMENT EARNINGS.

PART IV, LINE 2(C), COLUMN(B)

THE REBATE COMPUTATION WAS PERFORMED ON 5/31/2012.

JSA 5E1511 1.000

Schedule K (Form 990) 2015

Page 4

Page 4

TRUSTEES OF BOSTON COLLEGE

04-2103545

Schedule K (Form 990) 2015 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PART IV, LINE 2(C), COLUMN(C)

THE REBATE COMPUTATION WAS PERFORMED ON 5/31/2014.

06884N 7377 V 15-7.18

#### **SCHEDULE L**

## **Transactions With Interested Persons**

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

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRUSTEES OF BOSTON COLLEGE

Employer identification number

04-2103545

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	( <b>d</b> ) Co	orrected?
•	(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 p	persons during the year		
	under section 4958		▶ \$		

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		from the		from the		<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No				
(1) JAMES HUSSON	SR VP ADV	MORTGAGE		Х	500,000.	500,000.		X	Х		Х					
(2) MICHAEL LOCHHEAD	EXECUTIVE VP	MORTGAGE		Х	600,000.	600,000.		X	Х		Х					
(3) DAVID QUIGLEY	PROVOST	MORTGAGE		Х	250,000.	225,307.		X	Х		Х					
(4) DAVID QUIGLEY	PROVOST	MORTGAGE		Х	200,000.	80,000.		X	Х		Х					
(5) BARBARA JONES	VP STUDENT	MORTGAGE		Х	369,500.	369,500.		X	Х		Х					
(6) DAVID TRAINOR	VP HUMAN RES	MORTGAGE		Х	400,000.	400,000.		X	Х		Х					
(7)																
(8)																
(9)																
(10)																
Total						\$ 2,174,807.										

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
<u>(</u> 10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

#### Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of transaction (a) Name of interested person (b) Relationship between (d) Description of transaction (e) Sharing of interested person and the organization's organization revenues? Yes No (1) (2) \_(3) (4) (5) (6) (7)

Part V Supplemental Information

(8) (9) (10)

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

JSA 5E1507 1.000

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

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.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

Par	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	Method o			
1	Art - Works of art	X	21.	1,287,600.	OPINION C	)F E	XPER'	TS
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		97,066.	OPINION C	F E	XPER'	TS
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	288.	18,808,034.	MARKET VA	LUE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	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							
24	Archeological artifacts		1.5	2 242 222				
25	Other ►( ATCH 1 )		17.	3,342,382.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•		29			
	which the organization completed I	-orm 8283,	Part IV, Donee Acknowledg	ement	29		Yes	No
302	During the year, did the organizat	ion receive	hy contribution any proper	rty reported in Part I line	e 1 through		163	140
Jua	28, that it must hold for at least th			-	_			
	to be used for exempt purposes for	-				30a		Х
h	If "Yes," describe the arrangement in		ording period:			Jou		
31	Does the organization have a		ance nolicy that require	s the review of any r	on-standard			
<b>J</b> I	contributions?					31	Х	
32a	Does the organization hire or use					<del>ٽ</del> ا		
JEa	contributions?	-	=	•		32a		Х
h	If "Yes," describe in Part II.							
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column (a	) is checked			
	describe in Part II.		(c) tot a type of pro	r 1.13 i.e. million oolullii (u	, .5 5.1001.00,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page **2** 

Supplemental Information. Complete this part to 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.

JSA Schedule M (Form 990) (2015)

5E1508 1.000

Schedule M (Form 990) (2015) Page **2** 

Part II Supplen

**Supplemental Information.** Complete this part to 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 <u>DETERMINING</u>
SPRINKLER SYSTEMS	X	3.	3,248,230.	ACTUAL INVOICE PRICE
EVENTS/RECEPTIONS	Х	9.	34,310.	ACTUAL INVOICE PRICE
GAME TICKETS	Х	2.	17,520.	ACTUAL INVOICE PRICE
FLOWERS, PICTURE FRAMES	, X	3.	42,322.	ACTUAL INVOICE PRICE
TOTALS	_	17.	3,342,382.	

Schedule M (Form 990) (2015)

JSA 5E1508 1.000

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public

Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

04-2103545

Name of the organization

TRUSTEES OF BOSTON COLLEGE

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

#### THREE WAYS:

- BY FOSTERING THE RIGOROUS INTELLECTUAL DEVELOPMENT AND THE RELIGIOUS,
  ETHICAL AND PERSONAL FORMATION OF ITS UNDERGRADUATE, GRADUATE AND
  PROFESSIONAL STUDENTS IN ORDER TO PREPARE THEM FOR CITIZENSHIP, SERVICE
  AND LEADERSHIP IN A GLOBAL SOCIETY;
- BY PRODUCING NATIONALLY AND INTERNATIONALLY SIGNIFICANT RESEARCH THAT
  ADVANCES INSIGHT AND UNDERSTANDING, THEREBY BOTH ENRICHING CULTURE AND
  ADDRESSING IMPORTANT SOCIETAL NEEDS; AND
- BY COMMITTING ITSELF TO ADVANCE THE DIALOGUE BETWEEN RELIGIOUS BELIEF

  AND OTHER FORMATIVE ELEMENTS OF CULTURE THROUGH THE INTELLECTUAL INQUIRY,

  TEACHING AND LEARNING, AND THE COMMUNITY LIFE THAT FORM THE UNIVERSITY.

BOSTON COLLEGE FULFILLS THIS MISSION WITH A DEEP CONCERN FOR ALL MEMBERS

OF ITS COMMUNITY, WITH A RECOGNITION OF THE IMPORTANT CONTRIBUTION A

DIVERSE STUDENT BODY, FACULTY AND STAFF CAN OFFER, WITH A FIRM COMMITMENT

TO ACADEMIC FREEDOM, AND WITH A DETERMINATION TO EXERCISE CAREFUL

STEWARDSHIP OF ITS RESOURCES IN PURSUIT OF ITS ACADEMIC GOALS.

#### VOLUNTEERS

FORM 990, PART I, LINE 6

ALTHOUGH BOSTON COLLEGE HAS MANY VOLUNTEERS WHO DEDICATE THEIR TIME AND

EFFORTS TO THE COLLEGE, THEIR NUMBER IS NOT FORMALLY TRACKED. ALL

TRUSTEES ARE PROVIDING VOLUNTEER SERVICES TO BOSTON COLLEGE. BOSTON

COLLEGE ALUMNI KEEP UP THE JESUIT, CATHOLIC TRADITION AFTER GRADUATION AS

ALUMNI VOLUNTEERS. WHETHER IT'S SIMPLY KEEPING IN TOUCH WITH FELLOW

EAGLES OR MAKING A DIFFERENCE THROUGH THE UNIVERSITY, BOSTON COLLEGE HAS

ACTIVE ALUMNI WHO CONTINUE TO VOLUNTEER THEIR TIME TO CONTRIBUTE TO THE

BOSTON COLLEGE COMMUNITY.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EXPENDITURES FOR RESEARCH, PUBLIC SERVICE AND STUDENT AGENCIES AND OTHER MISCELLANEOUS PROGRAM REVENUES AND EXPENSES.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION A - QUESTION 2

WILLIAM J. GEARY HAS BUSINESS RELATIONSHIPS WITH CHARLES I. CLOUGH, JR., JOHN V. MURPHY AND BRIEN M. O'BRIEN.

PETER K. MARKELL HAS BUSINESS RELATIONSHIPS WITH JOHN F. FISH AND JOSEPH L. HOOLEY, III.

JOSEPH L. HOOLEY, III AND JOHN F. FISH HAVE A BUSINESS RELATIONSHIP.

DANIEL F. BOURQUE AND MICHAEL J. BOURQUE 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

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

TRUSTEES OF BOSTON COLLEGE

04-2103545

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, EXCLUDING THE INFORMATION OF DONORS WHO (AS A CONDITION OF THE GIFT AGREEMENTS) WISH TO REMAIN ANONYMOUS, IS REVIEWED AT A FINANCE AND AUDIT COMMITTEE MEETING. UPON FINALIZATION AND PRIOR TO FILING, THE FORM 990, EXCLUDING THE INFORMATION OF THE ANONYMOUS DONORS, IS THEN FORWARDED TO ALL TRUSTEES FOR THEIR REVIEW. PWC SIGNS THE RETURN AS PAID PREPARER AND ELECTRONICALLY FILES THE RETURN WITH THE IRS. THE RETURN IS THEN POSTED ON THE BOSTON COLLEGE WEBSITE.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - QUESTION 12C

EACH OFFICER, TRUSTEE, AND KEY EMPLOYEE IS REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH BOSTON COLLEGE. THESE DISCLOSURES ARE REVIEWED BY THE FINANCIAL VICE PRESIDENT AND TREASURER AND HIS STAFF. THE FINANCIAL VICE PRESIDENT AND TREASURER PREPARES A REPORT OF ALL CONFLICTS FOR REVIEW WITH THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND GENERAL COUNSEL. FOLLOWING THEIR REVIEW, THE REPORT IS REVIEWED WITH THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE CHAIRMAN OF THE BOARD OF TRUSTEES. ALL CONFLICT SITUATIONS ARE RESOLVED AT THIS FINAL REVIEW IN ACCORDANCE WITH THE UNIVERSITY'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B - POLICIES, QUESTIONS 15A & B

BOSTON COLLEGE'S PRESIDENT IS A MEMBER OF THE SOCIETY OF JESUS. THE COMPENSATION AND BENEFITS OF WILLIAM P. LEAHY S.J., ALONG WITH OTHER MEMBERS OF THE JESUIT COMMUNITY WHO PROVIDE SERVICES TO BOSTON COLLEGE, ARE PAID TO THE JESUIT COMMUNITY. TOTAL PAYMENTS TO THE JESUIT COMMUNITY IN FY'16 WERE \$6,352,309. FOR ALL OTHER OFFICERS, TRUSTEES, AND KEY EMPLOYEES, BOSTON COLLEGE HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE CONSIDERS MARKET DATA AND ANALYSES. THE COMMITTEE'S DELIBERATIONS ARE REFLECTED IN ITS MINUTES.

FORM 990, PART VI, GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION C - DISCLOSURE, LINE 19

BOSTON COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

POST-RETIREMENT LOSS (\$3,555,997)

GAIN ON FOREIGN CURRENCY EXCHANGE 73,550

(\$3,482,447)

ATTACHMENT 1

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

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION

CONSTRUCTION BOND BROTHERS INC. 53,758,257. 145 SPRING STREET

Schedule O (Form 990 or 990-EZ) 2015 5E1228 1.000

06884N 7377

EVERETT, MA 02149

JSA

## PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2015

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONSIGLI CONSTRUCTION CO. INC. 72 SUMMER STREET MILFORD, MA 01757	CONSTRUCTION	16,774,999.
SHAWMUT DESIGN AND CONSTRUCTION 500 HARRISON AVENUE, SUITE 200 BOSTON, MA 02118	CONSTRUCTION	13,199,895.
GRANDE MASONRY 780 ALLENS AVENUE PROVIDENCE, RI 02905	CONSTRUCTION	2,839,847.
HARRISON GLOBAL LLC - BOSTON COACH 69 NORMAN STREET EVERETT, MA 02149	TRANSPORTATION	2,762,194.

Schedule O (Form 990 or 990-EZ) 2015

04-2103545

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

TRUSTEES OF BOSTON COLLEGE

Employer identification number 04-2103545

Part I Identification of Disregarded Entities Complete if the organization	answered "Yes" on	Form 990, Part I\	/, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BOSTON COLLEGE ALUMNI ASSOCIATION, LLC 04-2103545					
140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	ALUM. REL	MA		0.	BC
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

04-2103545

Schedule R (Form 990) 2015

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

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
		, , ,		,			Yes	No		Yes	No	
(1)												
(2)												
(-)												
(3)												
(0)												
(4)												
1.7												
(5)												
(0)												
(6)												
(0)												
(7)												
(7)	-											
				_					F 000			

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreigr country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (15)								
	SUPPORT	MA	N/A	Т				Х
(2) CHARITABLE REMAINDER TRUSTS (1)								
	SUPPORT	PA	N/A	Т				Х
(3) OTHER TRUSTS (4)								
	SUPPORT	MA	N/A	Т				Х
(4) POOLED LIFE INCOME FUND (1)								
	SUPPORT	MA	N/A	Т				x
(5)								
(6)								
(7)								

JSA

5E1308 1.000

04-2103545 Page 3 Schedule R (Form 990) 2015

Par	V Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Not	2. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	Х
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
0	Sharing of paid employees with related organization(s)				10	Х
					_	
р	Reimbursement paid to related organization(s) for expenses.				1p	X
q	Reimbursement paid by related organization(s) for expenses	• • • • • • • • • • •			1q	Х
						-
r	Other transfer of cash or property to related organization(s)				1r	X
<u>s</u>	Other transfer of cash or property from related organization(s)	this line, including sour	arad ralationahina and trans	action thro		Х
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved		of determ	
		type (a-s)		amou	ınt involve	ed
(1)						
(')						
(2)						
(-)						
(3)						
<u>, , , , , , , , , , , , , , , , , , , </u>						
(4)						
(5)						

JSA 5E1309 1.000

(6)

Schedule R (Form 990) 2015

04-2103545

## 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	ne, address, and EIN of entity  Primary activity  (state or foreign country)  unrelated, excluded from tax under		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		te Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
0)													
1)													
2)													
3)													
4)													-
E)													
6)													
0)													

JSA

5E1310 1.000

Schedule R (Form 990) 2015 Page **5** 

## Part VII Supplemental Information

Complete this part to 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.